_{Form} 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

<u>-</u>			endar year, or tax year be		7/1/2019	, and e	naing	6/30/ ₂		
		applicable:		ENIOR PHARMAS	SIST INC			D Employer id	entification	1 number
Ш	Address	change	Doing business as							
	Name ch	ange	Number and street (or P.O. b	ox if mail is not deliver	ed to street address)	Room/suite		56-2084639		
Щ	raine on	ango	406 RIGSBEE AVE			201		E Telephone no	umber	
\square	Initial retu	ım	City or town		State	ZIP code		(919) 688-477	72	
\Box	Final return	/terminated	DURHAM		NC NC	27701-218	6	(010) 000 111		
믐	i iliai iotali	Merrimaceo	Foreign country name	Foreign province	e/state/county	Foreign postal	code			
Ш	Amended	d return						G Gross receip	ts\$	1,064,671
\Box	Annlicatio	on pending	F Name and address of principal	al officer:			H/a) Is i	his a group return for s	ubordinates?	Yes X No
ш	прриови	on ponding	GINA UPCHURCH 406 F		E 201 DUDUAM	NC 27701	1	e all subordinates i		Yes No
						[]	1 ''			
	Tax-exe	mpt status:	X 501(c)(3) 501(c)	() ◄ (inser	t no.) 4947(a)(1) or 527] ".	'No," attach a list. ((see instruc	tions)
J	Website	: 🕨 ww	w.seniorpharmassist.org				H(c) Gr	oup exemption nur	nber 🕨	
<u>к</u>	Form of	organization	: X Corporation Trust	Association	Other ►	1 Yes	ar of form	ation: 1998	M State o	f legal domicite: NC.
		_	- In	/ (doccodition)		12.100		1990	I III Otato o	f legal domicile: NC
نا	art I		mmary				100.01		1151 50 4	
ത	1		escribe the organization's							SENIORS OBTAIN.
ĕ			R MANAGE NEEDED MEI		PROVIDES HEA	LTH EDUCA	TION, I	MEDICARE IN	SURANG	CE
E		COUNS	ELING AND COMMUNITY	/ REFERRAL						
<u> </u>	2	Check tl	his box ▶ 🦳 if the orga	nization discontin	ued its operations	or disposed	of more	e than 25% of	its net as	ssets.
တိ	3		of voting members of the		•	•			3	21
જ	4		of independent voting me						4	21
S	5		mber of individuals emplo	_		. ,			5	14
Ϋ́									_	
Activities & Governance	6		mber of volunteers (estim						6	51
•	7a		related business revenue						7a	0
	b	Net unre	elated business taxable in	come from Form	990-T, line 39		<u> </u>		7b	0
								Prior Year	:	Current Year
<u>a</u>	8		itions and grants (Part VIII					971,9	37	978,892
J.	9	Progran	n service revenue (Part VII	I, line 2g)				62,2	258	27,876
Revenue	10	Investm	ent income (Part VIII, colu	mn (A), lines 3, 4	, and 7d)			67,0	25	55,355
œ	11		venue (Part VIII, column (-9,9	39	-9,686
	12		enue—add lines 8 through					1,091,2		1,052,437
	13		and similar amounts paid (109,3		144,543
	14		paid to or for members (F					100,0	0	111,010
	1		other compensation, emplo					682,5		672,875
Še	10		•	•		•		002,0	0	
Expenses	16a		onal fundraising fees (Par				(water water part		U Secretaria	0
옰	b		ndraising expenses (Part I		e 25) ►	84,880				
ш	1 ''		kpenses (Part IX, column (128,3		112,530
	18		penses. Add lines 13-17 (920,3		929,948
	19	Revenu	e less expenses. Subtract	line 18 from line	<u> 12</u>			170,9		122,489
S or							Beginn	ning of Current Ye	ar	End of Year
alar	20	Total as	sets (Part X, line 16)					1,640,4	77	1,849,334
\$ 5 8 5 8 6	21	Total lia	bilities (Part X, line 26)					24,1	50	110,518
Net Assets or Fund Balances	22	Net asse	ets or fund balances. Subt	ract line 21 from l	line 20			1,616,3	327	1,738,816
	art II	Sig	nature Block						•	
			y, I declare that I have examined t	his return, including ac	companying schedule	s and statements	, and to th	ne best of my know	/ledge	
and	belief, it i	is true, corre	ct, and complete. Declaration of p	reparer other than off	icer) is based on all inf	ormation of which	h prepare	r has any knowled	ge.	
01.			(Fri 1)	6.NL						
Sig			Signature of officer /	, 1	, m	^ .	···	Date	151	
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			Type or print name and title	Little	C 1 (C 4 // //	<u> </u>	<u>, </u>		+ +	
			l/Type preparer's name	Orena	rer's signature		Dat	e		PTIN
Pa	id	' ' '' '	yes proportion o manno	l' Topai			Pat	Che	ck if	
		.						self-	employed	
	eparer		's name 🕨	•				Firm's EIN ▶		
US	e Only	,								
			's address ▶					Phone no.		
Ma	y the IF	RS discus	s this return with the prepa	arer shown above	? (see instruction	s)				X Yes No

56-2084639	P
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Birely describe the organization's mission: SENIOR PHARMASIST PROMOTES HEALTHIER LIVING FOR DURHAM SENIORS BY HELPING THEM OBTAIN AND BETTER MANAGE NEEDED MEDICATIONS AND BY PROVIDING HEALTH EDUCATION, MEDICARE INSURANCE COUNSELING, COMMUNITY REFERRAL AND ADVOCACY. Did the organization underlack any significant program services during the year which were not listed on the prior Form 990 or 980-E27. Yes.	Pa	rt III	Statement of Program Service Check if Schedule O contains a	e Accomplishments response or note to any line in this P	art III	
SENIOR PHARMASSIST PROMOTES HEALTHIER LIVING FOR DURHAM SENIORS BY HELPING THEM DETAIN AND. BETTER MANAGE NEEDED MEDICATIONS AND BY PROVIDING HEALTH EDUCATION, MEDICARE INSURANCE COUNSELING, COMMUNITY REFERRAL, AND ADVOCACY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Ferm 900 or 9004-27? If "Yes," describe these new services on Schedule O. Describe the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 780,375 including grants of \$) (Revenue \$) Senior Pharmassis thelped 2,403 individuals in the FY ended June 30, 2020, We provided comprehensive services to 574 seniors 80 and older in Durham with incomes below 300% of the FPL. They benefited from medication therapy management with our clinical pharmacists trained in geriatrics, Medicare insurance counseling, and tailored community referral to support independence. Our direct financial assistance as a secondary drug coverage helped 339 older adults. We provided face-toke Medicare insurance counseling on a additional 1,104 Medicare beneficiaries. Also, 689 individuals received slained referrals to other programs, primarily for, medication assistance. With a darket of COVID-19, Senior Bramassist added telephone reassurance calls and distributed donated cloth face coverings to 1,400 individuals. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	1	Briefly de				<u> </u>
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the prior Form 990 or 990-EZ7						
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	4e			780,375	··· · · · · · · · · · · · · · · · · ·	

Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		Х
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</i> "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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</i> "Yes," <i>complete Schedule D, Part I</i>	6		Х
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III.	8		Х
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</i> "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i> Schedule D, Part VI	11a	Х	
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</i> "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Χ
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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	11h		V
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Χ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV.	16		Χ
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> (see instructions)	17		Χ
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</i> "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Ī	Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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.	22	Х	
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	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		Х
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	25b		Х
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	26		Х
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.	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		<u> </u>
·	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	٠. ا		
25-	III, or IV, and Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	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	25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		-
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		$\overline{}$
٠.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
-	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	i
Par				1
	Check if Schedule O contains a response or note to any line in this Part V			П
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			0
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?	1c	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 1	
•	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			, ·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
		13		Ĥ
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Ves." complete Form 4720. Schedule O			

Part VI

56-2084639

a Enter the number of voting members of the governing body at the end of the tax year .	Sect	ion A. Governing Body and Management				
if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. be Enter the number of voling members included on line 1a, above, who are independent. 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 employees to a management officer, director, trustee, or key employees to a management company or other person? 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 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members, stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 5 Did the organization have intert than the governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Beache in Schedule O have his was done. 10c Did the organization have a written policies and procedures governing the					Yes	No
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Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official. 15 Other officers or key employees of the organization. 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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? 17 List the states with which a copy of this Form 990 is required to be filed 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. 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 CINA UPCHURCH 18 GINA UPCHURCH	40					
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independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization		·		14	_X	
The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization	15					
b Other officers or key employees of the organization				45-	V	
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?	_					
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	D			150	Х	
with a taxable entity during the year?	40					
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?	16a					
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?				16a		X
the organization's exempt status with respect to such arrangements?	b					
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ X Upon request □ Other (explain 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 ▶ GINA UPCHURCH (919) 688-4772			_	101		
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(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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records ☐ GINA UPCHURCH ☐ (919) 688-4772			and 000 T (Sastian I	501/~		
Own website Another's website X 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 GINA UPCHURCH (919) 688-4772	10) (C))	
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. State the name, address, and telephone number of the person who possesses the organization's books and records GINA UPCHURCH (919) 688-4772						
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 GINA UPCHURCH (919) 688-4772	10		•	iov		
State the name, address, and telephone number of the person who possesses the organization's books and records GINA UPCHURCH (919) 688-4772	ıσ	· · · · · · · · · · · · · · · · · · ·	commercial interest por	юy,		
GINA UPCHURCH (919) 688-4772	20		nooke and records	_		
	20	ONA UPOUL POU	(0.40) 000 4770			
			(313) 000-4112			

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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.

DIRECTOR

eco includadone for the order in which to not the per	oono abovo.								
Check this box if neither the organization nor a	ny related organiz	ation con	nper	rsat	ted ar	ту с	urrent officer, dir	ector, or trustee	·
			(C	;)					
			Posi	tion					
(A)	(B)	(do not ch	neck r	nore	than o	ne	(D)	(E)	(F)
Name and title	Average	box, unles	ss per	son	is both	an	Reportable	Reportable	Estimated amou
	hours	officer an	d a di	recto	or/truste	ee)	compensation	compensation	of other
	per week	or In	0	$\overline{\lambda}$	ᅋᄑ	F	from the	from related	compensation
	(list any		∰	e	igh mp	orme	organization	organizations	from the
	hours for	livid dire	В	Φ	olo eg	l e	(W-2/1099-MISC)	(W-2/1099-MISC)	organization ar

	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GINA UPCHURCH	40.00									
EXECUTIVE DIRECTOR	0.00	Χ		Х				97,109		
(2) JAMES BLAKE	1.00									
DIRECTOR	0.00	Χ								
(3) INGRAM HEDGPETH	1.00									
DIRECTOR	0.00	Χ								
(4) DEBORAH JENKINS	1.00									
DIRECTOR	0.00	Χ								
(5) MARY-JO KEENAN	2.00									
SECRETARY	0.00	Χ		Х						
(6) ROSYLN MUSE	1.00									
DIRECTOR	0.00	Χ								
(7) TOM BACON	2.00									
VICE PRESIDENT	0.00	Χ		Х						
(8) JEANNE HECHT	1.00									
DIRECTOR	0.00	Χ								
(9) LISA NADLER	1.00									
DIRECTOR	0.00	Χ								
(10) LYNN H SPRAGENS	1.00									
DIRECTOR	0.00	Χ								
(11) VICTORIA ORTO	1.00									
DIRECTOR	0.00	Χ								
(12) COLLEEN RAMSEY	2.00									
DIRECTOR	0.00	Χ								
(13) JOHN H.E. STELLING	2.00									
TREASURER	0.00	Х		Х						
(14) CHUCK WILSON	1.00									

0.00 X

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title		(B) Average hours per week	Position (do not check more than box, unless person is bot officer and a director/trus					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	((F) ated amount of other npensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orgar	rrom the nization and organizations
(15) /	ANNE TOOHEY	1.00										
DIREC		0.00	1									
	KAY WELLEMEYER	1.00										
DIREC	ID TEDDY	0.00 1.00	1				1					
DIREC	IR TERRY	0.00										
	WOODY WARBURTON	2.00	-									
DIREC		0.00										
(19)	TOM WOLLMAN	2.00										
PRESI	DENT	0.00	Χ		Х							
	KECIA COURTNEY	1.00										
DIREC		0.00	1	-								
DIREC	DARIUS RUSSELL	1.00 0.00										
		1.00	1									
DIREC		0.00										
(22)												
(24)		 										
(O.E.)												
(25)		 										
1b 5	Subtotal	<u> </u>	ļ					•	97,109	0		0
	Total from continuation sheets to Part VII, S								0	0		0
	Fotal (add lines 1b and 1c).							•	97,109	0		0
	otal number of individuals (including but not li		sted a	abov	/e) v	who	recei	ived	more than \$100	,000 of		
r	eportable compensation from the organization	•										0
												Yes No
	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-				-				3	
											3	X
	For any individual listed on line 1a, is the sum on the sum of the sum of the organization and related organizations greated organizations.									h		
	ndividual				-		•				4	Х
	Did any person listed on line 1a receive or acci									ridual		
	or services rendered to the organization? <i>If "Y</i>										5	Х
	on B. Independent Contractors	<i>'</i>										
	Complete this table for your five highest compe											
	compensation from the organization. Report co	mpensation for t	the c	alen	dar	yea	r end	ing	with or within the	e organization's		
	(A) Name and business add	rece							(B) Description of services	vices ((C) Compen	
	Name and pasiness add	1000							Description of serv	Vices	Jonipen	0
										+		0
												0
												0
												0
	Total number of independent contractors (inclu	-		the	se l	iste	d abo	ve)	who received			
r	nore than \$100,000 of compensation from the	organization	_					Ü				

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Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a respons	se or	note to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s (c	1a	Federated campaigns		1a	18,132				
ant	b	Membership dues		1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c	21,555				
	d	Related organizations		1d	0				
ig i	е	Government grants (contrib		1e	279,835				
Sim	f	All other contributions, gifts	, grants, and						
utio		similar amounts not include	d above	1f	659,370				
trib Oth	g	Noncash contributions inclu	ıded in						
oni		lines 1a-1f		1g	\$ 0				
O e	h	Total. Add lines 1a-1f				978,892			
4					Business Code				
,ice	2a	PRECEPTING STUDENTS	; 			1,875	1,875		
er ue	b					1,450	1,450		
n S 'en	C	DUKE GWEP				24,551	24,551		
ıram Ser Revenue	d					0			
Program Service Revenue	e	All all and an analysis and				0			
₫	1	All other program service re Total. Add lines 2a–2f			▶	27,876			
	<u>g</u> 3	Investment income (including				21,010			
	٠	other similar amounts).	•			55,355			55,355
	4	Income from investment of				0			00,000
	5	Royalties				0			
		,	(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses .	6b						
	С	Rental income or (loss)	6c	0	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from	(i) Securi	ties	(ii) Other				
		sales of assets	l _	_					
a)		other than inventory	7a	0	0				
nu	b	Less: cost or other basis	7.	0					
Revenue		and sales expenses	7b 7c	<u>0</u> 0					
å.	c d	Gain or (loss) Net gain or (loss)	10	U	0	0			
Other	8a	Gross income from fundrais	sina			<u> </u>			
ŏ		events (not including \$	21,555						
		of contributions reported on							
		See Part IV, line 18		8a	0				
	b	Less: direct expenses		8b	12,234				
	С	Net income or (loss) from fu	-	ts.	▶	-12,234			
	9a	Gross income from gaming							
		See Part IV, line 19		9a	0				
	b	Less: direct expenses		9b	0				
	С	Net income or (loss) from g			<u> </u>	0			
	10a	Gross sales of inventory, le returns and allowances		40-					
	h	Less: cost of goods sold .		10a 10b	0				
	b	Net income or (loss) from s				0			
v	С	Not income or (1055) HOITS	ales of inventor	y	Business Code	0			
Miscellaneous Revenue	11a	MISCELLANEOUS				2,548	2,548		
scellaneo Revenue	b					0	2,5 10		
elle eve	С					0			
isc R	d	All other revenue				0			
Σ	е	Total. Add lines 11a-11d.				2,548			
	12	Total revenue. See instruct	tions			1,052,437	30,424	0	55,355

Part IX Section 501 Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization	ns must complete column (A).
--	------------------------------

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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		·	·	·			
	domestic governments. See Part IV, line 21	48,001	48,001					
2	Grants and other assistance to domestic	·	·					
	individuals. See Part IV, line 22	96,542	96,542					
3	Grants and other assistance to foreign	,	,					
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,	-						
-	trustees, and key employees	97,109	58,265	19,422	19,422			
6	Compensation not included above to disqualified	0.,.00	00,200		,			
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	482,816	417,278	20,959	44,579			
8	Pension plan accruals and contributions (include	402,010	411,210	20,000	11,010			
Ū	section 401(k) and 403(b) employer contributions)	11,893	10,078	500	1,315			
9	Other employee benefits	38,218	31,702	2,771	3,745			
10	Payroll taxes	42,839	35,033	2,975	4,831			
11	Fees for services (nonemployees):	42,009	33,033	2,913	4,001			
	, , , , , ,	0						
a	Management	0						
b	Legal	•	4.000	C 507	500			
C	Accounting	11,317	4,230	6,587	500			
d	Lobbying	0						
e	Professional fundraising services. See Part IV, line 17	0		4.040				
f	Investment management fees	1,819		1,819				
g	Other. (If line 11g amount exceeds 10% of line 25, column		2 222	4 400				
	(A) amount, list line 11g expenses on Schedule O.)	4,443	3,220	1,169	54			
12	Advertising and promotion	80	66	6	8			
13	Office expenses	32,339	26,804	1,667	3,868			
14	Information technology	10,658	8,281	786	1,591			
15	Royalties	0						
16	Occupancy	33,547	27,827	2,432	3,288			
17	Travel	104	104					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	4,988	3,593	660	735			
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	1,672	1,387	121	164			
23	Insurance	1,983	1,645	144	194			
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.)							
а	DUES	2,030	1,944	37	49			
b	BANKING/CREDIT CARD FEES	2,108		2,108				
С	MISCELLANEOUS	5,442	4,375	530	537			
d		0	·					
e	All other expenses	0						
25	Total functional expenses. Add lines 1 through 24e	929,948	780,375	64,693	84,880			
26	Joint costs. Complete this line only if the	2 2,2 10	,	,,,,,,	- ,			
-	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

56-2084639 P

Part X Balance Sheet Check if Schedule O

		Check if Schedule O contains a response or note to any line in this Part X .	(A)		(B)
		Ocale and interest has also	Beginning of year	_	End of year
	1	Cash—non-interest-bearing	84 545 000	1	67
	2	Savings and temporary cash investments	515,836	2	672,042
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
S		trustee, key employee, creator or founder, substantial contributor, or 35%	0	_	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined	0		
	l _	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	•
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	
•	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
	١.	other basis. Complete Part VI of Schedule D 10a 24,028	5 454	40	4 000
	b	Less: accumulated depreciation	5,451	10c	4,306
	11	Investments—publicly traded securities	933,343	11	985,999
	12	Investments—other securities. See Part IV, line 11	182,507	12	184,732
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	3,256	15	2,188
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,640,477	16	1,849,334
	17	Accounts payable and accrued expenses	24,150	17	110,518
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ĭ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	24,150	26	110,518
es		Organizations that follow FASB ASC 958, check here ► X			
anc		and complete lines 27, 28, 32, and 33.			
3ali	27	Net assets without donor restrictions	1,616,327	27	1,738,816
В	28	Net assets with donor restrictions	0	28	
Ë		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
ဝ	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,616,327	32	1,738,816
Z	33	Total liabilities and net assets/fund balances	1,640,477	33	1,849,334

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,052	,437
2	Total expenses (must equal Part IX, column (A), line 25)	2			929	,948
3	Revenue less expenses. Subtract line 2 from line 1	3			122	,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			1,616	,327
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			1,738	,816
Part	·				Г	
	Check if Schedule O contains a response or note to any line in this Part XII					Χ
			ı		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other Modi	fied C	cas_			
	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?			2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. [2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	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?			3a		Χ
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 .			3b		
				Form	990 (2019)

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

SENI	OR PHAF	RMASSIST INC					56-20	84639	
Part	Re	ason for Public Char	rity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.		
The c	_	on is not a private foundat	•				,		
1	A chu	rch, convention of church	ies, or association o	f churches described in	n section	170(b)(1)((A)(i).		
2	A sch	ool described in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)			
3	A hos	pital or a cooperative hos	pital service organiz	zation described in sec	tion 170(I	o)(1)(A)(iii	i).		
4		dical research organization tal's name, city, and state		nction with a hospital c		in section	170(b)(1)(A)(iii). En	ter the	
5		ganization operated for the on 170(b)(1)(A)(iv). (Com	e benefit of a colleg			ed by a go	vernmental unit desc	cribed in	
6	A fed	eral, state, or local goverr	nment or governmer	ntal unit described in s e	ection 170	(b)(1)(A)(v).		
7		ganization that normally r ibed in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral public	
8	A con	nmunity trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)				
9		ricultural research organi versity or a non-land-grar rsitv:							
10	An or receip	ganization that normally rots from activities related for the from gross investment red by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	
11	An or	ganization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509	9(a)(4).		
12	of one	ganization organized and e or more publicly support k the box in lines 12a thro	ted organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).	
a b	the org	pe I. A supporting organize supported organization(ganization. You must corpe II. A supporting organi	s) the power to regundant sections in the power to regular to to regula	larly appoint or elect a tions A and B.	majority o	of the direc	ctors or trustees of th	ne supporting	
		ntrol or management of th ganization(s). You must c			me perso	ns that co	ntrol or manage the	supported	
С		pe III functionally integr						rated with,	
d		supported organization(s pe III non-functionally in	, ,	-			·	anization(s)	
u	tha	at is not functionally integr quirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att		
е	Ch	neck this box if the organizationally integrated, or Ty	zation received a wr	itten determination fror	m the IRS	that it is a		e III	
f		the number of supported	· •						0
g		e the following informatio	n about the support	ed organization(s).					
	(i) Name of	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the d listed in you docur	-	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									_
(D)									_
(E)									_
Total							0		<u> </u>

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	781,365	741,643	1,060,597	973,698	978,892	4,536,195
	to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	781,365	741,643	1,060,597	973,698	978,892	4,536,195
6	Public support. Subtract line 5 from line 4						4,536,195
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	781,365	741,643	1,060,597	973,698	978,892	4,536,195
9	similar sources	7,896	72,302	57,242	67,025	55,355	259,820
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	43,753	83,666	90,785	62,258	30,424	310,886
11	Total support. Add lines 7 through 10						5,106,901
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here .			n, or fifth tax year a		3)	•
	tion C. Computation of Public Su						
	Public support percentage for 2019 (line 6, c	` ' '		**		14	88.82%
15	Public support percentage from 2018 Sched					15	89.78%
16a	33 1/3% support test—2019. If the organiz and stop here. The organization qualifies as						► ∨
b	33 1/3% support test—2018. If the organization qualifies box and stop here. The organization qualifies	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	▶ X
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets to Part VI how the organization meets the "facts organization"	9. If the organization the "facts-and-circuss-and-circumstance	n did not check a b mstances" test, ch es" test. The organ	ox on line 13, 16a, eck this box and s i ization qualifies as	or 16b, and line 14 top here. Explain a publicly supporte	4 in ed	▶ □
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and-ts the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	sly	▶□
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		. —
	instructions						▶

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

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

Sec	ction A. Public Support	•		/ 1	7		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						(
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						(
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						(
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	0	0	0	0	0	(
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						(
С	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
	line 6.)						(
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	0	0	(
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						(
С	Add lines 10a and 10b	0	0	0	0	0	(
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.)	0	0	0	0	0	(
14	First five years. If the Form 990 is for the org	ganization's first, s	econd, third, fourth	, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and $\boldsymbol{stop}\ \boldsymbol{here}$.						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8, co	olumn (f), divided b	y line 13, column (f))		15	0.00%
16	Public support percentage from 2018 Schedu					16	0.00%
	ction D. Computation of Investment						
17	Investment income percentage for 2019 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2018 Sc					18	0.00%
	33 1/3% support tests—2019. If the organiz						
	not more than 33 1/3%, check this box and st						▶
b	33 1/3% support tests—2018. If the organiz				-		<u> </u>
	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a pub	licly supported orga	anization	▶ 🗌
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19b	o, check this box a	and see instructions	3	▶ □

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9h		
	9b		
	9с		
	10a		
	10b		
rm 9	990 or	990-EZ	2019

Schedu	ale A (Form 990 or 990-EZ) 2019 SENIOR PHARMASSIST INC	56-2084639	Р	age 5
Part	N Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) an	, ,		
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	· · · · · · · · · · · · · · · · · · ·	_	
	ion B. Type I Supporting Organizations	ill Fait VI.		L
0000	ion 2. Typo i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power t	.0		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times dur			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, superv	-		
	controlled the organization's activities. If the organization had more than one supported organization			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the s	upported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	n in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operate	d,		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the c			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how			
	or management of the supporting organization was vested in the same persons that controlled or mathe supported organization(s).	anaged 1		
Secti	ion D. All Type III Supporting Organizations	I		<u> </u>
Jecu	ion b. All Type in 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	100	
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co	-		
	organization's governing documents in effect on the date of notification, to the extent not previously			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su	1		
	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	ation(s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		L
	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during a The organization satisfied the Activities Test. Complete line 2 below.	the year (see instruction	s).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ernment entity (see instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt pur			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide	-		
	those supported organizations and explain how these activities directly furthered their exempt p			
	how the organization was responsive to those supported organizations, and how the organization de	_		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one	e or more		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pa			
	reasons for the organization's position that its supported organization(s) would have engaged in the			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activ	vities of each		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in thi			

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.	g trus	t on Nov. 20, 1970 (explain	,
Section A - Adjusted Net Income	i ii Zutio	(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	0	0
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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	grated Type III supporting o	organization (see

Schedule	e A (Form 990 or 990-EZ) 2019 SENIOR PHARMASSIST INC		5	6-2084639 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	Ī	(11)	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2019 distributable amount			0
<u>i</u>	Carryover from 2014 not applied (see instructions)	_		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0		•	
a	Applied to underdistributions of prior years		0	^
b		^		0
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result		0	
	greater than zero, explain in Part VI . See instructions. Remaining underdistributions for 2019. Subtract lines 3h		0	
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2020. Add lines 3j			0
•	and 4c.	0		
8	Breakdown of line 7:	U		
a	Excess from 2015			
b	Excess from 2016			
	E (004E			
d	Excess from 2018			
e				

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

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OMB No. 1545-0047

Name	of the organization		Employer identification number
SENI	OR PHARMASSIST INC		56-2084639
Part	Organizations Maintaining Donor	Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	3
		(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 don	<u> </u>	
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Par	Conservation Easements.		_
	Complete if the organization answer		7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservat	ion of a historically important land area
	Protection of natural habitat	Preservat	ion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a certif	` ,	2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or tel	rminated by the organization during
4	the tax year	near ration accompant is leasted	
4 5	Number of states where property subject to co Does the organization have a written policy reg		n handling of
3	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
	>		g conservation cacements as ing the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization repe	orts conservation easements in its revenu	ue and expense statement and
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation eas		
Par	III Organizations Maintaining Collect		
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
	public service, provide the following amounts r	relating to these items:	. .
	public service, provide the following amounts r (i) Revenue included on Form 990, Part VIII, I (ii) Assets included in Form 990, Part X	ine 1	
_	(II) Assets included in Form 990, Part X		· · · · · · · ▶ \$
2	If the organization received or held works of an		- ·
_	following amounts required to be reported und		
a	Revenue included on Form 990, Part VIII, line		
D	Assets included in Form 990, Part X		🗲 Ф

56-2084639

Part	Organizations Maintaining C	Collections	of Art, Hist	orical Tre	easures, or (Other Sir	nilar Assets	(contir	nued)	
3	Using the organization's acquisition, ac	ccession, and	other records	, check any	of the followi	ng that ma	ke significant u	se of its	S	
	collection items (check all that apply):		_							
а	Public exhibition		d	Loan or	r exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations	S								
4	Provide a description of the organization XIII.	on's collection	s and explain	how they f	urther the orga	anization's	exempt purpos	e in Pa	rt	
5	During the year, did the organization so									
	assets to be sold to raise funds rather		intained as pa	art of the or	ganization's c	ollection? .		Ye	s	No
Part										
	Complete if the organization a	inswered "Y	es" on Form	990, Par	t IV, line 9, o	r reported	d an amount	on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, c			-						
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Pa	rt XIII and co	mplete the foll	owing table	e:					
							Ar	nount		
С.	Beginning balance									0
d	Additions during the year					1d				
e	Distributions during the year					1e 1f				0
f	Ending balance								T	
2a	Did the organization include an amoun								s X	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check	here if the ex	planation h	as been provi	ded on Pai	t XIII			
Part										
	Complete if the organization a	inswered "Y	<u>es" on Form</u>	990, Par	t IV, line 10.					
		(a) Current ye	` '	rior year	(c) Two years	back (d)	Three years back	(e) Fo	ur years	back
1a	Beginning of year balance		0							
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
f	and programs									
	End of year balance		0	0		0	0			0
g 2	Provide the estimated percentage of the	e current vea					0			
– a	Board designated or quasi-endowment		%	(iiiio ig, o		a ao.				
b	Permanent endowment	%								
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, and 2	2c should equ	al 100%.							
3a	Are there endowment funds not in the	possession of	the organizat	ion that are	e held and adn	ministered t	for the	_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	•	•					3b		
4	Describe in Part XIII the intended uses		zation's endo\	vment fund	s.					
Part			–				000 -		4.0	
	Complete if the organization a	inswered "Y	es" on Form	<u>990, Par</u>	t IV, line 11a	ı. See For	m 990, Part 2	X, line	10.	
	Description of property		ost or other basis	` '	or other basis		umulated	(d) Bo	ok value	е
	Land		investment)		(other)	depre	ciation			
1a	Land	+		0	0					0
b	Buildings	+		0	0		0			0
c d	Leasehold improvements			0	24,028		19,722			0 4,306
u e	Other	T		0	24,020		0			4,300
	. Add lines 1a through 1e. (Column (d) r			~	•					4,306

Part VII	Investments—Other Securities. Complete if the organization answered "	Yes" on Form 990	Part IV line 11h See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	luation:
	(including name of security)	(2) 2001. Taliao	Cost or end-of-year n	narket value
	I derivatives	0		
	held equity interests	0	-	
• •	Triangle Community Foundation	184,732	F	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	184,732		
Part VIII	Investments—Program Related.	., =		
	Complete if the organization answered "	Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) march a mark 5 are 000 Part V and (D) Fine 40.)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) . ► Other Assets.	0		
PailiA	Complete if the organization answered "	Ves" on Form 990	Part IV line 11d See Form 0	000 Part X line 15
	(a) Descrip		r art iv, inic i id. occ i omi c	(b) Book value
(1)	(4)			(4) = = = = = = = = = = = = = = = = = = =
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ump (b) must equal Form 000. Port V. col. (P) lis	20.15)		
Part X	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		C
Pail A	Complete if the organization answered "	Ves" on Form 990	Part IV line 11e or 11f See	Form 000 Part Y
	line 25.	103 0111 01111 000,	raitiv, into the or this deet	r om 1 550, r art X,
1.		on of liability		(b) Book value
	I income taxes			(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (h) must aqual Form 000 Port V act (D) lie	20.25.)	.	,
	<i>ımn (b) must equal Form</i> 990 <i>, Part X, col. (B) lir</i> r uncertain tax positions. In Part XIII, provide the tex	•		at reports the
	s liability for uncertain tax positions under FASB AS			

Par	t XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part		•	er Keturn.	
1	Total revenue, gains, and other support per audited financial statements			1	1,064,671
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			· · - '	1,004,071
a	Net unrealized gains (losses) on investments	2a	I		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d		<u>l</u>	. 2e	0
3	Subtract line 2e from line 1			3	1,064,671
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	į · ·	 I		1,004,071
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-13	2,234	
c	Add lines 4a and 4b				-12,234
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) .				1,052,437
	Reconciliation of Expenses per Audited Financial Statement				
	Complete if the organization answered "Yes" on Form 990, Part			poi itotaiii	•
1	Total expenses and losses per audited financial statements			. 1	942,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12	2,234	
е	Add lines 2a through 2d			. 2e	12,234
	Subtract line 2e from line 1			3	929,948
3	Amounts included on Form 000 Port IV line 25 but not on line 1:				
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
4		4a 4b			
4 a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b		. 4c	0
4 a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b			0 929,948
4 a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b			
4 a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		. 5	929,948
4 a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	ines 1b and 2	. 5 b; Part V, line	929,948
4 a b c 5 Part Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 • 4; Part X, line
4 a b c 5 Part Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 • 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line
4 b c 5 Parti Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b Part IV, I	lines 1b and 2	b; Part V, line	929,948 4; Part X, line

Schedule D (Fo		SENIOR PHARMASS	IST INC		56-2084639	Page 5
Part XIII	Suppleme	ental Information (c	ontinued)			
		,	,			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization SENIOR PHARMASSIST INC 56-2084639 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 10 0 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or report						
		more than \$15,000 of fu		-	come on Form 990-EZ,	lines 1 and 6b. List	
		events with gross recei	(a) Event #1 Special Events	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
ē			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	21,555		0	21,555	
ď	2		21,555		0	21,555	
	,	line 2)	0		0	0	
	4	Cash prizes			0	0	
	5	Noncash prizes			0	0	
enses	6	Rent/facility costs	7,178		0	7,178	
Direct Expenses	7	Food and beverages			0	0	
Direc	8	Entertainment			0	0	
	9	Other direct expenses	5,056		0	5,056	
	10 11	Direct expense summary. Add Net income summary. Subtract				(12,234) -12,234	
Pa	rt II	Gaming. Complete if the	e organization answer	ed "Yes" on Form 99	0, Part IV, line 19, or re	ported more	
		than \$15,000 on Form 9	<u>}90-EZ, line 6a.</u> □ □ □		-		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue				0	
nses	2	Cash prizes				0	
Expenses	3	Noncash prizes				0	
Direct	4	Rent/facility costs				0	
	5	Other direct expenses	Yes %			0	
	6	Volunteer labor	No No	Yes % No	Yes%		
	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		(0)	
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0	
9	Е	Enter the state(s) in which the org	ganization conducts gamin	ng activities:			
				each of these states? .		Yes No	
		Vere any of the organization's gaf f "Yes," explain:	aming licenses revoked, s	uspended, or terminated		. Yes No	

Sched	ule G (Form 990 or 990-EZ) 2019 SENIOR PHARMASSIST INC	56-20	84639	Page 3
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:			<u> </u>
а		13a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	l		
	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 \$\bigselow\$ \$ 0 and the amount of gaming revenue retained by the third party \$\bigselow\$ \$ 0		_	
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		l v [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	· <u>L</u>	Yes	
	spent in the organization's own exempt activities during the tax year \$			0
Part		. ,	. ,	nd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ıntorma	ition.	
	OCC ITISH DOLLOTES.			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer identili	
SENIOR PHARMASSIST INC						56	-2084639
Part I General Informati							
 Does the organization maint the selection criteria used to Describe in Part IV the orga 	award the grants	or assistance? .			eligibility for the grants o		X Yes No
					ts. Complete if the org		d "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) El Centro Hispano Inc 2000 Chapel Hill Rd Ste 26A Durham.	, 56-2011661		10,357				
(2) Durham Congregations in Action 504 W. Chapel Hill St Durham, NC 27	23-7208424		13,206				
(3) Project Access of Durham County PO Box 15339 Durham, NC 27704	26-1925378		14,886				
(4)	-						
(5)	-						
(6)	-						
(7)	_						
(8)	-						
(9)	=						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 3 Enter total number of other		_		table			3

56-2084639

Schedule I (Form 990) (2019)

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Part III Grants and Other Assistance to Part III can be duplicated if addition			organization answ	ered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION ASSISTANCE					
	125	2,158			
FINANCIAL ASSISTANCE TO PAY FOR MEDICATIONS	336	94,384			
}					
3					
,					
art IV Supplemental Information. Prov	ide the information re	guired in Part I, line	e 2; Part III, column	n (b); and any other addi	tional information.

SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 56-2084639 SENIOR PHARMASSIST INC

Form 990, Part VI, Section B, Line 11: The finance committee and executive committee reviewed
and approved Form 990 before it was submitted to the IRS on behalf of the board of directors
and distributed to the entire board for review before submitting it to the IRS.
Form 990, Part VI, Section B, Line 12c: When new board members are oriented to Senior
PharmAssist, they are given a copy of our board resolutions, including Conflict of Interest
Policy and are required to abide by them. In addition, each year all board members are
required to review a copy of our Conflict of Interest Statement and sign and date the policy
affirming their understanding and acceptance or this requirement.
Form 990, Part VI, Section B, Line 15: Compensation of all paid staff (and the Executive
Director is a non-voting member of the Board of Directors) is determined by the Finance
Committee of the Board of Directors. These individuals are volunteers with no financial ties
to the organization and the minutes are recorded in detail and kept on file.
Form 990, Part VI, Section C, Line 19: Currently our governing documents, conflict of interest
policy and financial statements are available to the public upon request. Our annual report
and audited financial statements are available on the agency's website.
Form 990, Part XII, Line 1: The organization's method of accounting is the modified cash
basis.

Schedule O (Form 990 or 990-EZ) (2019)	Pa	age 2
Name of the organization	Employer identification number	
SENIOR PHARMASSIST INC	56-2084639	