Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SUZYS SENIOR COMPANIONSHIP SERVICES Name change 84-2133633 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1052 EAST 3250 NORTH (801) 540-20771,138,076. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LAYTON, UT 84040 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or 527) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2019 M State of legal domicile: UT Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES RELIEF Activities & Governance TO ELDERLY, DISABLED, VETERANS AND OTHER NEEDY INDIVIDUALS THROUGH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 96 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year Prior Year** 34,298. 43,300. Contributions and grants (Part VIII, line 1h) 8 Revenue 750,593. 1,094,776. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 784,891. 1,138,076. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 545,913. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 815,513. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 122,600. 180,276. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 995,789. 668,513. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 116,378. 142,287. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 222,131. 365,294. Total assets (Part X, line 16) 54,194. 55,070. 21 Total liabilities (Part X, line 26) ₽E 167,937. 310,224 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SUZANNAH R. LARSEN, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 11/03/22 self-employed P00072481 MICHAEL L. SMITH MICHAEL L. SMITH Paid Firm's name ► HBME LLC Firm's EIN ▶ 82-4439676 Preparer Firm's address ▶ 559 WEST 500 SOUTH Use Only BOUNTIFUL, UT 84010 Phone no. (801) 296-0200 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION PROVIDES RELIEF TO ELDERLY, DISABLED, VETERANS AND
	OTHER NEEDY INDIVIDUALS THROUGH COMPANIONS THAT ASSIST THE CLIENTS.
	THE COMPANIONS TRANSPORT CLIENTS TO MEDICAL APPOINTMENTS, CLEAN
	HOUSES, MAKE MEALS, WALK WITH THE CLIENTS, READ BOOKS TO CLIENTS, TAKE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 975,474 · including grants of \$) (Revenue \$1,138,076 ·)
	THE ORGANIZATION PROVIDES RELIEF TO ELDERLY, DISABLED, VETERANS AND
	OTHER NEEDY INDIVIDUALS THROUGH COMPANIONS THAT ASSIST THE CLIENTS.
	THE COMPANIONS TRANSPORT CLIENTS TO MEDICAL APPOINTMENTS, CLEAN HOUSES,
	MAKE MEALS, WALK WITH THE CLIENTS, READ BOOKS TO CLIENTS, TAKE CLIENTS
	SHOPPING, PROVIDE MEDICAL REMINDERS AND GENERALLY ASSIST CLIENTS IN
	NEED. THE ORGANIZATION STRIVES TO SAFELY AND CONVENIENTLY CONNECT THE
	DEDICATED, PASSIONATE VOLUNTEERS WITH THE ELDERLY IN NEED IN THEIR
	LOCAL COMMUNITIES.
4b	(Code:) (Expenses \$
70	(Code:) (Expenses \$) (nevenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 975,474.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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? If "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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,	10		-2
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	x	
L	Part VI	11a	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3,7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) SUZYS SENIOR COMPANIONSHIP SERVICES
Part IV Checklist of Required Schedules (continued)

	• (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
00	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%	00		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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 the Schedule L, Part IV,	21		
20	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</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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, 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 25
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
-	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai		- 55		
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

021) SUZYS SENIOR COMPANIONSHIP SERVICES

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

22 Enter the number of employees reported on Form W3. Transmittation Wage and Tax Statements, filed for the calendary year andings with or within the year covered by this return. 2 96 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 25 is greater than 250, you may be required to -\(\text{inition}\) is entirections. 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a many time during the calendar year, did the organization have an interest in, or a signature or other authority over, a many time during the calendar year, did the organization have an interest in, or a signature or other authority over, a many time during the calendar year, did the organization have an interest in, or a signature or other authority over, a many time of the properties of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles. Or a properties of the properties of the organization review as parties in excess of \$5 in calendaries contributions? 4 or The organization related as properties of the properties			i		Yes	No
b if all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of films it and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 980-7 for this year? if "Yo" to line 3b, provide an explanation on Schedule 0. 3c Did the organization have unrelated business goes income of \$1,000 or more during the year? 4a At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country business and the second of the secon	2 a					
Note: If the sum of lines 1a and 2a is greater than \$26, you may be required to \$_{60}\$ See instructions. 3a						
33 Did the organization have unrelated business gross income of \$1,000 or more during the year? 34 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 accountry? 55 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 56 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 58 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 58 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not organization file from 888617. 59 If Yes, or did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and carintable contributions? 50 If Yes, or did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and extra deductibles and	b			2b	X	
b if "Yes," and the filed a form 990-7 for this year? if 'We' to line 3a, provide an explanation on Schedule O 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 their interiod account?" b if "Yes," enter the name of the foreign country because a bank account, securities account, or their interiod accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization and arganization that it was or is a party to a prohibited tax shelter transaction? 5c Was in "Yes" to line 5a or 5b, did the organization file Form 8886-7? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6c If "Yes" to line 6a or 5b, did the organization file Form 8886-7? 6d Does the organization and party for goods and services provided to the pagen? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductable. 6d If "Yes," did the organization include with every solicitation and party for goods and services provided to the pagen? 7d Organization shall may receive deductable contributions under section 170(c). 8d If the impairation or receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization during the pagen, or otherwise dispose of tangible personal property for which it was required to the form 8282? (including the year pay premiums, effectly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of cash, solicity and pagent pagent pagent pagent pag			S			
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibitor tax shelter transaction at any time during the tax year? Sa X X B Did any taxeble party notify the organization file Form 888617? So I I' Yes' to line Sa or Sb, did the organization file Form 888617? So Does the organization shall around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? If Y'ss, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Y'ss,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive adductible contributions under section 170(c). If Y'ss,' did the organization notify the donor of the value of the goods or services provided? Organization sections are sections 170(c). If Y'ss,' did the organization notify the donor of the value of the goods or services provided? To Unit the organization section and the section 170(c). If Y'ss,' did the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Unit the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract? To I'll did the organization necesses any funds, directly or indirectly, on a personal benefit contract? To I'll did the organization necesses any funds, directly or indirectly, on a personal benefit contract? To I'll did the organization necesses any funds, directly or indirectly, on a personal benefit contract? To I'll did the organization necesses any funds, directly				3b		
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 shefter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c University to line 5a or 5b, did the organization flower form 888617. 5c If "Yes" to line 5a or 5b, did the organization that organization the form 888617. 5c University to line 5a or 5b, did the organization that organization that was not tax deductibles or tax deductibles a schariable contributions? 5c University to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the tax deductibles	4a			_		v
See instructions for filing requirements for FinCPN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5			ccount)?	4a		
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	5 0			Eo.		x
c If Yes' to line 5a or 5b, did the organization file Form 8886-T? 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 deductibles or as charitable contributions? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "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? 7 If If Yes, "indicate the number of Forms 88282 filed during the year of the goods or services provided? 7 If If Yes, "indicate the number of Forms 88282 filed during the year of the goods or services provided? 7 If If If Yes, "indicate the number of Forms 88282 filed during the year pay remiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If If the organization received a contribution of qualified intellectual property, did the organization flee Form 1088-C? 8 Sponsoring organization sex accesses business, bods, airplanes, or other vehicles, did the organization flee Form 1088-C? 8 Sponsoring organizations make any taxable distributions under section 49667 9 Sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, donor advised fund the properties of the properties	_					
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If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		income?	16		Х
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		•				_
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		any			
				17		

84-2133633 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 7 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Upon request Other (explain on Schedule O) Own website Another's website 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 SUZANNAH R. LARSEN - (801) 540-2077 1052 EAST 3250 NORTH, LAYTON, UT

132007 12-09-21

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

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

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

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

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

(1) SUZANNAH R. LARSEN PRESIDENT (2) MATTHEW D. LARSEN VICE PRESIDENT (3) JULEE FEEMAN SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER (7) MICHAEL L. SMITH	hours per week (list any hours for related organizations below line) 40.00	stee or director ogg	Institutional trustee	officer of the period of the p	key employee	s both r/trust	tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC/	amount of other compensation
PRESIDENT (2) MATTHEW D. LARSEN VICE PRESIDENT (3) JULEE FEEMAN SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER	0.00	_	_		(ey en	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	from the organization and related organizations
(2) MATTHEW D. LARSEN VICE PRESIDENT (3) JULEE FEEMAN SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER					_					
VICE PRESIDENT (3) JULEE FEEMAN SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER				Х				12,000.	0.	0
(3) JULEE FEEMAN SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER	0 00									
SECRETARY (4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER	0 00			X				0.	0.	0
(4) CARROLL B. JOHNSON DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER	0.00									
DIRECTOR (5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER				Х				0.	0.	0
(5) BECKY MARINO DIRECTOR (6) MARK ANDERSON TREASURER	0.00									
DIRECTOR (6) MARK ANDERSON TREASURER		X						0.	0.	C
(6) MARK ANDERSON TREASURER	0.00									
TREASURER		X						0.	0.	
	0.00									
(7) MICHAEL L. SMITH				Х				0.	0.	C
(, , , , , , , , , , , , , , , , , , ,	0.00							_	_	
DIRECTOR		X						0.	0.	0
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Form **990** (2021)

	990 (2021) SUZYS SEI	NIOR COM	IPA	NI	ON	ISE	ΙΙΡ	5	SERVICES	84-21	1336	33	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week				Average Position (do not check more than one box, unless person is both an					(E) Reportable compensation from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
			-											
1b	Subtotal								12,000.		0.			0.
С	Total from continuation sheets to Part V	I, Section A						•	0.		0.			0.
d 2	Total (add lines 1b and 1c)								12,000.	000 of roportable	0.			0.
	compensation from the organization	ot illilited to til	036	liste	u al	JOVE	<i>y</i> vvi	10 16	scerved more than \$100,	ooo of reportable				0
•	Did the assessmenting list and former of efficient	-li	1								Г		Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con	accrue comper	sati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		Х
Sec	tion B. Independent Contractors										•			
1	Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	om	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	C	(C ompe	;) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	nited	d to	thos	_	ted	above) who received mo	ore than				
	w 100,000 of compensation from the organi	ZULIOI F										Form	990 (2021)

84-2133633

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1c 1d 1d 1e 1f 1g \$		43,300.	1,094,776.		sections 512 - 514
her Revenue	g 3 4 5	Total. Add lines 2a-2f Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties.	est, and oroceeds	1,094,776.			
	6 a b c d	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal	-			
	c d	3 ()					
Other	b c 9 a b c 10 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9t	>				
Miscellaneous Revenue		Net income or (loss) from sales of inventory	Business Code				
Ĕ	d e 12	All other revenue Total. Add lines 11a-11d Total rayanua. See instructions	>	1.138.076.	1 094 776	0 -	0.

ection 501(c)(3) and 501(c)(4) organ	tional Expense		r organizations must con	nolete column (A)	
				ipiete colariir (ry.	
Do not include amounts reported or 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to do	nestic organizations		·		·
and domestic governments. See P	art IV, line 21				
2 Grants and other assistance to	domestic				
individuals. See Part IV, line 22	2				
3 Grants and other assistance to	foreign				
organizations, foreign governn	nents, and foreign				
individuals. See Part IV, lines 1	5 and 16				
4 Benefits paid to or for member	's				
5 Compensation of current office	ers, directors,				
trustees, and key employees		12,000.	12,000.		
6 Compensation not included above	to disqualified				
persons (as defined under section	4958(f)(1)) and				
persons described in section 4958	(c)(3)(B)				
7 Other salaries and wages		802,115.	795,020.	7,095.	
8 Pension plan accruals and contrib					
section 401(k) and 403(b) employ	er contributions)				
9 Other employee benefits					
Payroll taxes		1,398.		1,398.	
1 Fees for services (nonemploye					
a Management	,				
b Legal		23,906.	17,064.	6,842.	
c Accounting		-			
d Lobbying					
e Professional fundraising services.					
f Investment management fees	-				
g Other. (If line 11g amount exceed					
column (A), amount, list line 11g e					
2 Advertising and promotion					
3 Office expenses		4,989.	4,989.		
4 Information technology		•	,		
5 Royalties					
6 Occupancy					
7 Travel		300.	300.		
8 Payments of travel or entertain					
for any federal, state, or local					
9 Conferences, conventions, and					
10 Interest	•				
1 Payments to affiliates					
2 Depreciation, depletion, and a		37,836.	37,836.		
		27,340.	27,340.		
3 Insurance 4 Other expenses. Itemize expenses		27,340	27,540		
above. (List miscellaneous expenses line 24e amount exceeds 10% of li amount, list line 24e expenses on	es on line 24e. If ne 25, column (A),				
a TRANSPORTATION		67,554.	67,554.		
b TELEPHONE		5,822.	5,822.		
c OTHER OPERATING	EXPENSE	3,243.	976.	2,267.	
d REPAIRS & MAINT		2,943.	2,943.	2,20,0	
e All other expenses		6,343.	3,630.	371.	2,342
5 Total functional expenses. Add li	nes 1 through 2/10	995,789.	975,474.	17,973.	2,342
6 Joint costs. Complete this line onl		223,703.	212120	1,,5,5,	2,542
reported in column (B) joint costs	-				
educational campaign and fundrais					
	98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			126,742.	1	181,046.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			32,503.	3	53,709.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current				•	
		trustee, key employee, creator or founder, sub		· · · · · · · · · · · · · · · · · · ·			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
"		under section 4958(f)(1)), and persons describ	-	'		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	5				9	
		Land, buildings, and equipment: cost or other	1 1				
	100	basis. Complete Part VI of Schedule D	1 1	233,249.			
	b			102,710.	62,886.	10c	130,539.
	11	Investments - publicly traded securities	-	0_,000	11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			222,131.	16	365,294.
	17	Accounts payable and accrued expenses			52,195.	17	52,195.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
"	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
iliq		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,)					
		parties, and other liabilities not included on lin	-				
		of Schedule D	,		1,999.	25	2,875.
	26				54,194.	26	55,070.
		Organizations that follow FASB ASC 958, c			•		•
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
Fund Balances	27				153,345.	27	214,360.
Bala	28	Net assets with donor restrictions			14,592.	28	95,864.
P		Organizations that do not follow FASB ASC			·		•
		and complete lines 29 through 33.	ŕ	, —			
	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or	32	Total net assets or fund balances			167,937.	32	310,224.
2	33	Total liabilities and net assets/fund balances			222,131.	33	365,294.

Form **990** (2021)

Form	990 (2021) SUZYS SENIOR COMPANIONSHIP SERVICES	84-2	133633	Pac	_{ge} 12
	rt 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	1,138	, 0'	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	995	,78	89.
3	Revenue less expenses. Subtract line 2 from line 1	3	142	, 28	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167	, 9:	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	310	, 22	24.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		İ

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number Name of the organization SUZYS SENIOR COMPANIONSHIP SERVICES 84-2133633 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the					601(c)(3)	
	organization, check this box and stop	here			• • • • • • • • • • • • • • • • • • • •		>
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the or	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualif		• • •				
17a	10% -facts-and-circumstances test -						
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	-		*	-		▶□
b	10% -facts-and-circumstances test	· 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circul	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶∐
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021 SUZYS SENIOR COMPANIONSHIP SERVICES 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 rualify under the tests listed below please complete Part II \

Se	qualify under the tests listed be ction A. Public Support	now, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")				34,298.	43,300.	77,598.
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			467,560.	689,075.	1094776.	2251411.
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			467,560.	723,373.	1138076.	2329009.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2329009.
Se	ction B. Total Support		1				
	endar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income			467,560.	723,373.	1138076.	2329009.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on 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.)				61,518.		61,518.
13	Total support. (Add lines 9, 10c, 11, and 12.)			467,560.	784,891.	1138076.	2390527.
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
							>
Se	ction C. Computation of Public	Support Per	centage				
15	Public support percentage for 2021 (lin	ne 8, column (f), d	livided by line 13,	column (f))		15	97.43 %
16						16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 202	21 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	.00 %
18						18	%
198	a 33 1/3% support tests - 2021. If the	organization did n	not check the box	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ X
	line 18 is not more than 33 1/3%, chec						>
20	Private foundation. If the organization						