Form **990**

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

2022

Open to Public

Department of the Treasury

A For the 2022 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) 540-20771,782,412. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 84040 LAYTON, UT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: N/AH(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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (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 0. 7h **Prior Year Current Year** 43,300. 19,100. Contributions and grants (Part VIII, line 1h) 1,094,776. 1,763,312. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,138,076 782,412 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. 14 Benefits paid to or for members (Part IX, column (A), line 4) 815,513. 1,231,664. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 180,276. $\overline{429}, 187.$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 995,789. 1,660,851. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 142,287. 121,561. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 365,294. 540,464. Total assets (Part X, line 16) 55,070. 108,679 21 Total liabilities (Part X, line 26) 三年 310,224. 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 Print/Type preparer's name Preparer's signature 11/14/23 P00072481 MICHAEL L. SMITH MICHAEL L. SMITH Paid self-employed Firm's name HBME LLC Firm's EIN 82-4439676 Preparer Firm's address 559 WEST 500 SOUTH Use Only Phone no. (801) 296-0200BOUNTIFUL, UT 84010

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	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 \$ 1,560,592. including grants of \$) (Revenue \$ 1,782,412.)
	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 \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program conting expenses 1 560 592.

Form 990 (2022) SUZYS SENIOR COMPANIONSHIP SERVICES 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)?		х	
_	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
•	Schedule D, Part III	8		Λ
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?	_		Х
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	-	
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
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		- 21
u		11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, · · ·	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

Eorm	990 (2022) SUZYS SENIOR COMPANIONSHIP SERVICES 84-2133	१६२२	D	age 4
	t IV Checklist of Required Schedules (continued)	,033		aye •
	(continued)		Yes	No
22	Did the erganization report more than \$5,000 of grants or other equiptenes to or far demostic individuals on		162	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 the 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</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29 30	• • •	25	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
	Schedule N, Part II	32		
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٦,
	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

	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	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			10	i I	

Form 990 (2022) SUZYS SENIOR COMPANIONSHIP SERVICES

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
За						X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country			_		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep			_		37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.					X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			<u>6a</u>		
b			•	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			60		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the nave	or? 7a		х
a b			payt			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
Ŭ	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		. 10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	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				9b		
10	Section 501(c)(7) organizations. Enter:	ı	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	١	I			
а	Gross income from members or shareholders	11a		_		
а	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	<u>.</u>	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration	or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) SUZYS SENIOR COMPANIONSHIP SERVICES 84-2133633 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	, l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ole
	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, an	d financ	cial	
	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			
	SUZANNAH R. LARSEN - (801) 540-2077			_
	1052 EAST 3250 NORTH, LAYTON, UT 84040			

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.
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than o	one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	9			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		ee ee	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	In stit utio nal tru stee	_	mploy	Highest compensated employee	<u></u>	1099-NEC)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highe emplo	Former			3
(1) SUZANNAH R. LARSEN	40.00									
PRESIDENT				X				34,000.	0.	0.
(2) MATTHEW D. LARSEN	0.00								_	
VICE PRESIDENT				Х				0.	0.	0.
(3) CARROLL B. JOHNSON	0.00	l								_
DIRECTOR	0.00	Х	_	_				0.	0.	0.
(4) REBECCA M. MARINO	0.00	. ,							_	•
DIRECTOR (5) MARK ANDERSON	0.00	Х	_					0.	0.	0.
TREASURER	0.00	1		х				0.	0.	0
(6) MICHAEL L. SMITH	0.00		\vdash	^				0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(7) JACOB C. BYINGTON	0.00	Λ						0.	0.	0.
SECRETARY	0.00	1		х				0.	0.	0.
(8) R. ROBERT TAYLOR	0.00									
DIRECTOR		Х						0.	0.	0.
(9) JACOB W. HOELLEIN	0.00									
DIRECTOR		Х						0.	0.	0.
		-								
		1								
			_							
		-								
		-	_	_	<u> </u>					
		}								
										000

232007 12-13-22 Form **990** (2022)

	Section A. Officers, Directors, Trus			,			,							
	(A)	1 . ` '	(B) (C) (D)										(F)	
	Name and title	Average	(do not check more than one						Reportable	Reportable	- 1		timate	
		hours per week		, unles					compensation	compensatio	- 1		nount	of
		(list any		1			17	,	from	from related	- 1		other	
		hours for	irecto						the	organization: (W-2/1099-MIS			pensa	
		related	ord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)) 		om the	
		organizations	ruste	trus		ee	npen		1099-NEC)	1099-1120)		_	anizat d relat	
		below	dual t	rtiona		nploy	st cor yee	-	1000 (120)			organizatio		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		55
				_		<u>×</u>	1 0							
			-											
			1											
			-											
			1											
1b	Subtotal								34,000.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								34,000.		0.			0.
2	Total number of individuals (including but n								ceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	*	,	,		,	,	•	•	•				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•							•	•		_		37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•			5		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Schedule	e <i>J T</i>	or su	icn ț	perso	on .					<u> </u>	l	
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ntra	actor	s th	at received more than \$	100.000 of comp	ensat	ion fro	om	
	the organization. Report compensation for													
	(A)								(B)			(0)	
	Name and business									С	ompe	nsatio	n	
								4						
								\dashv						
								\top						
								\dagger						
	Total number of independent contractors (in													

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			Check if Schedule O	conta	ains a r	esponse	or note to any lir	e in this Part	VIII			
								(A)		(B)	(C)	_ (D)
								Total reve	nue	Related or exempt	Unrelated	Revenue excluded from tax under
										function revenue	business revenue	sections 512 - 514
S S	1		Federated campaigns			1a						
ant	•					1b						
9			Membership dues Fundraising events			1c		1				
Ţţ,			Related organizations			1d						
Contributions, Gifts, Grants and Other Similar Amounts						1e						
Sir			Government grants (contri		Г	ie						
utio		f	All other contributions, gifts,				19,100.					
έş			similar amounts not included			1f	19,100.					
		g	Noncash contributions included in	lines 1	1a-1f	1g \$	19,100.	19,1	١٨٨			
O g		n	Total. Add lines 1a-1f				Business Code	13,1	.00.			
	_		CEDITACEC EEEC					1 762 3	112	1 762 212		
<u>ic</u>	2		SERVICES FEES				621610	1,765,3	14.	1,763,312.		
e c		b										
n S		С										
Jar Sev		d										
Program Service Revenue		е										
₾			All other program service					1 760 1	110			
		g	Total. Add lines 2a-2f					1,763,3	<u>312.</u>			
	3	3	Investment income (include	ling (dividen	ds, intere	est, and					
	4	ŀ	Income from investment of	f tax	c-exemp	ot bond p	proceeds					
	5	•	Royalties	. <u></u>								
					(i)	Real	(ii) Personal					
	6	a	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss)	<u></u>								
	7	a	Gross amount from sales of		(i) Se	curities	(ii) Other					
			assets other than inventory	7a								
		b	Less: cost or other basis									
e			and sales expenses	7b								
le l		С	Gain or (loss)	7с								
Re		d	Net gain or (loss)			<u></u>						
her Revenue	8		Gross income from fundraising									
₹			including \$			of						
			contributions reported on	line	1c). Se	e						
			Part IV, line 18			8a	1					
		b	Less: direct expenses			8b						
			Net income or (loss) from									
	9		Gross income from gamin									
			Part IV, line 19			9a	1					
		b	Less: direct expenses									
		С	Net income or (loss) from	gami	ing act	ivities						
	10	а	Gross sales of inventory, I	ess r	returns							
			and allowances			10:	a					
		b	Less: cost of goods sold				ь					
			Net income or (loss) from									
							Business Code					
sno	11	а										
ane Due		b										
Miscellaneous Revenue		С										
isc Be			All other revenue									
≥			Total. Add lines 11a-11d									
	12		Total revenue. See instruction					1,782,4	112.	1,763,312.	0.	0.

Form 990 (2022) SUZYS SENIOR COMPANIONSHIP SERVICES Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	, , , , , , , , , , , , , , , , , , , ,							
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Total expenses Program service Management and Fundraising											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising						
			expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations										
_	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	34,000.	34,000.								
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	1,105,436.	1,078,122.	27,314.							
8	Pension plan accruals and contributions (include		. ,	,							
-	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	92,228.	89,716.	2,512.							
11	Fees for services (nonemployees):	22,220•	05,110.	2,214							
	·										
a	Management										
b	Legal										
	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion		_								
13	Office expenses	22,143.	22,143.								
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel	690.	690.								
18	Payments of travel or entertainment expenses		-								
.5	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20											
21	Payments to affiliates	43,344.	43,344.								
22	I	71,382.	71,382.								
23	Insurance Characteristic avanage not equated	11,304.	11,302.								
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 0.)	101 205	101 205								
а	TRANSPORTATION COSTS	181,307.	181,307.	0 005							
b	PROFESSIONAL FEES	33,946.	25,721.	8,225.							
С	IN-KIND DONATIONS	26,814.		26,814.							
d	DONATIONS	19,373.		_	19,373.						
е	All other expenses	30,188.	14,167.	6,416.	9,605.						
25	Total functional expenses. Add lines 1 through 24e	1,660,851.	1,560,592.	71,281.	28,978.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
22224	1 12-13-22		l		Form 990 (2022)						

Form 990 (2022)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			181,046.	1	142,900.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		53,709.	3	223,036.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	296,190.			
	b			121,662.	130,539.	10c	174,528.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			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 e	qual line 3	3)	365,294.	16	540,464.
	17	Accounts payable and accrued expenses			52,195.	17	107,378.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
8	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
jab		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24).	. Complete Part X	0 075		1 201
		of Schedule D	2,875.	25	1,301.		
	26		<u></u>		55,070.	26	108,679.
S		Organizations that follow FASB ASC 958, c	heck here	e X			
၁င		and complete lines 27, 28, 32, and 33.			214 260		206 024
alaı	27	Net assets without donor restrictions	214,360.	27	306,924.		
Ä	28	Net assets with donor restrictions	95,864.	28	124,861.		
ڃ		Organizations that do not follow FASB ASC	958, cne	ck here			
P		and complete lines 29 through 33.				20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
řΑ	31	Retained earnings, endowment, accumulated			310,224.	31	/21 70E
ž	32	Total net assets or fund balances				32	431,785.
	33	Total liabilities and net assets/fund balances			365,294.	33	540,464.

Form **990** (2022)

84-2133633 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,782,412. Total revenue (must equal Part VIII, column (A), line 12) 1 1,660,851. Total expenses (must equal Part IX, column (A), line 25) 2 2 121,561. Revenue less expenses. Subtract line 2 from line 1 3 3 310,224. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 431,785. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2**c 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 Х Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За

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

Form 990 (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

SUZYS SENIOR COMPANIONSHIP SERVICES

Employer identification number

84-2133633

Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1	\bigcap	A church, convention of ch					I)(A)(i).						
2	一	A school described in sect i					<i>X X Y</i>						
3	Ħ	A hospital or a cooperative		·		VhV1VΔVii	i\						
4	H						-	the hospital's name					
7	ш	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:											
_		•	ar the benefit of a col	laga ar university avende	ar anarat	ad by a aa	warmantal unit dagarib	ad in					
5	Ш	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	\vdash	A federal, state, or local gov	ū				• •						
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in					
		section 170(b)(1)(A)(vi). (C											
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or					
		university:											
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 509(a)(3).	Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
á		Type I. A supporting orga	* *					giving					
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_							
		organization. You must o			, ,			11 3					
k		Type II. A supporting org	-		ion with its	s supporte	ed organization(s), by hav	vina					
		control or management o	•					•					
		organization(s). You mus			arrio porco	110 11141 001	manage the cap	501104					
		☐ Type III functionally inte			in connect	tion with a	and functionally integrate	ed with					
•		its supported organization						with,					
		Type III non-functionally		·				zation(s)					
•	٠ ـ	that is not functionally int	= ::				• • • • • •	* *					
		•	-		•		•	7611655					
		requirement (see instructi	,	•	•								
•	,	☐ Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.							
1		er the number of supported o											
		vide the following information (i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)					
_		<u> </u>		above (see instructions))	Yes	No	,	,					
_													
<u>Tot</u>	aı						I	1					

Schedule A (Form 990) 2022 SUZYS SENIOR COMPANIONSHIP SERVICES 84-2133

| 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				on failed to qualify	under Part III. If the	organization
80	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
	ction A. Public Support			1 , , , , , ,	1 , , , , , , ,	1 ()	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
1	Total. Add lines 1 through 3						
5	The portion of total contributions						
5	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	ı					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	· ·	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
80	organization, check this box and stor						
	ction C. Computation of Publi Public support percentage for 2022 (I			oolumn (f)		14	0/
						15	<u>%</u>
15	33 1/3% support test - 2022. If the o					· ·	
102	stop here. The organization qualifies						
	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-		· ·	
r	10% -facts-and-circumstances test	-	-	*	-	17a. and line 15 is	
•	more, and if the organization meets the	-					. 5 / 5 5
	organization meets the facts-and-circu						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			34,298.	43,300.	19,100.	96,698.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		467,560.	689,075.	1094776.	1763312.	4014723.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
6	Total. Add lines 1 through 5		467,560.	723,373.	1138076.	1782412.	4111421.
7 <i>a</i>	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						4111421.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 723, 373.	(d) 2021 1138076.	(e) 2022 1782412.	(f) Total 4111421.
	Amounts from line 6 Gross income from interest,		467,560.	143,313.	1136070.	1/02412.	4111421.
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses						
	`						
_							
	Add lines 10a and 10b 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			61,518.			61,518.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		467,560.	784,891.	1138076.	1782412.	4172939.
	First 5 years. If the Form 990 is for the	ne organization's fi					
	check this box and stop here	· ·		•		. , . ,	
Sed	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	98.53 %
16	Public support percentage from 2021	16	97.43 %				
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		V	NI-
ſ		Yes	No
	1		
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ŀ	3a		
ļ	3b		
	_		
H	3c		
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	4c		
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- [9b		
-	9c		
	10a		
	10b		<u> </u>
مار	A /Ears	n aan)	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		/ in Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported	-		
_		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	tion	D. All Type III Supporting Organizations	•		
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did t	he organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	tion	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1		sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activ	ities Test. Answer lines 2a and 2b below.	iti dotion	Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2022

instructions).

					·g
Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SUZYS SENIOR COMPANIONSHIP SERVICES

Employer identification number 84-2133633

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fu	nds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat	,		rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of a c	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				2b
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	ic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990 Part X			\$

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Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar .	Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	ď	j	Loan or exc	hange progra	am					
b	Scholarly research	•	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further th	ne organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered '	'Yes" on F	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-					_	_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount		
	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1 1				
f	Ending balance						1f		7		1
	Did the organization include an amount on Fo						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
rai	T V Endowment Funds. Complete it			rior year	(c) Two year		d) Three yea	are back	(a) Four	/oare	hack
	.	(a) Current year	(6) F	rior year	(C) TWO year	S Dack (a) Three year	115 Dack	(e) Four y	/eais	Dauk
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	ant voor and balanc) bold oo:						
2	Provide the estimated percentage of the curre			g, column (a)	neid as:						
a	Board designated or quasi-endowment	%	_%								
D	Permanent endowment Term endowment	⁷⁰ %									
·	The percentages on lines 2a, 2b, and 2c shou	· =									
3a	Are there endowment funds not in the posses		ation tha	it are held ar	nd administer	ed for the					
-	organization by:	solon of the organiza	2011 1110	it are more ar	ia aariii iiotoi	00 101 1110			[·	/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value	
		basis (investr	ment)		(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			29	6,190.	1	21,66	2.	174	, 52	28.
		1		i				1			

Schedule D (Form 990) 2022

174,528.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)