

**HACKER, NELSON & CO., P.C.**  
**P.O. BOX 507**  
**DECORAH, IA 52101**  
**563-382-3637**

December 23, 2020

**CONFIDENTIAL**

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.  
3840 WEST 9TH STREET  
WATERLOO, IA 50702

Dear Donna:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

We suggest that you also sign and date the "Client's Copy" and retain it in your files for future reference.

If any of your returns are being mailed to the taxing agencies, we suggest you obtain a certificate of mailing receipt from the Post Office and retain this certificate in your files. We also recommend that you have adequate postage on the envelope.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

HACKER, NELSON & CO., P.C.

## **Filing Instructions**

### **NORTHEAST IOWA AREA AGENCY ON AGING, INC.**

#### **Exempt Organization / Private Foundation Tax Return(s)**

#### **Taxable Year Ended June 30, 2020**

#### **Federal Filing Instructions**

Your Form 990 for the year ended 6/30/20 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it by May 17, 2021 to:

HACKER, NELSON & CO., P.C.  
PO BOX 507  
DECORAH, IA 52101

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization	NORTHEAST IOWA AREA AGENCY ON AGING, INC.	Employer identification number	52-1621262
Name and title of officer	DONNA HARVEY EXECUTIVE DIRECTOR		

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	8,578,340
2a Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize HACKER, NELSON & CO., P.C. to enter my PIN 40336 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } 12/23/20

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**42162921262**

  

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } NEIL W. SCHRAEDER Date } 12/23/20

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**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.**

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTHEAST IOWA AREA AGENCY ON AGING, INC.		<b>D</b> Employer identification number 52-1621262
	Doing business as		<b>E</b> Telephone number 319-272-2244
	Number and street (or P.O. box if mail is not delivered to street address) 3840 WEST 9TH STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code WATERLOO IA 50702		<b>G</b> Gross receipts \$ 8,578,340

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer: DONNA HARVEY 3840 WEST 9TH STREET WATERLOO IA 50702	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: <b>u</b> WWW.NEISA.ORG	<b>H(c)</b> Group exemption number <b>u</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: 1988	<b>M</b> State of legal domicile: IA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE EMPOWER OLDER INDIVIDUALS TO AGE WITH DIGNITY AND INDEPENDENCE.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18	
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	60	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	24000	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0		
<b>Revenue</b>			Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)		5,991,064	7,406,680
	<b>9</b> Program service revenue (Part VIII, line 2g)		1,228,875	1,153,719
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,689	17,941
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,229,628	8,578,340	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,494,216	3,555,502
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,913,103	5,079,840
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,407,319	8,635,342	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-177,691	-57,002	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)		4,138,652	3,989,190
	<b>21</b> Total liabilities (Part X, line 26)		1,657,209	1,558,051
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20			2,481,443	2,431,139

**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.

<b>Sign Here</b>	Signature of officer _____ Date			
	DONNA HARVEY EXECUTIVE DIRECTOR Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NEIL W. SCHRAEDER	Preparer's signature NEIL W. SCHRAEDER	Date 12/23/20	Check <input type="checkbox"/> if self-employed PTIN P00070334
	Firm's name } HACKER, NELSON & CO., P.C.		Firm's EIN } 42-1040336	
	Firm's address } P.O. BOX 507 DECORAH, IA 52101		Phone no. 563-382-3637	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE EMPOWER OLDER INDIVIDUALS TO AGE WITH DIGNITY AND INDEPENDENCE.

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

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 \$ 3,167,355 including grants of \$ ) (Revenue \$ 729,027 )

CONGREGATE AND HOME-DELIVERED MEALS: OVER 260,000 MEALS WERE PROVIDED TO SENIORS IN THE 18 COUNTY SERVICE AREA. DONATED USE OF FACILITIES - \$202,469.

4b (Code: ) (Expenses \$ 786,545 including grants of \$ ) (Revenue \$ )

SENIOR MEDICARE PATROL PROJECT: SMP NATIONAL RESOURCE CENTER (SMP CENTER) SERVES THE SMP PROJECTS NATIONALLY AND PROMOTES NATIONAL VISIBILITY FOR THE SMP PROGRAM TO ASSIST THE GENERAL PUBLIC IN LOCATING THEIR STATE SMP PROJECT. THE SMP CENTER HELPS STATES WITH RECRUITING AND TRAINING VOLUNTEERS TO EDUCATE CONSUMERS ON HOW TO PROTECT THEIR INFORMATION AS WELL AS HOW TO DETECT AND REPORT DISCREPANCIES IN THEIR HEALTHCARE BILLING NOTICES.

4c (Code: ) (Expenses \$ 1,181,550 including grants of \$ ) (Revenue \$ )

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) PROVIDES FREE PERSONALIZED COUNSELING, EDUCATION, AND OUTREACH TO ASSIST AGING AND DISABLED MEDICARE BENEFICIARIES AND THEIR FAMILIES NAVIGATE THE HEALTH AND LONG-TERM SERVICES AND SUPPORT SYSTEMS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,452,356 including grants of \$ ) (Revenue \$ 424,692 )

4e Total program service expenses u 7,587,806

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	13
1b	0

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

		Yes	No		
<b>2a</b>	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	<b>2a</b>	60		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

ALYCE SCHALLER 808 RIVER STREET IA 52101 319-272-2244  
 DECORAH

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA HARVEY ..... EXECUTIVE DIRECTOR	40.00 0.50			X			98,692	0	18,285	
(2) ALYCE SCHALLER ..... FINANCE DIRECTOR	40.00 0.00			X			57,587	0	32,959	
(3) DAN ANDERSON ..... DIRECTOR	1.00 0.00	X					0	0	0	
(4) KATHY BABCOCK ..... DIRECTOR	1.00 0.00	X					0	0	0	
(5) JACOB BATES ..... SECRETARY	1.00 0.00	X		X			0	0	0	
(6) DAN BYRNES ..... TREASURER	1.00 0.00	X		X			0	0	0	
(7) DIANE DAWLEY ..... DIRECTOR	1.00 0.00	X					0	0	0	
(8) JOYCE DENCZEK ..... PAST PRESIDENT	1.00 0.00	X		X			0	0	0	
(9) ELAINE ESHBAUGH ..... DIRECTOR	1.00 0.00	X					0	0	0	
(10) LUANN GOEKE ..... DIRECTOR	1.00 0.00	X					0	0	0	
(11) SHIRLEY HELMRICHS ..... DIRECTOR	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) JESSICA LEDTJE	1.00								
DIRECTOR	0.00	X					0	0	
(13) JEAN MADDUX	1.00								
PRESIDENT	0.00	X		X			0	0	
(14) MARNA MITCHELL-BUTLER	1.00								
DIRECTOR	0.00	X					0	0	
(15) PATRICK MURRAY	1.00								
VICE PRESIDENT	0.00	X		X			0	0	
(16) GREG ORWOLL	1.00								
DIRECTOR	0.00	X					0	0	
(17) CONNIE PERRY	1.00								
DIRECTOR	0.00	X					0	0	
(18) VICKI ROWLAND	1.00								
DIRECTOR	0.00	X					0	0	
(19) DEAN THOMPSON	1.00								
DIRECTOR	0.00	X					0	0	
<b>1b Subtotal</b> .....							156,279	51,244	
<b>c Total from continuation sheets to Part VII, Section A</b> .....									
<b>d Total (add lines 1b and 1c)</b> .....							156,279	51,244	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	57,194			
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,278,588			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	70,898			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>		7,406,680		
	<b>Program Service Revenue</b>	<b>2a</b> FEES FOR SERVICE	Business Code	624200	641,963	641,963
<b>b</b> PROGRAM INCOME			624200	445,708	445,708	
<b>c</b> OTHER				66,048	66,048	
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>		1,153,719		
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	17,941	17,941	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>		8,578,340	1,171,660	0	0

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	207,523		207,523	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,339,335	2,038,249	301,086	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,433	176,468	48,965	
<b>9</b> Other employee benefits	600,130	469,779	130,351	
<b>10</b> Payroll taxes	183,081	143,315	39,766	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,278,038	4,159,709	118,329	
<b>12</b> Advertising and promotion	24,006	23,011	995	
<b>13</b> Office expenses	331,161	243,030	88,131	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	196,618	173,543	23,075	
<b>17</b> Travel	117,944	108,036	9,908	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	19,173	13,583	5,590	
<b>20</b> Interest	16,445	12,093	4,352	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	31,863		31,863	
<b>23</b> Insurance	40,904	26,671	14,233	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES AND SUBSCRIPTIONS	20,495	150	20,345	
<b>b</b> MISCELLANEOUS	3,193	169	3,024	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,635,342	7,587,806	1,047,536	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	22,216	<b>1</b>	22,756
	<b>2</b> Savings and temporary cash investments	2,997,905	<b>2</b>	2,558,600
	<b>3</b> Pledges and grants receivable, net	428,110	<b>3</b>	720,103
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	81,631	<b>9</b>	99,470
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,315,099		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 726,838	608,790	<b>10c</b> 588,261
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		4,138,652	<b>16</b>	3,989,190
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,319,736	<b>17</b>	1,230,935
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	337,473	<b>23</b>	327,116
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		1,657,209	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	2,435,820	<b>27</b>	2,373,945
	<b>28</b> Net assets with donor restrictions	45,623	<b>28</b>	57,194
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	2,481,443	<b>32</b>	2,431,139
<b>33 Total liabilities and net assets/fund balances</b>	4,138,652	<b>33</b>	3,989,190	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,578,340
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,635,342
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-57,002
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,481,443
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	6,698
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,431,139

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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	X	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CLARK WILHARM	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>NORTHEAST IOWA AREA AGENCY ON AGING, INC.</b>	Employer identification number <b>52-1621262</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: .....
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,397,308	6,743,405	6,484,757	5,991,064	7,406,680	36,023,214
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9,397,308	6,743,405	6,484,757	5,991,064	7,406,680	36,023,214
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						36,023,214

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	9,397,308	6,743,405	6,484,757	5,991,064	7,406,680	36,023,214
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					17,941	17,941
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						36,041,155

**12** Gross receipts from related activities, etc. (see instructions) **12** 2,400,535

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 99.95 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b> 100.00 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2			

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NORTHEAST IOWA AREA AGENCY ON AGING, INC.

Employer identification number

52-1621262

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** .....
- b** Permanent endowment **u** .....
- c** Term endowment **u** .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		510,858	45,388	465,470
<b>c</b> Leasehold improvements .....		227,485	179,971	47,514
<b>d</b> Equipment .....		565,422	501,479	63,943
<b>e</b> Other .....		11,334		11,334
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	588,261

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,781,078
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	202,469	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	269	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	202,738
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,578,340
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	8,578,340

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	8,832,506
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	202,469	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	202,469
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,630,037
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,305	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	5,305
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	8,635,342

**Part XIII Supplemental Information.**

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CONSOLIDATED ADJUSTMENTS FOR AGING PROPERTIES CORP. \$ 269

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

CONSOLIDATED ADJUSTMENTS FOR AGING PROPERTIES CORP. \$ 5,305



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization	NORTHEAST IOWA AREA AGENCY ON AGING, INC.	Employer identification number	52-1621262
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

INFORMATION AND ASSISTANCE \$568,303

CASE MANAGEMENT \$241,418

COUNSELING \$409,560

RESPITE \$117,770

HOMEMAKER \$112,013

OTHER PROGRAMS \$999,382

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AND  
RECOMMENDS ITS APPROVAL TO FILE. THAT ACTION IS MADE AS PART OF THE  
ACCEPTANCE OF THE FINANCE COMMITTEE'S REPORTS AND ACTIONS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH BOARD OF DIRECTOR IS ASKED TO SIGN THE AGENCY'S CONFLICT OF INTEREST  
STATEMENT EACH YEAR. THE POLICY IS REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PRESIDENT OF THE BOARD INITIATES THE EXECUTIVE DIRECTOR'S ANNUAL  
PERFORMANCE REVIEW AND SOLICITS INPUT FROM OTHER SOURCES. THE PERFORMANCE  
REVIEW IS PRESENTED TO THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION WITH  
THEIR ADDITIONAL INPUT REQUESTED. DURING THAT SESSION, THE EXECUTIVE  
DIRECTOR'S SALARY IS REVIEWED AND RECOMMENDED BASED ON COMPARABLE POSITIONS  
AS WELL AS THE CURRENT FUNDING STATUS OF THE ORGANIZATION. A WRITTEN  
NOTIFICATION IS MADE TO THE EXECUTIVE DIRECTOR ON A FORM SIGNED BY

Name of the organization

Employer identification number

NORTHEAST IOWA AREA AGENCY

52-1621262

PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL STAFF SALARIES ARE RECOMMENDED BY THE EXECUTIVE DIRECTOR WITH FINAL APPROVAL BY THE BOARD OF DIRECTORS. ALL SALARY ADJUSTMENTS ARE GENERALLY BASED ON COLA RATES. EACH STAFF PERSON HAS A PERFORMANCE REVIEW ANNUALLY, HOWEVER, PAY ADJUSTMENTS ARE NOT MERIT BASED. ALL PAY ADJUSTMENTS ARE NOTED IN WRITING TO THE STAFF PERSON AND A COPY PLACED IN THEIR PERSONNEL FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST AT THE CENTRAL OFFICE IN WATERLOO, IA.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
------------------	---------------	-------------

CONTRACTED SERVICES

\$ 2,311,447	\$ 0	\$ 0
--------------	------	------

CONTRACTED SERVICES

\$ 298,980	\$ 0	\$ 0
------------	------	------

CONTRACTED SERVICES

\$ 679,060	\$ 0	\$ 0
------------	------	------

CONTRACTED SERVICES

\$ 870,222	\$ 118,329	\$ 0
------------	------------	------

TOTAL

\$ 4,159,709	\$ 118,329	\$ 0
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.

Employer identification number  
52-1621262

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AGING PROPERTIES CORPORATION 800 RIVER STREET 42-1291006 DECORAH IA 52101	SEE PT VII	IA	501C2		NEI3A	X	
(2) .....							
(3) .....							
(4) .....							
(5) .....							



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AGING PROPERTIES CORPORATION	K	7,034	CONSOLIDATED ANNUAL AUDIT
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See Instructions.

SCHEDULE R - ADDITIONAL INFORMATION

AGING PROPERTIES CORPORATION IS A 501(C)(2) NONPROFIT ORGANIZATION AND IS CONTROLLED BY NORTHEAST IOWA AREA AGENCY ON AGING (NEI3A). THEY ARE CONSOLIDATED FOR FINANCIAL REPORTING. AGING PROPERTIES CORPORATION OWNS A BUILDING THAT IT RENTS OUT TO NEI3A.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return **NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.** Identifying number **52-1621262**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,863

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	31,863
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20		

Name

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.

Taxpayer Identification Number

52-1621262

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	144,618	128,092	-16,526
	2. Membership dues and assessments			
	3. Government contributions and grants	5,846,446	7,278,588	1,432,142
	4. Program service revenue	1,228,875	1,153,719	-75,156
	5. Investment income		17,941	17,941
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	9,689		-9,689
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>7,229,628</b>	<b>8,578,340</b>	<b>1,348,712</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	201,798	207,523	5,725
	16. Salaries, other compensation, and employee benefits	3,292,418	3,347,979	55,561
	17. Professional fundraising fees			
	18. Other professional fees	3,001,335	4,278,038	1,276,703
	19. Occupancy, rent, utilities, and maintenance	334,136	196,618	-137,518
	20. Depreciation and Depletion	24,586	31,863	7,277
	21. Other expenses	553,046	573,321	20,275
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>7,407,319</b>	<b>8,635,342</b>	<b>1,228,023</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-177,691</b>	<b>-57,002</b>	<b>120,689</b>
<b>Other Information</b>	24. Total exempt revenue	7,229,628	8,578,340	1,348,712
	25. Total unrelated revenue			
	26. Total excludable revenue	1,238,564	1,171,660	-66,904
	27. Total assets	4,138,652	3,989,190	-149,462
	28. Total liabilities	1,657,209	1,558,051	-99,158
	29. Retained earnings	2,481,443	2,431,139	-50,304
	30. Number of voting members of governing body	19	18	
	31. Number of independent voting members of governing body	19	18	
	32. Number of employees	77	60	
	33. Number of volunteers	24000	24000	

**Tax Group Summary 7/01/19 - 6/30/20**

FYE: 6/30/2020

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDINGS & IMPROVEMENTS	108,588	0	0	510,858	32,290	13,098	0	45,388
EQUIPMENT	565,422	11,334	0	576,756	489,970	11,509	0	501,479
LEASEHOLD IMPROVEMENTS	27,485	0	0	227,485	172,715	7,256	0	179,971
<b>Grand Total</b>	<u>1,303,765</u>	<u>11,334</u>	<u>0</u>	<u>1,315,099</u>	<u>694,975</u>	<u>31,863</u>	<u>0</u>	<u>726,838</u>

**Tax Asset Detail 7/01/19 - 6/30/20**

FYE: 6/30/2020

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
1		ELKADER BUILDING	10/15/03	68,000	0	0	26,612	1,743	28,355	39,645	S/L	39.00
191		WATERLOO PROPERTY	2/15/19	442,858	0	0	5,678	11,355	17,033	425,825	S/L	39.00
<b>BUILDINGS &amp; IMPROVEMENTS</b>				<u>510,858</u>	<u>0c</u>	<u>0</u>	<u>32,290</u>	<u>13,098</u>	<u>45,388</u>	<u>465,470</u>		
2		SAFE	5/01/93	505	0	0	505	0	505	0	S/L	20.00
3		REACH IN COOLER	10/01/92	1,867	0	0	1,867	0	1,867	0	S/L	20.00
4		REFRIGERATOR	9/01/92	893	0	0	893	0	893	0	S/L	20.00
5		WATER SOFTENER	1/01/91	728	0	0	728	0	728	0	S/L	20.00
6		FREEZER, WALK IN	4/01/94	6,840	0	0	6,840	0	6,840	0	S/L	20.00
7		FREEZER	7/01/89	659	0	0	659	0	659	0	S/L	20.00
8		MEAL DELIVERY BAGS	5/15/96	13,857	0	0	13,857	0	13,857	0	S/L	7.00
9		3 DOOR COOLER - ELDORA	7/02/98	3,100	0	0	3,100	0	3,100	0	S/L	10.00
10		BOILER	4/22/99	1,613	0	0	1,613	0	1,613	0	S/L	10.00
11		HOBART ELECTRIC HEAT DISH	8/24/00	6,917	0	0	6,917	0	6,917	0	S/L	10.00
15		2001 CHEVROLET SILVERADO 1	2/06/01	43,988	0	0	43,988	0	43,988	0	S/L	10.00
16		2002 CHEVY SILVERADO HOT S	8/14/02	42,561	0	0	42,561	0	42,561	0	S/L	5.00
17		EPSON MULTIMEDIA PROJECT	2/01/05	984	0	0	984	0	984	0	S/L	3.00
18		NEC XGA PROJECTOR	7/21/04	1,668	0	0	1,668	0	1,668	0	S/L	5.00
19		FURNITURE	1/31/07	6,594	0	0	6,594	0	6,594	0	S/L	5.00
20		DVD DUPLICATOR	2/16/07	1,552	0	0	1,552	0	1,552	0	S/L	5.00
21		DELL LATITUDE D830 COMPUT	9/01/07	1,735	0	0	1,735	0	1,735	0	S/L	5.00
22		BIZHUB 420 COPIER/SCANNER	12/20/07	6,128	0	0	6,128	0	6,128	0	S/L	5.00
23		DELL PROJECTOR	9/10/08	539	0	0	539	0	539	0	S/L	5.00
24		DELL LAPTOP	11/30/08	1,399	0	0	1,399	0	1,399	0	S/L	5.00
25		DELL LAPTOP	1/31/09	1,375	0	0	1,375	0	1,375	0	S/L	5.00
26		LENOVO THINKPAD TABLET	4/09/10	1,950	0	0	1,950	0	1,950	0	S/L	5.00
27		LENOVO THINKPAD TABLET	4/09/10	1,950	0	0	1,950	0	1,950	0	S/L	5.00
28		DELL OPTIPLEX 380	6/25/10	779	0	0	779	0	779	0	S/L	5.00
29		DELL OPTIPLEX 380	6/25/10	779	0	0	779	0	779	0	S/L	5.00
30		DELL OPTIPLEX 380	6/25/10	779	0	0	779	0	779	0	S/L	5.00
31		DELL OPTIPLEX 380	6/25/10	924	0	0	924	0	924	0	S/L	5.00
32		DELL OPTIPLEX 380	6/25/10	924	0	0	924	0	924	0	S/L	5.00
34		DELL E5510 LAPTOP	1/26/11	1,301	0	0	1,301	0	1,301	0	S/L	5.00
35		DELL OPTIPLEX 380SFF	1/26/11	924	0	0	924	0	924	0	S/L	5.00
36		DELL E5520 LAPTOP	5/13/11	1,258	0	0	1,258	0	1,258	0	S/L	5.00
38		DELL LAPTOP	12/30/08	1,375	0	0	1,375	0	1,375	0	S/L	5.00
39		DELL E5520 LAPTOP	7/06/11	1,301	0	0	1,301	0	1,301	0	S/L	5.00
41		DELL OPTIPLEX 390 DESKTOP	9/07/11	653	0	0	653	0	653	0	S/L	5.00
42		DELL LAPTOP E5420	12/21/11	1,225	0	0	1,225	0	1,225	0	S/L	5.00
44		DELL OPTIPLEX 390 DESKTOP	1/18/12	659	0	0	659	0	659	0	S/L	5.00
45		DELL OPTIPLEX 390 DESKTOP	1/18/12	659	0	0	659	0	659	0	S/L	5.00
46		DELL OPTIPLEX 390 DESKTOP	4/04/12	659	0	0	659	0	659	0	S/L	5.00
47		DELL OPTIPLEX 390 DESKTOP	4/04/12	659	0	0	659	0	659	0	S/L	5.00
50		MINOLTA BIZHUB 501C	5/17/12	5,995	0	0	5,995	0	5,995	0	S/L	5.00
51		DELL LATITUDE XT3 TABLET	5/27/12	1,661	0	0	1,661	0	1,661	0	S/L	5.00
52		DELL E5520 LAPTOP	5/27/12	1,661	0	0	1,661	0	1,661	0	S/L	5.00
54		DELL OPTIPLEX 790SFF	9/19/12	758	0	0	758	0	758	0	S/L	5.00
55		DELL OPTIPLEX 790SFF	9/19/12	778	0	0	778	0	778	0	S/L	5.00



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## Tax Asset Detail 7/01/19 - 6/30/20

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FYE: 6/30/2020

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1 (continued)</b>												
56		DELL OPTIPLEX 790SFF	9/19/12	758	0	0	758	0	758	0	S/L	5.00
57		DELL LAPTOP E5530	9/19/12	950	0	0	950	0	950	0	S/L	5.00
58		DELL OPTIPLEX 310	10/31/12	755	0	0	755	0	755	0	S/L	5.00
59		DELL OPTIPLEX 7010	2/01/13	769	0	0	769	0	769	0	S/L	5.00
60		DELL OPTIPLEX 7010	2/01/13	590	0	0	590	0	590	0	S/L	5.00
61		DELL OPTIPLEX 3010 SFF	4/24/13	717	0	0	717	0	717	0	S/L	5.00
63		DELL OPTIPLEX 3010 SFF	5/22/13	538	0	0	538	0	538	0	S/L	5.00
64		DELL OPTIPLEX 3010 SFF	5/22/13	538	0	0	538	0	538	0	S/L	5.00
65		DELL POWEREDGE SERVER	5/22/13	5,865	0	0	5,865	0	5,865	0	S/L	5.00
66		DELL POWEREDGE SERVER	5/22/13	5,865	0	0	5,865	0	5,865	0	S/L	5.00
67		2013 CHEVROLET SILVERADO 1	4/05/13	43,416	0	0	43,416	0	43,416	0	S/L	5.00
69		DISH TABLE	11/01/79	970	0	0	970	0	970	0	S/L	20.00
70		EXHAUST HOOD & FAN	11/01/79	760	0	0	760	0	760	0	S/L	20.00
71		SHELVING	11/01/79	725	0	0	725	0	725	0	S/L	20.00
72		WORK TABLES	11/01/79	625	0	0	625	0	625	0	S/L	20.00
73		SINK - 3 COMPARTMENT	12/01/94	1,242	0	0	1,242	0	1,242	0	S/L	20.00
74		REFRIGERATOR	11/01/98	2,500	0	0	2,500	0	2,500	0	S/L	15.00
75		AIR CONDITIONER	8/01/99	1,008	0	0	1,008	0	1,008	0	S/L	10.00
76		DISHWASHER	6/01/00	2,995	0	0	2,995	0	2,995	0	S/L	15.00
77		GARBAGE DISPOSAL	6/01/00	895	0	0	895	0	895	0	S/L	10.00
78		REFRIGERATOR	6/01/01	2,099	0	0	2,099	0	2,099	0	S/L	15.00
79		RANGE	10/01/03	4,568	0	0	4,568	0	4,568	0	S/L	15.00
80		FIRE SUPPRESSION	2/05/05	1,400	0	0	1,400	0	1,400	0	S/L	10.00
81		3 HOT FOOD UNITS	11/06/07	1,465	0	0	1,465	0	1,465	0	S/L	10.00
82		TELEPHONES & SYSTEMS	6/30/08	1,533	0	0	1,533	0	1,533	0	S/L	10.00
83		PARKING LOT UPGRADE	6/30/08	12,000	0	0	12,000	0	12,000	0	S/L	10.00
84		COMPUTER - COMPAQ	1/01/01	825	0	0	825	0	825	0	S/L	5.00
85		FREEZER	6/01/01	3,499	0	0	3,499	0	3,499	0	S/L	15.00
86		COMPUTER - COMPAQ	6/01/01	824	0	0	824	0	824	0	S/L	5.00
87		CHEST FREEZER	11/01/06	562	0	0	562	0	562	0	S/L	10.00
88		KONICA COPIER	5/15/13	1,705	0	0	1,705	0	1,705	0	S/L	5.00
89		VULCAN OVEN	5/15/13	3,725	0	0	3,725	0	3,725	0	S/L	5.00
90		MAQUOKETA CARPER	2/01/13	5,000	0	0	5,000	0	5,000	0	S/L	5.00
91		COMMERCIAL DISHWASHER	5/01/12	4,839	0	0	3,468	484	3,952	887	S/L	10.00
92		RANGE HOOD	5/01/12	10,050	0	0	7,203	1,005	8,208	1,842	S/L	10.00
93		ANSUL SYSTEM	5/01/12	2,100	0	0	1,505	210	1,715	385	S/L	10.00
94		REFRIGERATOR	5/01/12	3,086	0	0	2,212	308	2,520	566	S/L	10.00
95		FREEZER	5/01/12	3,975	0	0	2,849	397	3,246	729	S/L	10.00
96		CONVECTION OVEN	5/01/12	3,495	0	0	2,505	349	2,854	641	S/L	10.00
97		3-COMPARTMENT SINK	5/01/12	1,224	0	0	877	122	999	225	S/L	10.00
98		CENTER ISLAND	5/01/12	1,809	0	0	1,296	181	1,477	332	S/L	10.00
99		HOT FOOD CART	11/01/79	797	0	0	797	0	797	0	S/L	15.00
100		U.S. RANGE	11/01/82	1,845	0	0	1,845	0	1,845	0	S/L	15.00
101		UNIVEX FOOD SLICER	11/01/82	869	0	0	869	0	869	0	S/L	10.00
102		VULCAN STOVE	6/01/90	2,112	0	0	2,112	0	2,112	0	S/L	10.00
103		CHEST FREEZER	6/01/96	520	0	0	520	0	520	0	S/L	10.00
104		STEAM TABLE	6/01/00	1,080	0	0	1,080	0	1,080	0	S/L	10.00
105		SLICER	12/01/07	764	0	0	764	0	764	0	S/L	10.00
106		THREE TIER CART	10/01/08	668	0	0	668	0	668	0	S/L	5.00

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## Tax Asset Detail 7/01/19 - 6/30/20

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FYE: 6/30/2020

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1 (continued)</b>												
107		FREEZER	8/01/97	530	0	0	530	0	530	0	S/L	15.00
108		FOOD PROCESSOR	2/01/00	524	0	0	524	0	524	0	S/L	5.00
109		RANGE	6/01/04	4,518	0	0	4,518	0	4,518	0	S/L	15.00
110		HOT BUFFET	6/01/04	839	0	0	839	0	839	0	S/L	15.00
111		CONVECTION OVEN	1/01/05	3,100	0	0	3,100	0	3,100	0	S/L	10.00
112		FIRE SUPPRESSION	6/01/05	920	0	0	920	0	920	0	S/L	10.00
113		DISHWASHER	6/01/06	4,985	0	0	4,985	0	4,985	0	S/L	10.00
114		GAS RANGE	6/01/88	2,415	0	0	2,415	0	2,415	0	S/L	15.00
115		AIR CONDITIONER	8/01/92	850	0	0	850	0	850	0	S/L	10.00
116		REFRIGERATOR	6/01/96	650	0	0	650	0	650	0	S/L	10.00
118		REFRIGERATOR	7/01/99	650	0	0	650	0	650	0	S/L	10.00
119		AIR CONDITIONER	8/01/99	800	0	0	800	0	800	0	S/L	15.00
120		WASHER/DRYER	6/01/11	1,099	0	0	879	110	989	110	S/L	10.00
121		DISH TABLES	1/01/76	1,149	0	0	1,149	0	1,149	0	S/L	15.00
122		RANGE HOOD	1/01/76	750	0	0	750	0	750	0	S/L	15.00
123		STAINLESS STEEL HOOD	1/01/76	1,169	0	0	1,169	0	1,169	0	S/L	20.00
124		COLD SERVER	2/01/76	2,155	0	0	2,155	0	2,155	0	S/L	20.00
125		MIXER	5/01/76	785	0	0	785	0	785	0	S/L	10.00
126		HOBART REFRIGERATOR	6/01/87	4,020	0	0	4,020	0	4,020	0	S/L	15.00
127		UNIVEX SLICER	1/01/89	907	0	0	907	0	907	0	S/L	15.00
128		DISHWASHER	11/01/97	5,950	0	0	5,950	0	5,950	0	S/L	15.00
129		IN-SINK DISPENSER	6/01/01	944	0	0	944	0	944	0	S/L	10.00
130		STAINLESS STEEL SINK	6/01/01	1,800	0	0	1,800	0	1,800	0	S/L	15.00
131		REACH-IN FREEZER	6/01/00	3,599	0	0	3,599	0	3,599	0	S/L	15.00
132		HOT SERVER	6/01/01	3,572	0	0	3,572	0	3,572	0	S/L	15.00
133		REFRIGERATOR	6/01/01	2,099	0	0	2,099	0	2,099	0	S/L	15.00
134		RANGE	6/01/06	7,555	0	0	6,548	504	7,052	503	S/L	15.00
135		CONVECTION OVEN	6/01/09	3,571	0	0	1,786	178	1,964	1,607	S/L	20.00
136		ANSUL FIRE SAFETY	6/01/03	2,693	0	0	2,693	0	2,693	0	S/L	10.00
137		DESKTOP COMPUTERS	6/01/04	1,858	0	0	1,858	0	1,858	0	S/L	5.00
138		MINOLTA COPIER	8/01/04	5,580	0	0	5,580	0	5,580	0	S/L	5.00
139		TELEPHONE SYSTEM	6/01/07	4,050	0	0	4,050	0	4,050	0	S/L	10.00
140		2-TABLET COMPUTERS	6/01/07	3,298	0	0	3,298	0	3,298	0	S/L	5.00
141		PROJECTOR	7/01/07	699	0	0	699	0	699	0	S/L	5.00
142		3-TABLET COMPUTERS	9/01/09	4,737	0	0	4,737	0	4,737	0	S/L	6.00
143		MINOLTA COPIER BIX 423	11/01/00	4,839	0	0	4,839	0	4,839	0	S/L	5.00
144		2-TABLET COMPUTERS	3/01/11	3,316	0	0	3,316	0	3,316	0	S/L	5.00
145		COMPUTER & MONITOR	6/01/11	600	0	0	600	0	600	0	S/L	5.00
146		2-NEW DESKS	11/01/11	1,866	0	0	1,866	0	1,866	0	S/L	5.00
147		2-CONFERENCE TABLES	11/01/11	1,050	0	0	1,050	0	1,050	0	S/L	5.00
148		CONFERENCE CRENDENZA	11/01/11	565	0	0	565	0	565	0	S/L	5.00
149		FOUNTAIN PARK BUILD-OUT	11/01/11	3,500	0	0	3,500	0	3,500	0	S/L	5.00
150		PAPER SHREDDER	12/01/11	895	0	0	895	0	895	0	S/L	5.00
151		TABLET COMPUTERS	4/01/12	1,395	0	0	1,395	0	1,395	0	S/L	5.00
152		TABLET COMPUTERS	4/01/12	1,395	0	0	1,395	0	1,395	0	S/L	5.00
153		TABLET COMPUTERS	7/01/12	1,395	0	0	1,395	0	1,395	0	S/L	5.00
154		TABLET COMPUTERS	7/01/12	1,395	0	0	1,395	0	1,395	0	S/L	5.00
155		TABLET COMPUTERS	3/01/13	1,395	0	0	1,395	0	1,395	0	S/L	5.00
156		3 SETS CABINETS	6/01/85	3,282	0	0	3,282	0	3,282	0	S/L	20.00

**Tax Asset Detail 7/01/19 - 6/30/20**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1 (continued)</b>												
157		AMANA FREEZER	5/01/87	630	0	0	630	0	630	0	S/L	15.00
158		HOBART FR. FOOD CAB.	6/01/88	2,292	0	0	2,292	0	2,292	0	S/L	10.00
159		VULCAN GAS RANGE	6/01/89	2,801	0	0	2,801	0	2,801	0	S/L	10.00
160		HOBART REFRIGERATOR	6/01/89	1,835	0	0	1,835	0	1,835	0	S/L	10.00
161		REFRIGERATOR	6/01/00	2,099	0	0	2,099	0	2,099	0	S/L	15.00
162		RANGE HOOD SYSTEM	12/01/01	4,918	0	0	4,918	0	4,918	0	S/L	15.00
163		DISHWASHER HOOD SYSTEM	12/01/01	1,675	0	0	1,675	0	1,675	0	S/L	15.00
164		DISHWASHER	12/01/01	6,131	0	0	6,131	0	6,131	0	S/L	15.00
165		BOOSTER HEATER	12/01/01	1,035	0	0	1,035	0	1,035	0	S/L	15.00
166		3-COMPARTMENT SINK	12/01/01	1,647	0	0	1,647	0	1,647	0	S/L	15.00
167		DISPOSER	12/01/01	1,189	0	0	1,189	0	1,189	0	S/L	15.00
168		COOKS COUNTER	12/01/01	1,510	0	0	1,510	0	1,510	0	S/L	15.00
169		COUNTER SERVER SYSTEMS	12/01/01	2,500	0	0	2,500	0	2,500	0	S/L	15.00
170		CABINETS	12/01/01	885	0	0	885	0	885	0	S/L	15.00
171		COUNTER TOPS	12/01/01	3,290	0	0	3,290	0	3,290	0	S/L	15.00
172		DISPOSER	12/01/01	1,262	0	0	1,262	0	1,262	0	S/L	15.00
173		DISHTABLE	12/01/01	1,264	0	0	1,264	0	1,264	0	S/L	15.00
174		HOT FOOD SERVER	6/01/03	1,300	0	0	1,300	0	1,300	0	S/L	15.00
175		WASHER & DRYER	1/05/05	735	0	0	735	0	735	0	S/L	10.00
176		KONICA COPIER	5/15/13	1,705	0	0	1,705	0	1,705	0	S/L	5.00
177		EQUIPMENT	1/01/76	3,475	0	0	3,475	0	3,475	0	S/L	10.00
179		ENHANCED WORKGROUP REPC	4/10/15	6,890	0	0	6,890	0	6,890	0	S/L	3.00
180		IMPALA	10/07/15	15,330	0	0	5,749	1,533	7,282	8,048	S/L	10.00
181		2017 DODGE CARAVAN	2/14/17	20,992	0	0	5,073	2,099	7,172	13,820	S/L	10.00
188		2019 CHEVY MALIBU	10/17/18	17,377	0	0	869	1,738	2,607	14,770	S/L	10.00
189		2013 CHEVROLET MALIBU	8/22/18	10,020	0	0	501	1,002	1,503	8,517	S/L	10.00
190		2017 FORD FOCUS	4/04/19	12,895	0	0	645	1,289	1,934	10,961	S/L	10.00
192		2015 DODGE GRAND CARAVAN	7/01/19	11,334	0c	0	0	0	0	11,334	S/L	10.00
<b>EQUIPMENT</b>				<u>576,756</u>	<u>0c</u>	<u>0</u>	<u>489,970</u>	<u>11,509</u>	<u>501,479</u>	<u>75,277</u>		
182		KIMBALL RIDGE RENOVATION	2/15/93	71,382	0	0	71,382	0	71,382	0	S/L	10.00
183		WAVERLY RENOVATIONS	7/01/99	32,679	0	0	16,339	817	17,156	15,523	S/L	40.00
184		LEASEHOLD IMPROVEMENTS	9/30/01	6,351	0	0	6,351	0	6,351	0	S/L	7.00
185		KITCHEN REMODEL	5/01/08	20,489	0	0	20,489	0	20,489	0	S/L	10.00
186		LEASEHOLD IMPROVEMENTS	10/31/09	76,138	0	0	49,067	5,076	54,143	21,995	S/L	15.00
187		WATERLOO SENIOR CENTER L	11/09/12	20,446	0	0	9,087	1,363	10,450	9,996	S/L	15.00
<b>LEASEHOLD IMPROVEMENT</b>				<u>227,485</u>	<u>0c</u>	<u>0</u>	<u>172,715</u>	<u>7,256</u>	<u>179,971</u>	<u>47,514</u>		
<b>Form 990, Page 1</b>				<u>1,315,099</u>	<u>0c</u>	<u>0</u>	<u>694,975</u>	<u>31,863</u>	<u>726,838</u>	<u>588,261</u>		
<b>Grand Total</b>				<u>1,315,099</u>	<u>0c</u>	<u>0</u>	<u>694,975</u>	<u>31,863</u>	<u>726,838</u>	<u>588,261</u>		