

Kara L. Pardue, Partner Adam M. Barnett, Partner Heather A. McMeekin, Partner Wesley B. Price, III, Partner Emeritus

May 15, 2023

Council on Aging of Central Oregon 1036 NE 5th Street Bend, OR 97701

Dear Cassie:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to <u>our</u> office. We will transmit the return electronically to the IRS and no further action is required.

OREGON FORM CT-12 RETURN:

The State of Oregon Form CT-12 should also be signed by an officer of the organization. Remittance of \$559, payable to the Oregon Department of Justice, should be enclosed with the form. Be sure to write your federal identification number on the check. The CT-12 should be mailed to the

Oregon Department of Justice Charitable Activities Section 100 SW Market Street Portland, OR 97201-5702

with a mailing date no later than May 15, 2023. An addressed envelope is enclosed for your convenience in mailing the return.

A copy of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Benjamin P. Miller

		IRS e-file Signatu for a Tax Ex	ure Authorization	ŀ	OMB No. 1545-0047
Form 8879-TE				→ 22	0004
	For calendar year 2021	I, or fiscal year beginning	, 2021, and ending JUN 30	<u>, 20 <u>2 2</u></u>	2021
Department of the Treasury	L	Do not send to the IRS	5. Keep for your records.		
Internal Revenue Service	>	Go to www.irs.gov/Form88/	9TE for the latest information.	EIN or SSN	
Name of filer			CON		561229
		GOF CENTRAL ORE CASSIE REGIMBAL			
Name and title of officer or pe		EXECUTIVE DIREC			
		turn Information			
Form 5330 filers may ente	r dollars and cents.	For all other forms, enter whole the return being filed with this D-). But, if you entered -D- on the	enter the applicable amount, if any e dollars only. If you check the box form was blank, then leave line 1t e return, then enter -0- on the applic	c on line 1a, 2a, b, 2b, 3b, 4b, 5b cable line below.	3a, 4a, 5a, 6a, 7a, 6a, 9a , 6b, 7b, 8b, 9b, or 10b, Do not complete more
	nere 🚬 🕨 🗶	b Total revenue, if any (For	rm 990, Part VIII, column (A), line 1	2)	1b <u>5,283,598.</u>
2a Form 990-EZ che		b Total revenue, if any (For	rm 990-EZ, line 9)		2b
3a Form 1120-POL	····-	, . .	L, line 22)		
4a Form 990-PF che			nt income (Form 990-PF, Part V, li		4b
5a Form 8868 check			, line 3c)		
6a Form 990-T chec			art III, line 4)		
7a Form 4720 check			rt III, line 1)		
8a Form 5227 check			tax year (Form 5227, Item D)		8b
9a Form 5330 check	········	b Tax due (Form 5330, Par	• • •		9b
10a Form 8038-CP ch			ent requested (Form 8038-CP, Par	rt III line 22)	10b
			ficer or Person Subject to		100
2021 electronic return and complete. I further declare intermediate service provia acknowledgement of recei- of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv- personal identification num PIN: check one box only X I authorize PR as my signature with a state age on the return's of As an officer or return. If I have i IRS Fed/State p	A accompanying sci that the amount in der, transmitter, or ipt or reason for rej e, I authorize the U. ution account indic it the entry to this a prior to the payme // confidential infor nber (PIN) as my signification (PIN) as	hedules and statements, and, to hedules and statements, and, to heart I above is the amount sho electronic return originator (ERK s. Treasury and its designated ated in the tax preparation soft account. To revoke a payment, I int (settlement) date. I also auth- mation necessary to answer ind gnature for the electronic return & CO ERO firm name 21 electronically filed return. If I charities as part of the IRS Fed, screen. ax with respect to the entity, I w s return that a copy of the returr my PIN on the return's disclosu	(EIN)	elief, they are tru return. I consent d to receive from sing the return o ronic funds withe xes owed on this inancial Agent at lved in the proce o the payment. I electronic funds to enter my F hat a copy of the e aforementioned	e, correct, and to allow my refund, and (c) the date drawal (direct debit) return, and the 1-888-353-4537 no issing of the electronic have selected a withdrawal. PIN 09555 Enter five numbers, but do not enter all zeros e return is being filed d ERO to enter my PIN D21 electronically filed charities as part of the
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ERO's EFIN/PIN. Enter you number (EFIN) followed by	your five-digit self-	selected PIN.	931770496 Do not enter all z	zeros	
			e 2021 electronically filed return in odernized e-File (MeF) Information	for Authorized II	RS <i>e-file</i> Providers for
ERO's signature 🕨	1 Sen M	ls	Date 🕨	MAY 1 3	2023
		ERO Must Retain This F ubmit This Form to the	Form - See Instructions IRS Unless Requested To	Do So	
LHA For Privacy act and	I Paperwork Redu	ction Act Notice, see instruct	ions.		Form 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File	а	separate	application	for	each re	turn.
	1 110	a	acpai ate	application	101	cuonic	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions.			Taxpaye	ridentification	number (TIN)
print	COUNCIL ON AGING OF CENTRAL OREGON					1229
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s					
return. Se instructio		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fi	le a separat	e application for each return)			
Applica	ition	Return	Application			Return
ls For	*	Code	ls For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	00-T (corporation) CASSIE REGIMBA	07				
tł D	request an automatic 6-month extension of time until e organization named above. The extension is for the org	MAY anization's	7 15, 2023 , to file return for:		npt organizatio	
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less		<u> </u>	
	ny nonrefundable credits. See instructions.		tontativo tax, 1655	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter anv	refundable credits and		·¥	
	stimated tax payments made. Include any prior year over	-		Зb	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns	3c	\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct det	oit) with this Form 8868, see Form 84	153-TE and	d Form 8879-T	E for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 88	68 (Rev. 1-2022)

123841 01-12-22

Return of Organization Exempt From Income Tax Constants Form 3000 Constants Constants <th< th=""><th></th><th></th><th></th><th>EXTENDED TO MAY 15, 20</th><th>023</th><th></th><th></th></th<>				EXTENDED TO MAY 15, 20	023		
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Part II Signature Block			Revenue less	expenses. Subtract line 18 from line 12			
Part II Signature Block	s or					ginning of Current Year	End of Year
Part II Signature Block	ssets Jalan	20					
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		22				2,191,560.	4,44/,/85.
					and stateme	nts and to the best of my kr	owledge and belief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CASSIE REGIMBAL, EXECUTIVE DIRECTOR Type or print name and title	Date								
	Print/Type preparer's name BENJAMIN P. MILLER Preparer's signature Sen Mell MAY LES	2023 Scheck PTIN Self-employed P01449600								
Preparer	Firm's name PRICE FRONK & CO	Firm's EIN 93-0620214								
Use Only	Firm's address 2796 NW CLEARWATER DR									
-	BEND, OR 97703	Phone no. 541-382-4791								
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

F	990 (2021) COUNCIL ON AGING OF CENTRAL OREGON	93-0661229 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: RESPONSIBLE FOR ADMINISTERING FEDERAL, STATE AND LOCAL G	RANTS DESIGNED
	TO MEET THE HEALTH AND WELFARE NEEDS OF THE ELDERLY IN D	ESCHUTES,
	JEFFERSON, AND CROOK COUNTIES OF CENTRAL OREGON.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 444,321. including grants of \$) (Reven	12,900.)
70	IN HOME SERVICE AND OTHER FUNDS: PROVIDE HOME CARE AND O	
	TO OLDER ADULTS.	
4b		nue \$)
	SUPPORTIVE SERVICES AND SENIOR CENTERS: SENIOR ADVOCACY, TRANSPORTATION, OUTREACH, CASE MANAGEMENT, INFORMATION A	ND REFERRAL
	HOME REPAIR, LEGAL SERVICES, TRAINING AND OTHER PROGRAMS	
		••••••••••••••••••••••••••••••••••••••
		••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 1,721,235 . including grants of \$) (Reven	ue\$ 24,536.)
40	(Code:)(Expenses \$, 721, 235. including grants of \$) (Reven NUTRITION FUNDS: OPERATE SENIOR MEAL SITES AND HOME DELI	
	PROGRAM.	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 3,326,752.	Form 990 (2021)
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	3	

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Form 990 (202		COUN	-		
Part IV C	hecklist of	Required	Sch	edul	es

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
1E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>x</u>
15				х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		
19		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
132003			990 (2021)

Form 990 (2021)	COUNCIL		
Part IV Checklist of	Required Sch	edule	s (continued)

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		000		x
b	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive andre than \$25,000 in horecash contributions? <i>If "Yes," complete Schedule IV</i>	29		- 23
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			
32		00		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Grook in Ochequie O Contains a response of flote to any life in this Fait V		Vac	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1.3Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с	(gambling) winnings to prize winners?	1c		
132004	(ganoing) withings to prize withers:		990	(2021)
102004	5			(

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Form 990 (2021)	COUNCIL	ON	AGING	OF	CENTRAL	ORE	<u> JON</u>
Part V Statements	Regarding Otl	ner IF	RS Filings	and	Tax Compl	iance	(continued)

b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X d If "Yes," indicate the number of Forms 8282 filed during the year perminum, directly or indirectly on a personal benefit contract? 7e X d Did the organization, during the year, apy perminum, directly or indirectly on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 7n 7 f Sponsoring organization maintaining dorn advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a D di the sponsoring organization make a distribution to a donor, donor advised funds. 9a 10b Section 501(c)(2) organizations. Enter: 10a 10b 10a 1 Section 501(c)(2) organizations. Enter: 10a 10b 10a 1 Section 501(c)(2) organizations. Enter: 10a 10b 11a 10a 2 S			1	1		Yes	No		
bit at least one is reported on line 2a, do the organization file at required to anda. See instructions. 2b X Note: If the sum of line 2a, do the organization file at required to anda. See instructions. 2b X a Dat the organization have instruction to any be required to anda. See substructions. 2b X b If Yes, "Instruction have instruction bave instructions are and instruction have instruction have instructions. 2b X b If Yes, "Instruction have instruction have instructions. 2b X X b If Yes, "Instructions for fing courty" yes? An any time doing the calcined year. 2b X b If Yes, "Instructions for fing courty year. 4a X X X b If Yes, "Instructions for fing courty year. 4a X X X b If any scatching for fing courty year. 4a X X X b If Yes," Instructions for the organization fing on any Year. 5a X X b If Yes," Instructions for the organization fing on any Year. 5a X X b If Yes," Instructions for the organization fing on any Year. 5a X X b If Yes," Instructions for the organization fing on any Year. 5a X X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
b In Altable file a sum of lines 1 and 2.8 is greater than 250, you may be required to a -Alta, See instructions. 38 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 41 Arey time during the calendar year, did the organization have an interest in, or a signature or other authority own, a financial accounts or using the account, security? 44 52 If "Yes," near the name of the foreign country to be a ban account, security accounts? 56 54 Was the organization have quantization in the organization have an interest in, or a signature or other authority own, a financial Accounts (FBAP). 56 55 Was the organization have annual gross receipts that are or orall group to prohibited tax sheler transaction? 56 56 Was the organization have annual gross receipts that are orall group prohibited tax sheler transaction? 56 56 Was the organization have annual gross receipts that are normal group prohibited tax sheler transaction? 56 57 Was to line 3 or 50, did the organization have annual gross receipts that are normal group prohibited tax sheler transaction? 56 58 Was the organization have annual gross receipts that are normal group prohibited tax sheler transaction? 56 59 Was to did the organization have annual gross receipts that are normal group prohibited tax sheler transaction? 56 50 Was did tax organization have end tax between the statement thet stuch contribution cors. 56						37			
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b If 'Yas, 'Indicate the nume of the foreign country ▶ See instructions for illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF), See instructions for illing acquirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF), See instructions for the organization in the value of the provided tax whether transaction? 59. Was the organization approximation that it was or is a party to a prohibited tax what'r transaction? 50. So the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were nort tax deductible contributions under section 170(c). 10. Organizations that may receive deductible contributions under section 170(c). 10. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10. Organizations that may receive deductible contributions under section 170(c). 10. If 'Yes,' did the organization include with every solicitation and party to goods and services provided to the asym? 11. 'Yes,' fudicate the number of Forms 8282 filed during the year 12. di I' 'Yes,' indicate the number of Forms 8282 filed during the year 12. di I' 'Yes,' indicate the number of Forms 8282 filed during the year 12. di I' 'Yes,' indicate the number of Forms 8282 filed during the year 13. di the organization neevies a contribution of qualited indirectly, on a personal benefit contract? 14. di I' the organization meave a contribution of qualited indirectly, on a personal benefit contract? 14. di I' the organization meave a contribution of qualited indirectly, or a personal benefit contract? 15. di I' the organization meave at a contribution of qualited indirectual property. did the organization file a Form 108-0? 15. dis the organization meave at excess business of olding at ony time during the year? 16. dis base organization have excess busines to indiden the during the year? 16. dis d	4a						v		
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If "Yes," complete Form 6069.	17				47				
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2021.05080 COUNCIL ON AGING OF CENTR 09555___1

Form 990 (2021)	COUNCIL								-000122	
Part VI Governance,	Management,	and [Disclosu	re.	For each "Yes	" response t	o lines 2 through	7b below, a	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			X
Sec	tion A. Governing Body and Management			
		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	B		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, v		
	The section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to show their exercises are consistent with the eventientian's event eveness.	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		12a	X	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	x	
40	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	9.996
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	1.212
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100 A		77
	taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	25.9		10
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CASSIE REGIMBAL - 541-678-5483			
	1036 NE 5TH STREET, BEND, OR 97701			
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Form 990 (2021)	COUNCIL ON				93-0661229	Page 7
Part VII Compensat	ion of Officers, Dire	ectors, Truste	es, Key Empl	oyees, Highe	st Compensated	
	and Independent					
Check if Sched	ule O contains a respons	e or note to any lir	e in this Part VII			
Section A. Officers, Dire	ctors, Trustees, Key En	ployees, and Hig	hest Compensat	ted Employees		
1a Complete this table for	all persons required to b	e listed. Report cor	npensation for th	1e calendar year e	ending with or within the organization	's tax year.
I ist all of the organization	ation's current officers, o	lirectors, trustees (whether individu	als or organizatio	ns), regardless of amount of compen	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle:	ss pei	more rson i	than o s both or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN ROTELLA	55.00								_	
EXECUTIVE DIRECTOR				X			<u> </u>	117,452.	0.	0.
(2) LOUIS CAPOZZI	4.00									
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) WENDY MIKI GLAUS	4.00						I			-
TREASURER		X		X		<u> </u>		0.	0.	0.
(4) EMILY SALMON	4.00									
SECRETARY		X		Х			ļ	0.	0.	0.
(5) JENNIFER NEAHRING	4.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(6) MICHAEL HENSLEY	4.00									
DIRECTOR		X						0.	0.	0.
(7) RAY MIAO	4.00									
DIRECTOR		X						0.	0.	0.
(8) CHRIS PIPER	4.00									
DIRECTOR		X						0.	0.	0.
(9) SHARLENE WILLS	4.00	·								
DIRECTOR		Х						0.	0.	0.
							-			
		L					L			F 990 (0001)

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132007 12-09-21

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustese, Key Employees, and Highest Compensated Employees (conduced) Name and the Average boots of the control of the Compensation from related amount of the organizations of the organization for related by the compensation from the compensation from the compensation of the compensation from the compensation of the organizations and the organizations and the organizations and the compensation from the compensation of the compensation from the compensation of	Form	990 (202	1) <u>CO</u>	UNCIL C	N AGINO	3 C	F	CE	NT	RA	L	OREGON	93-0	6612	229	Page 8
Name and the Average register Position register at strety register Reportable compensation from the organization (V2/109-NEC) Reportable compensation from the organization (V2/109-NEC) Reportable register Reportable register Compensation form the organization (V2/109-NEC) Image: the strety register Image:	Par			ectors, Trus		ploy	ees,			ghes	t C					
Incurs for below blow Image of the second second second blow Image of the second					Average hours per	box	not cl , unles	Posi heck r ss per	ition more rson i	than o s both	an	Reportable compensation	Reportable compensation from related	on d	Estim amou oth	ated nt of er
1b Subtotal					hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MI	SC/	from organi and re	the zation lated
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	<u></u>					<u> </u>									· · ·	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						1				-						
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				<u></u>		-										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		Subtota				1						117.452.		0.		0.
compensation from the organization Yes N 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report 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) (B) (C) SUNWEST BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158	с	Total fro	m continuation shee	ets to Part VI	, Section A			•••••				0.		0.		0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) SUNWEST BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158	2		•	-	ot limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportabl	e		1
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. 6 (C) 1 Complete BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158	3		- ,				key e	empl	oye	e, or	hig	hest compensated emp	loyee on			s No X
rendered to the organization? If "Yes." complete Schedule J for such person 5 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) (B) (C) Name and business address Description of services Compensation SUNWEST BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158	4	For any i	ndividual listed on line	e 1a, is the su	m of reportab	le co							-			X
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) (B) (C) Name and business address Description of services Compensation SUNWEST BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158		rendered	to the organization?	If "Yes:" com							late	ed organization or indivi	dual for services		5	X
(A) Name and business address (B) Description of services (C) Compensation SUNWEST BUILDERS 2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158 BUILDING BUILDING BUILDING BUILDING		Complet	e this table for your five	e highest cor										pensat	ion from	
2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158			Name a	(A)				19 11				(B)		с		tion
Total number of independent contractors (including but not limited to those listed above) who received more than				, REDMO	ND, OR	97	75	6				BUILDING REN	OVATION		898,	158.
Total number of independent contractors (including but not limited to those listed above) who received more than	•															<u></u>
Total number of independent contractors (including but not limited to those listed above) who received more than			1993))) (_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than																
\$100,000 of compensation from the organization ► 1 Form 990 (202	2				-	ot lir	nitec	d to 1	thos 1	e lis	ted	above) who received m	ore than		Form 00	0 (2021)

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L		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
y y	1	a Federated campaigns 1a 26,8	815.			
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b				
ja g		Fundraising events				
Ę,	1 '					
ja i		d Related organizations	110			
s, i		e Government grants (contributions) 1e 2,963,4	<u>FTO</u>			
Sig	1	All other contributions, gifts, grants, and	the second second			
but		similar amounts not included above 1f 2,252,6	513.			
Ē		Noncash contributions included in lines 1a-1f 1g \$ 4,0)70.			
Sor		Total. Add lines 1a-1f	▶ 5,242,838.			
		Business				
		ELDERLY SERVICES PROG 9000		24,536.		
ice		OTHER PROGRAM REVENUE 9000		12,900.		
v er		OTHER PROGRAM REVENUE 5000	133 12,300.	12,900.		
Program Service Revenue		·				
e a		k				
Бü		e				
ሻ	1	All other program service revenue				
		Total. Add lines 2a-2f	. ▶ 37,436.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	▶ 3,324.			3,324.
		Income from investment of tax-exempt bond proceeds				5,524.
	4					
	5	Royalties				
		(i) Real (ii) Pers	sonal			
		a Gross rents 6a	1.34 - 10 EF			
	1	b Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Otl	her			
		assets other than inventory 7a				
		Less: cost or other basis				
	L L					
Revenue		and sales expenses				
šve		Gain or (loss) 7c				
	C	l Net gain or (loss)	. ▶			
her	8 a	Gross income from fundraising events (not				1226 3
ō		including \$ of				
		contributions reported on line 1c). See	Contraction of the second s			2 2 2 2 2 2 2
		Part IV, line 18 8a				
	ŀ	Less: direct expenses 8b				
		Net income or (loss) from fundraising events			27 (Mar 109 (12) 2) 30	
	98	Gross income from gaming activities. See				
		Part IV, line 19 9a				
		Less: direct expenses9b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	¢	 Net income or (loss) from gaming activities 	. 🕨			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Business	Code		12 2 24 2 2 2 2	
sņ	11 a					
en en						
llar (en	b					
Miscellaneous Bevenue	C					
Ξ	c	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	▶ 5,283,598.	37,436.	0.	3,324.
132009	9 12-09	9-21				Form 990 (2021)

COUNCIL ON AGING OF CENTRAL OREGON

Form 990 (2021) Part VIII

Statement of Revenue

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93-0661229

Page **9**

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COUNCIL ON AGING OF CENTRAL OREGON

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	117,452.	109,230.	8,222.	
6	Compensation not included above to disqualified	117,102.	105,250.	0,222.	
0	persons (as defined under section 4958(f)(1)) and	:			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,311,851.	1,220,021.	91,830.	·····
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	37,330.	34,717.	2,613.	
9	Other employee benefits	201,628.	187,514.	14,114.	
10	Payroll taxes	95,580.	88,889.	6,691.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	90,007.	72,906.	17,101.	
13	Office expenses	117,924.	88,443.	29,481.	
14	Information technology				
15	Royalties				
16	Occupancy	241,077.	224,202.	16,875.	
17	Travel	9,076.	8,441.	635.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,068.	10,293.	775.	
20	Interest	27,305.	25,394.	1,911.	
21	Payments to affiliates	10 004	42 602	2 000	
22	Depreciation, depletion, and amortization	46,884.	43,602.	3,282.	
23	Insurance	38,482.	15,393.	23,089.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	660 620	660 620		
	OUTSIDE SERVICES	660,632.	660,632.		
b	FOOD AND OTHER SUPPLIES PROFESSIONAL FEES	366,925. 159,683.	<u>366,925.</u> 105,391.	54,292.	
с С	VOLUNTEER MILEAGE	34,763.	34,763.	Jt, 474.	
d	All other expenses	56,330.	29,996.	23,179.	3,155.
е 25	Total functional expenses. Add lines 1 through 24e	3,623,997.	3,326,752.	294,090.	3,155.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	0,020,1020		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

	<u>990 (</u> rt X		NG C	OF CENTRAL OREG	ON	93-	0661229 Page 11
ı a		Check if Schedule O contains a response or not	e to any	line in this Part X			
			<u>e to any</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			895,590.	1	1,578,489.
	2	Savings and temporary cash investments			201,577.	2	201,597.
	3	Pledges and grants receivable, net			458,954.	3	605,547.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ŝ	7	Notes and loans receivable, net		<u> </u>		7	
Assets	8	Inventories for sale or use		·····		8	
∢	9				5,500.	9	27,776.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			1 000 010		
		Less: accumulated depreciation		231,520.	1,889,248.	10c	2,861,233.
	11	Investments - publicly traded securities			100 005	11	100 615
	12	Investments - other securities. See Part IV, line			127,725.		120,617.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	······		14		
	15	Other assets. See Part IV, line 11		2 570 504	15		
_	16	Total assets. Add lines 1 through 15 (must equ		3,578,594.		5,395,259.	
	17 18	Accounts payable and accrued expenses		259,730.	1	451,543.	
	10 19	Grants payable		12,843.	18	19,117.	
	20	Deferred revenue		12,043.			
	20	Tax-exempt bond liabilities				20	
	22	Loans and other payables to any current or form				21	
LIAUIIUES	~~	trustee, key employee, creator or founder, subst					
5		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrela			508,461.		476,814.
	24	Unsecured notes and loans payable to unrelated				23	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines		1			
(25	
	26	Total liabilities. Add lines 17 through 25			781,034.	26	947,474.
Τ		Organizations that follow FASB ASC 958, che	ck here	► X			
Ses		and complete lines 27, 28, 32, and 33.			是我们会会会了。		
	27	Net assets without donor restrictions	2,209,540.	27	2,840,494.		
na	28	Net assets with donor restrictions			588,020.	28	1,607,291.
		Organizations that do not follow FASB ASC 9					
[]		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated ind				31	
Ze	32	Total net assets or fund balances			<u>2,797,560.</u>	32	4,447,785.
	33	Total liabilities and net assets/fund balances			3 578 591	00	5 305 250

3,578,594.

33

33

Total liabilities and net assets/fund balances

Form	990 (2021) COUNCIL ON AGING OF CENTRAL OREGON	93-0661	229	Pag	_{qe} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
		.			~ ~				
1	Total revenue (must equal Part VIII, column (A), line 12)		,283						
2	Total expenses (must equal Part IX, column (A), line 25)		623						
3	Revenue less expenses. Subtract line 2 from line 1		,659 2,797						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		9,3	76.				
6	Donated services and use of facilities	6							
7	Investment expenses	7	<u></u>						
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	kilom		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				0 F				
	column (B))	10 4	,44	1,1	85.				
Ра	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	T		X				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	a location						
2a			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	200 m				
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Schular and the answer of a factorial event of								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit		x					
1-	Act and OMB Circular A-133?		<u>3a</u>	Λ					
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	rea audit		v					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		(2021)				
			⊢orm	ฮฮป (,2021)				

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	DN	Employer identification numb
-	COUNCIL ON AGING OF CENTRAL OREGON	93-0661229
Part Reason f	or Public Charity Status. (All organizations must complete this part.) See instruction	ns.
The organization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, cor	vention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	A)(iii). Enter the hospital's name,
city, and state	9:	
5 An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).	

7 X	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 communit	v trust described i	section	170(b)(1)(A)(vi).	(Complete Part II.)
v	Accontinuing	y 11001 000011000 ii	1 3000001		

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:

0	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 te	est for public safety.	. See 🧯	section 509(a)(4).
----	--	---------------------------	--------------	-------------------	------------------------	---------	--------------------

12	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

а	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.

	organization(s). You must complete Part IV, Sections A and C.
	control or management of the supporting organization vested in the same persons that control or manage the supported
C	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

; [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.

е	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

1

6

g Provide the following information	n about the supporte	d organization(s).			
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization list in your governing documer	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes No	support (see instructions)	support (see instructions)
• <u>•</u> ••••••••••••••••••••••••••••••••••					
Total					

.....

Employer identification number 93-0661229

Schedule A (Form 990) 2021 COUNCIL ON AGING OF CENTRAL OREGON 93-0661229 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2039077.	2521708.	3183304.	3317797.	5242838.	16304724.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2039077.	2521708.	3183304.	3317797.	5242838.	16304724.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						543,030.			
6	Public support. Subtract line 5 from line 4.					Street Store in the	15761694.			
	ction B. Total Support	•								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	2039077.	2521708.	3183304.	3317797.		16304724.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	10,335.	10,881.	8,567.	35,481.	3,324.	68,588.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10					2 / 2 X X X X	16373312.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12				
13	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth, or fifth tax y	ear as a section 5					
	organization, check this box and stor	-		•						
Sec	ction C. Computation of Publi									
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	96.26 %			
15	Public support percentage from 2020					15	99.43 %			
16a	33 1/3% support test - 2021. If the c					ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X			
b	33 1/3% support test - 2020. If the c									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a	10% -facts-and-circumstances test									
	and if the organization meets the factor	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	-					
	more, and if the organization meets th									
	organization meets the facts-and-circu				-		▶□			
18	Private foundation. If the organizatio	<u>n did not check a b</u>	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>,</u>			
	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 Schedule A (Form 990) 2021									

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Sa	qualify under the tests listed b	elow, please com	olete Part II.)				
		(-) 0017	(1) 2019	(a) 2010	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(0) 2021	()) (0)
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
					1		
40	regularly carried on						
12	waaru lawlu aanwiad an						
	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
13	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	-					n,
13 14	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here		· · · · · · · · · · · · · · · · · · ·				n, ►
13 14 Sec	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi	c Support Per	centage			·····	
13 14 Sec 15	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage for 2021 (Ii	c Support Per ine 8, column (f), c	ccentage livided by line 13, c	olumn (f))		15	>
13 14 Sec 15 16	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage for 2021 (li Public support percentage from 2020	c Support Per ne 8, column (f), c Schedule A, Part	centage livided by line 13, c III, line 15			·····	
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Invest	c Support Per ine 8, column (f), c Schedule A, Part tment Income	rcentage livided by line 13, c III, line 15 e Percentage	olumn (f))		15	×××××××××××××××××××××××××××××××××××××
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Invess Investment income percentage for 2020	c Support Per ine 8, column (f), c Schedule A, Part tment Income 21 (line 10c, colur	rcentage livided by line 13, c III, line 15 e Percentage mn (f), divided by lin	olumn (f))		15 16 17	 % %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2020	c Support Per ine 8, column (f), c Schedule A, Part tment Income 121 (line 10c, colur 2020 Schedule A,	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17	olumn (f))		15 16 17 18	
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2020 ction D. Computation of Invess Investment income percentage for 2020 Investment income percentage from 2020 a 33 1/3% support tests - 2021. If the	c Support Per ine 8, column (f), c Schedule A, Part tment Income 21 (line 10c, colur 2020 Schedule A, organization did r	rcentage livided by line 13, c III, line 15 e Percentage mn (f), divided by lin Part III, line 17 not check the box c	olumn (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 33 1/3%, and line 17	×
13 14 15 16 5 6 17 18 19a	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 Ction D. Computation of Invest Investment income percentage from 2020 Investment income percentage from 2020 as 31/3% support tests - 2021. If the more than 33 1/3%, check this box ar	c Support Per ine 8, column (f), c Schedule A, Part timent Income 21 (line 10c, colur 2020 Schedule A, organization did r ad stop here. The	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif	olumn (f)) ne 13, column (f)) on line 14, and line ies as a publicly si	15 is more than 3 upported organiza	15 16 17 18 :3 1/3%, and line 17 tion	% % % is not ►
13 14 15 16 17 18 19a	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2020 ction D. Computation of Invess Investment income percentage for 2020 Investment income percentage from 2020 a 33 1/3% support tests - 2021. If the	c Support Per ine 8, column (f), c Schedule A, Part timent Income 121 (line 10c, colur 2020 Schedule A, organization did r ad stop here. The organization did r	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif not check a box on	olumn (f)) ne 13, column (f)) on line 14, and line ïes as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 33 1/3%, and line 17 ition ore than 33 1/3%, ar	

(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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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COUNCIL ON AGING OF CENTRAL OREGON Schedule A (Form 990) 2021

11a

11b

11c

1

2

Yes

Yes No

No

No

Yes

Pa	t IV	Supporting Organizations	(continued)
11	Has th	ne organization accepted a gift or co	ntribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

11

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported 2 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. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s),

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?		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1.4	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard. 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).
---	---	---------------------

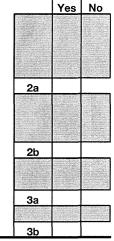
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
<u> </u>	L	The organization supported a governmental entity.	Describe in Fall V now you supponed a dovernmental entity (see instructions).	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard 132025 01-04-22



Schedule A (Form 990) 2021

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Sche	dule A (Form 990) 2021 COUNCIL ON AGING OF CEN	ITRAL	OREGON 9	3-0661229 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			······
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	······································	
Sec	tion 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	,	
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	•	
_7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		ed Type III supporting organ	nization (see
	instructions).			•

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Schedule A (Form 990) 2021

Section D - Distributions

_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3 3		
_4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
_9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7:\$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			the second second second for the second
b	Excess from 2018			
C	Excess from 2019	A STATE OF A		
d	Excess from 2020			
e	Excess from 2021			
		S	chedule A (Form 990) 2021	

COUNCIL ON AGING OF CENTRAL OREGON Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

93-0661229 Page 7

1

Current Year

Part VI	(Form 990) 2021 Supplemental Info				OREGON	93-0661229 Page
	Part IV Section A lines	1, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3: Part IV, 5	6, 9a, 9b, 9c, 11 Section F. lines	a, 11b, and 11c; 1c. 2a. 2b. 3a. an	Part IV, Section B, d 3b: Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
	,,					

			Hade Zilling - Land			
		nt				
		lii. i i ar				
2028 01-04-2	2		2	1		Schedule A (Form 990) 20

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

93-0661229

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TM FOUNDATION	870,496.	543,030

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

COUNCIL	ON	AGING	OF	CENTRAL	OREGON
Organization type (check one):					

۵	2.	- 0	6	6	1	2	2	0
- 7		- 0	O	C)	1	4	4	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

1	OREGON DEPARTMENT OF HUMAN SERVICES		Person X
	500 SUMMER STREET NE	\$818,675.	Payroll Noncash
	SALEM, OR 97301		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 US DEPARTMENT OF HEALTH AND HUMAN	Total contributions	Type of contribution
2	SERVICES		Person X
	200 INDEPENDENCE AVENUE SW	\$2,144,735.	Payroll Noncash
	WASHINGTON, DC 20201		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ELMER F. KRUSE REVOCABLE TRUST T/TA		Person X
	360 SW BOND STREET, SUITE 400	\$257,251.	Payroll Noncash
	BEND, OR 97702		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JTMF FOUNDATION		Person X
	16869 65TH AVE, SUITE 164	\$870,496.	Payroll Noncash
	LAKE OSWEGO, OR 97035		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DESCHUTES COUNTY BOARD OF COMMISSIONERS		Person X
	PO BOX 6005	\$ 374,775.	Payroll Noncash
	BEND , OR 97708	·	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	OREGON STATE LEGISLATURE XMAS TREE		
6	BILL		Person X Payroll
	155 COTTAGE STREET NE	\$\$	Noncash (Complete Part II for
100150 111	SALEM, OR 97301		noncash contributions.) Schedule B (Form 990) (2021)
123452 11-1	^{1.21} 24		Schedule D (Form 330) (2021)

COUNCIL ON AGING OF CENTRAL OREGON

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

11570515 250754 09555

Employer identification number

93-0661229

(c)

Total contributions

Part I

(a)

No.

(d)

Type of contribution

Page 2

^{2021.05080} COUNCIL ON AGING OF CENTR 09555__1

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

25

2021.05080 COUNCIL ON AGING OF CENTR 09555__1

Schedule B (Form 990) (2021)

COUNCIL ON AGING OF CENTRAL OREGON

Name of organization

93-0661229

Schedule E	3 (Form 990) (2021)		Page					
Name of or	ganization		Employer identification number					
COUNCI	IL ON AGING OF CENTRAL (OREGON	93-0661229					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) S					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
ŀ	(e) Transfer of gift							
F	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from			f gift (d) Description of how gift is held					
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is neid					
		-						
ŀ		(e) Transfer of gift						
		(e) transfer of girt	L					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
	·····		<u></u>					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ļ								
	(e) Transfer of gift							
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
123454 11-11-	-21		Schedule B (Form 990) (202					

26 2021.05080 COUNCIL ON AGING OF CENTR 09555__1

SCHEDULE D	Su
(Form 990)	► C

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9

Department of the Treasury

Internal Revenue Service

pplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization 93-0661229 COUNCIL ON AGING OF CENTRAL OREGON Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 _____ 🕨 \$ _ (ii) Assets included in Form 990, Part X 🛛 🕨 🕹 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

Sche	dule D (Form 990) 2021 COUNCIL	ON AGING O	F CENTRAL	OREGON			93-06			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	[.] Similar	Assets	(conti	nued)	
	Using the organization's acquisition, accession									
-	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program	n					
b	Scholarly research	e							_	
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	how they further th	e organization	's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
5	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran				/es" on	Form 990	, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa		5							
- <u></u> 1a	Is the organization an agent, trustee, custod	an or other intermedia	ary for contributions	s or other asse	ets not i	ncluded				
Tu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_		
			eg .e					Amour	nt	
~	Beginning balance					1c				
	Additions during the year					·				
	Distributions during the year									
f	Ending balance									
-	Did the organization include an amount on F					· – – – •		Yes		No
	If "Yes," explain the arrangement in Part XIII.					·····				Ī
Pai						0.				
	Advertigen etwalloldez	(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	127,725.	93,254.		739.	<u> </u>				
	Contributions	,		· · · · · · · · · · · · · · · · · · ·						
0	Net investment earnings, gains, and losses	-6,057.	35,476.		365.					
d	Grants or scholarships									
	Other expenditures for facilities									
U	and programs									
f	Administrative expenses	1,051.	1,005.		850.					
	End of year balance	120,617.	127,725.	93	254.	······				
9 2	Provide the estimated percentage of the curr							<u>I</u>		
	Board designated or quasi-endowment	ent year end balance	%) neiù as.						
	Permanent endowment \blacktriangleright <u>100</u>	%								
b		% %								
с										
20	The percentages on lines 2a, 2b, and 2c sho	•	ion that are hald as	al a alua la tata un i	ما الم ير الم					
Ja	Are there endowment funds not in the posse	ssion of the organizat	lion that are held an	ia administered	a for th	e organiza	ation		Yes	No
	by:							0.0	X	
	(i) Unrelated organizations							3a(i)	<u> </u>	x
h	(ii) Related organizations						•••••	<u>3a(ii)</u>		
	If "Yes" on line 3a(ii), are the related organiza						••••••	<u>3b</u>	I	I
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		iment tunas.		_					
	Complete if the organization answere		Part IV line 11a S	ee Form 990	Dart V	line 10				
			1				_1	(1) D	1 1.	_
	Description of property	(a) Cost or ot basis (investm		or other	• •	ccumulate preciation		(d) Boo	ok valu	е
- L	Lond			5,059.	uep	J COIALION	1000	17	5 0	50
	Land			<u>5,059.</u> 4,607.	1	128 01	57			<u>59.</u>
	Buildings			the second se		L28,99	· · ·	$\frac{2,00}{11}$		
	Leasehold improvements			$\frac{1,178}{0,760}$		00 5	<u></u>		$\frac{1,1}{0,1}$	
	Equipment			9,768.		<u>99,6</u>			$\frac{0,1}{2}$	
the second s	Other			2,141.		2,92			$\frac{9,2}{1,2}$	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>aual Form 990. Part X</u>	(. column (B). line 1() <u>c.)</u>	<u></u>			2,86		
							Schedule	D (Forr	n 990)	2021

Schedule D (Form 990) 2021 COUNCIL ON A	GING OF CENT	RAL OREGON	93-0661229 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		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: Co	ost or end-of-year market value
) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n 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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		······
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part 3	X, line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)	······································		
(5)			
(6)			
(7)			
(8)	en e		
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line			
Liability for uncertain tax positions. In Part XIII, provide to argonization a liability for uncertain tax positions under liability.			r-
organization's liability for uncertain tax positions under I	-ASB ASC /40. UNECK he	ere ii the text of the foothote has	been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 COUNCIL ON AGING OF CENTRAL	OREGON		561229	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		. 1	5,274,	,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	_		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	5,274	,222.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a			
b	Other (Describe in Part XIII.)	4b 9,376	•	•	0.7.6
с	Add lines 4a and 4b				<u>,376.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,283	,598.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses pe	r Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			2 (22	007
1	Total expenses and losses per audited financial statements		. 1	3,623	,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	_ <u>2a</u>	-		
b	Prior year adjustments	_2b			
c	Other losses				
d	Other (Describe in Part XIII.)	_2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	3,623	<u>,997.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	·····	. 5	3,623	<u>,997.</u>
Pa	rt 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 X, LINE 2:

THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES, WITH THE

EXCEPTION OF FEDERAL TAXES FOR NET PROFITS ON UNRELATED BUSINESS INCOME,

UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

REGARDING UNCERTAIN TAX POSITIONS, THE COUNCIL WILL RECOGNIZE IN ITS

FINANCIAL STATEMENTS THE BENEFIT OF A TAX POSITION WHEN IT BELIEVES THAT

TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT BASED ON THE

TECHNICAL MERITS OF THE POSITION. FOR AN EXEMPT ORGANIZATION, UNCERTAIN

TAX POSITIONS COULD RESULT FROM UNRELATED BUSINESS INCOME ACTIVITIES OR

ACTIONS THAT JEOPARDIZE ITS STATUS AS TAX-EXEMPT, SUCH AS POLITICAL

SUBSTANTIAL LOBBYING EXPENDITURES OR EXCESSIVE UNRELATED ACTIVITY, Schedule D (Form 990) 2021 132054 10-28-21

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Schedule D (Form 990) 2021	COUNCIL ON	AGING OF	CENTRAL	OREGON	93-0661229	Page 5
Part XIII Supplemental Inform	mation (continued)					
BUSINESS ACTIVITIES.	THE COUNCI	L HAS CON	ICLUDED I	HAT IT HAD	NO UNRECOGNIZ	ED
INCOME TAX BENEFITS	AS OF JUNE	30, 2022,	AND IT	HAS NO TAX	POSITIONS FOR	
WHICH IT ESTIMATES A	SIGNIFICAN	T CHANGE	OVER THE	E NEXT 12 MC	NTHS.	
THE COUNCIL IS SUBJE	CT TO EXAMI	NATION BY	STATE A	ND FEDERAL	TAX	
AUTHORITIES. WITH FE	EW EXCEPTION	IS, THE CO	DUNCIL IS	S NO LONGER	SUBJECT TO	
EXAMINATION BY MAJOR	R TAXING AUT	HORITIES	FOR YEAF	RS BEFORE 20)18.	

PART	XI,	LINE	4B	-	OTHER	ADJUSTMEN	NTS:

UNREALIZED LOSS ON INVESTMENT

9,376.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE O (Form 990)

Quantum control luctor mostion to Form 000 or 000 EZ	OMB No. 1545-004
Supplemental Information to Form 990 or 990-EZ	000
Complete to provide information for responses to specific questions on	202
Form 990 or 990-EZ or to provide any additional information.	

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 93-0661229

Open to Public

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

WELFARE NEEDS OF THE ELDERLY IN DESCHUTES, JEFFERSON, AND CROOK

COUNCIL ON AGING OF CENTRAL OREGON

COUNTIES OF CENTRAL OREGON.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

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

THE 990 WAS REVIEWED BY MANAGEMENT AND THE BOARD PRIOR TO FILING.

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

THE BOARD RESOLVES ISSUES AT REGULARLY SCHEDULED BOARD MEETINGS.

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

COMPENSATION IS REVIEWED AND APPROVED AT REGULARLY SCHEDULED BOARD

MEETINGS.

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

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE COUNCIL HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING

THE TAX YEAR.

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

Schedule O (Form 990) 2021

FORM 9	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1. 1	BUILDING	06/30/11	SL	39.00	MM	16	91,168.	and the second	A Contractor	ing and a special of the second s	91,168.	23,380.		2,338.	25,718.
15	(D)STORAGE SHED	12/31/99	SL	15.00		16	1,089.				1,089.	1,089.		0.	1,089.
31	HEAT PUMP	05/18/12	SL	7.00	1000	16	8,789.				8,789.	8,789.		0.	8,789.
34	BUILDING IMPROVEMENTS	06/30/11	SL	39.00	MM	16	42,190.				42,190.	11,558.		1,082.	12,640.
35	(D)SIGNAGE	07/01/11	SL	7.00	in a second	16	4,803.				4,803.	4,803.		0.	4,803.
36	BUILDING IMPROVEMENTS	03/01/13	SL	39.00	MM	16	4,693.				4,693.	1,000.		120.	1,120.
41	BUILDING IMPROVEMENTS FY16	01/12/16	SL	39,00	MM	16	4,208.		distribution of the		4,208.	593.		108.	701.
44	BUILDING - 5TH ST	06/30/18	SL	39.00	MM	16	616,111.				616,111.	47,394.		15,798.	63,192.
50	KITCHEN REMODEL	06/30/19	SL	39.00	MM	16	42,490.				42,490.	2,178.	and the second s	1,089.	3,267.
55	BUILDING IMPROVEMENTS	08/25/20	SL	39.00	MM	16	2,770.				2,770.	59.		71.	130.
57	BUILDING IMPROVEMENTS - PHASE 1	07/31/21	SL	39,00	inger Flang	16	565,450.				565,450.			13,290.	13,290.
58	FLOORING - PHASE 1	07/31/21	SL	39.00		16	4,700.				4,700.			110.	110.
59	LEASEHOLD IMPROVEMENTS - REMODEL	06/30/22	SL	15,00		16	26,424.	anama Puliti			26,424.		Heritaria Heritaria Heritaria Heritaria	0.	
60	LEASEHOLD IMPROVEMENTS - FLOORING	06/30/22	SL	15.00		16	84,753.				84,753.			0.	
61	BUILDING IMPROVEMENTS - PHASE 2	06/30/22	SL	39.00		16	608,699.	20180100 20180100			608,699.			0.	
62	HVAC - PHASE 2	06/30/22	SL	39.00		16	112,450.				112,450.			0.	,
63	WOOD FLOORING - PHASE 2	06/30/22	SL	39.00		16	16,727.				16,727.				

128111 04-01-21

(D) - Asset disposed

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
64	FLOORING - PHASE 2	06/30/22	SL	39.00		16	14,162.				14,162.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS	Andreas (California) Andreas (California) Andreas (California) Andreas (California)					,251,676.		And Annual States		2,251,676.	100,843.		34,006.	134,849.
	FURNITURE & FIXTURES														
2	(D)DESK	12/31/87	SL	7.00	Contra Co	16	100.		ALC: NOTE OF		100.	100.		0.	100.
3	(D)HUTCH & DESK	10/19/88	SL	7.00		16	300.				300.	300.		0.	300.
5	(D)DESKS & CHAIRS	01/01/90	SL	7.00		16	1,000.			ant of Attraction and antipation and antipation	1,000.	1,000.		0.	1,000.
7	(D)3 CHAIRS	06/30/91	SL	5.00		16	353.				353.	353.		٥.	353.
10	(D)DISPLAY CASE	02/28/95	SL	7.00	City Second	16	287.	A CONTRACTOR			287.	287.	- Spinser, Philippin - Spinser, Philippin - Spinser, Stational Jose	0.	287.
11	(D)DESKS & CHAIRS 2	06/30/95	SL	7.00		16	150.				150.	150.		0.	150.
14	(D)DESK & CHAIR	12/16/97	SL	7.00		16	243.	A CONTRACTOR			243.	243.	ALC: NO. OF THE PARTY OF THE PA	0.	243.
20	(D)UTILITY CART	05/07/02	SL	10.00		16	390.				390.	390.		0.	390.
39	ADJUSTABLE CORNER DESK #1	12/31/15	SL	7.00	NER ST	16	1,207.	President Tricket			1,207.	946.	n Harrian Shellon Harris	172.	1,118.
40	ADJUSTABLE CORNER DESK #2	12/31/15	SL	7.00		16	1,208.				1,208.	951.		173.	1,124.
54	CANOPY	10/10/20	SL	7.00		16	2,745.				2,745.	294.		392.	686.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,983.				7,983.	5,014.		737.	5,751.
Select States	MACHINERY & EQUIPMENT		ALCONAL CO												
4	(D)PC ACCESSORIES	01/01/90	SL	7.00		16	567.				567.	567.		0.	567.
6	(D)HP PRINTERS	01/31/91	SL	5.00		16	508.		1990 - P. 1995 - Ale		508,	508.		0.	508.

128111 04-01-21

(D) - Asset disposed

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	(D)KODAK PROJECTOR	06/01/88	SL	7.00		16	756.				756.	756.		0.	756.
9	(D)2 HP PRINTERS	12/31/95	SL	5.00	i tori Uhot	16	358.			Allia Microsoft Constant Constant Const Constant Const Constant Const Constant Const Constant Const Constant Cons	358.	358.	Salarita Canada Caracita Mangalarita Mangalarita	0.	358.
12	(D)BLOOD PRESSURE CUFF	06/30/95	SL	7.00		16	85.				85.	85.		0.	85.
13	(D)DELIVERY BAGS	08/22/95	SL	10.00	1944) 1944) 1944)	16	4,733.				4,733.	4,733.	Anna Contractor Consulation (Contractor) Anna Contractor	0.	4,733.
16	(D)LCD PROJECTOR	12/31/99	SL	5.00		16	3,222.				3,222.	3,222.		0.	3,222.
17	(D)2 HP 4050 PRINTERS	07/15/99	SL	.000	icing Intellig	16	1.							0.	1. 1.
18	(D)2 HP 4000T PRINTERS	07/15/99	SL	.000		16	1.	ł			1.	1.		0.	1.
19	(D)FREEZER	10/18/01	SL	10.00	ind the months rates a	16	12,000.				12,000.	12,000.	Constant of Distance	0.	12,000.
21	DELL COMPUTERS	01/01/06	SL	10.00		16	8,344.				8,344.	8,344.		0.	8,344.
22	VARIOUS EQUIPMENT	01/01/06	SL	10.00		16	5,505.	Statistics Statistics	A CONTRACTOR		5,505.	5,505.	Alis Still, Sile Series (Selection (Selection) (Selection)	0.	5,505.
23	(D)LA PINE FREEZER	01/01/06	SL	10.00		16	12,000.				12,000.	12,000.		0.	12,000.
24	COMPUTER EQUIPMENT	01/01/08	SL	5.00		16	3,337.				3,337.	3,337.		0.	3,337.
25	PHONE SYSTEM	12/31/08	SL	10.00		16	3,387.				3,387.	3,387.		0.	3,387.
26	SHIBA COMPUTER	12/31/08	SL	5.00		16	2,675.				2,675.	2,675.	Theorem Providence	0,	2,675.
27	SENIOR BACKPACK	12/31/08	SL	10.00		16	2,402.				2,402.	2,402.		0.	2,402.
28	SOFTWARE	12/31/08	SL	10.00		16	3,191.	and			3,191.	3,191.		0.	3,191.
29	COMPUTERS	06/30/10	SL	10.00		16	1,704.				1,704.	1,700.		0.	1,700.
30	PRINTER	06/22/11	SL	5,00		16	2,200.				2,200.	2,200.		0	2,200.

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(D) - Asset disposed

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BADGE PRINTER	03/15/15	SL	5.00		16	1,282.				1,282.	1,282.		0.	1,282.
38	HP 4730 PRINTER	12/07/15	SL	5.00		16	1,550.	alle anne alle Alle Anne anne anne anne anne anne anne ann			1,550.	1,550.	 Status Contraction Status Contraction Status Contraction 	0.	1,550.
46	MARKETING PRINTER	10/09/19	SL	5.00		16	2,385.				2,385.	835.		477.	1,312.
47	KITCHEN MIXER	10/09/19	SL	7.00		16	2,535.			AND	2,535.	634.		362.	996.
48	KITCHEN MIXER AND ACCESSORIES	06/09/20	SL	7.00		16	8,375.				8,375.	1,296.		1,196.	2,492.
52	DOUBLE STEAMER	12/31/20	SL	7.00		16	11,434.	nanalisiya Na kasara Chek			11,434.	817.		1,633.	2,450.
53	COMMERCIAL FRIDGE	10/09/20	SL	7.00		16	2,125.				2,125.	228.		304.	532.
65	WALK IN FREEZER	03/11/22	SL	7.00	Photos Participant Participant	16	3,494.	Sector Constants Sector Sector			3,494.			166.	166.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						100,156.				100,156.	73,614.		4,138.	77,752.
ann anns Mach ^{ar} n	TRANSPORTATION EQUIPMENT											anaria atom Sharafa atom Minani kasari			
32	FORD VAN	09/29/12	SL	7.00		16	27,823.				27,823.	27,823.		0.	27,823.
42	SUBARU OUTBACK	05/24/17	SL	7.00		16	32,894.	Marina and Anna and A Anna anna anna anna anna anna anna an			32,894.	19,187.		4,699.	23,886.
51	2021 FORD TRANSIT VAN	02/16/21	SL	7.00		16	23,127.				23,127.	1,101.		3,304.	4,405.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						83,844.				83,844.	48,111.	al na sleven se	8,003.	56,114.
	LAND														
33	LAND	06/30/11	L M L				185,098.	on on the second se			185,098.		ellasi menang manang men	0.	
43	LAND - 5TH ST	06/30/18	L				289,961.				289,961.			0.	
	* 990 PAGE 10 TOTAL LAND		ACCOUNTS AND AND AND AND AND AND AND AND AND AND	NHONE BIRDS			475,059.	Second Succession Solid Steel			475,059.	0.		0.	0.

128111 04-01-21

(D) - Asset disposed

M 990 PAGE 10

PORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
56	REMODEL COSTS - 5TH ST	06/30/21	NC	.000	НҮ		39,944.				39,944.		antonio di Unita Manana di Unita Manana di Unita	0.	bard proving junts and the second second
66	REMODEL COSTS - 5TH ST	06/30/22	NC	.000	нч		177,038.				177,038.			0.	
States of the second	* 990 PAGE 10 TOTAL OTHER		Selan or Pause as				216,982.				216,982.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						,135,700.				3,135,700.	227,582.		46,884.	274,466.
			Sprander TROUGHER		1000					and and a second se	and the sector of the sector o	Distinction of the second	Contraction of the second		
	CURRENT YEAR ACTIVITY								UNRE CONTRACTOR						
Super-	BEGINNING BALANCE	And	Contractory Records			1548 5758	,521,803.	allaran ya Alfanan ya Manana ya			1,521,803.	227,582.	Alfabete Alfabete Frees of Organist Figure - Constant	All Char and All All All All All All All All All Al	260,900.
	ACQUISITIONS						,613,897.				L,613,897.	0.			13,566.
and Carl	DISPOSITIONS/RETIRED		in deletere Victori (2000 Ethiorene)				42,946.		A CARE AND	18	42,946.	42,946.	REPRESENT	Antenal Astronomical Astronomical Astronomical Astronomical Astronomic	42,946.
	ENDING BALANCE						,092,754.				3,092,754.				231,520.
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NOT CHES		Downson and and a		Para Santa S		inie Robi Robi	A Character State						austrius suntain Referencesser Hereinen suntain		SHORDER STREET
									AND A THEORY CONTRACTOR						
Tani ani Manana						194	and the second s	Services Martines		an a	and and an and a second se			A DECEMBER OF THE PARTY OF THE	

128111 04-01-21

(D) - Asset disposed

	Form C	T-12	Charitable Activities Section Oregon Department of Justice				You can now file reports and pay by credit card using our			
Fo	r Accounting	yon Charities Periods Beginning in: 2021	100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.sta Website: https://www.doj	2 ate.or.us	VOICE TTY FAX	(971) 673-1880 (800) 735-2900 (971) 673-1882	https://jus	ne form at tice.oregon.gov/ rtal/Account/Login		
	2		Line-by-line instruct report form can be for	ions for com		he annual				
Se	Section I. General Information									
	(See instructions for change of name or accounting period.)									
				· ·	Registration #: 13121					
				-	Organization Name: COUNCIL ON AGING OF CENTRAL OREGON					
Address: 1036 NE 5TH STREET										
	City, State, Zip: BEND, OR 97701									
				Email		8-5483 LLA@COUNCILON ng: 07/ 01/2021		Amended Report? 06 / 30 / 2022		
2.		Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.								
3.	Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; In-person; If yes, also write the name of the fundraising firm(s) here:									
4.	governmen	is the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any vernment agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, ministration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See								
5.	organizatio	ing this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the anization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If Yes V No attach a copy of the amended document or letter.								
6.	Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)									
7.	Provide co	ntact information for the pe	erson responsible for retai	ning the organiz	ation's re	cords.				
		Name	Position	Phone	Mailing Address & Email Address					
	CASSIE REGIMBAL		EXECUTIVE DIRECTOR	541-678-5483			5TH STREET, BEND, OR 97701 A@COUNCILONAGING.ORG			
8.	List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation inform the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonperpublic benefit corporations.)							pensation information, ectors for nonprofit		
	(A) Name, mailing address, daytime phone nu and email address			phone number			(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)		
	Name: Address:	Name: SEE ATTACHED IRS FORM 990 Address:								
	Phone: ()Email:									
	Name: Address:									
	Phone:									
	Name: Address:									
	Phone:	$\left \frac{1}{(1-1)} \right = \frac{1}{(1-1)}$								
				ntinued on	Rever	se Side				

Sec	tion II.	Fee Calculation						
9.	Total Rev (From Part I,	CNUC Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990 Is for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)	-PF; or see the CT- \$5,283,598.00	e a stars e a stars				
10.	(See chart be Amoun \$0 \$25,000 \$50,000 \$100,000 \$250,000	Fee		10. \$400.00				
11.	(From Part I, III, Line 6 on	ts or Fund Balances at End of the Reporting Period 11. Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part Form 990-PF; or see the CT-12 instructions to calculate. Attach if amount is \$0 or a negative number)	\$4,447,785.00					
12.	(Generally, fr 990-EZ; or P	Assets Used to Conduct Charitable Activities	\$2,861,233.00					
13.	Amount S (Line 11 min	Subject to Net Assets or Fund Balances Fee us Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)						
14.	Net Asset (Line 13 mult	14. \$159.00						
15.	(if yes, the la	te fee is a minimum of \$20. You may owe more depending on how late the report is. See ctivities Section at (971) 673-1880 to obtain late fee amount.)	Instruction 15 for additional information or contact the	15. \$0.00				
16.	Total Amo (Add Lines 10	16. \$559.00						
17.	. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.							
Ple Sig	ase n	the organization. I have examined this return t of my knowledge and belief, it is true, correct						
Hei		⇒	EXECUT	IVE DIRECTOR				
		Signature of officer Da	te Title 36 NE 5TH STREET, BEND, OR 97701					
		CASSIE REGIMBAL10Officer's name (printed)Ad						
			1-678-5483					
Paid Preparer's Use Only			AY 1 5 2023 541-382-	4791				
			96 NW CLEARWATER DR, BEND, OR 9770	03				

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.