

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

**THIS IS YOUR COPY  
TO BE RETAINED  
IN YOUR FILES**

February 3, 2026

**CONFIDENTIAL**

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.  
201 TOWER PARK DRIVE, SUITE 100  
WATERLOO, IA 50701

Dear GREG:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

HACKER, NELSON & CO., P.C.

## Filing Instructions

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

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

Taxable Year Ended June 30, 2025

#### Federal Filing Instructions

Your Form 990 for the year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

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

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

HACKER, NELSON & CO., CPA's  
Certified Public Accountants  
And Business Consultants

www.hackernelson.cpa

**STATEMENT THAT THIS IS A TAX RETURN  
NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return, and accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

**PRIVACY OF CLIENT FINANCIAL INFORMATION**

As your CPA, we collect:

- λ Information provided by you from your tax organizer, worksheets, documents and discussions
- λ Information that we develop as part of the engagement

As your CPA, we are required to keep all information about our engagement confidential so we will not disclose any information about you unless we have your approval or required/permitted by law. This applies even if you are no longer a client.

As your CPA, we are committed to safe keeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect your information.

**IRS - TAX PREPARER COMMUNICATION**

If authorized, the IRS may contact us with any processing questions and we may contact the IRS about return processing, status of refund or payment and to provide any missing information. We will check the box on the return to authorize this communication with the IRS unless you notify us in writing to not do so.

Please note that should you grant the authorization, our firm will not receive separate copies of IRS notices. Therefore, you must provide our firm copies of any IRS notices that you receive before we will be able to respond on your behalf. Any time that our firm incurs by responding to IRS inquiries and/or notices on your behalf will be billed at our firm's normal hourly rate. Finally, please note that the authorization is only effective with the IRS and does not extend to state taxing authorities.

123 West Water Street PO Box 507 Decorah, IA 52101 563-382-3637 Fax 563-382-5797

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15 East Main PO Box 529 New Hampton, IA 50659 641-394-2245 Fax 641-394-3138

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210 7th Avenue SE PO Box 139 Waukon, IA 52172 563-568-4567 Fax 563-568-4569

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer NORTHEAST IOWA AREA AGENCY ON AGING, INC. EIN or SSN 52-1621262

Name and title of officer or person subject to tax GREG ZARS EXECUTIVE DIRECTOR

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,792,157</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize HACKER, NELSON & CO., P.C. to enter my PIN 21262 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 02/03/26

#### Part III Certification and Authentication

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

42162940336  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMANDA A. WEBB Date 02/03/26

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

<b>Form 990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning 07/01/24, ending 06/30/25		

Name: **NORTHEAST IOWA AREA AGENCY ON AGING, INC.** Taxpayer Identification Number: **52-1621262**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	151,646	182,347	30,701
	2. Membership dues and assessments			
	3. Government contributions and grants	8,452,151	7,473,279	-978,872
	4. Program service revenue	1,055,458	1,129,939	74,481
	5. Investment income	6,052	5,550	-502
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-20,548	1,042	21,590
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>9,644,759</b>	<b>8,792,157</b>	<b>-852,602</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	235,094	175,028	-60,066
	16. Salaries, other compensation, and employee benefits	3,882,815	3,599,702	-283,113
	17. Professional fundraising fees			
	18. Other professional fees	4,589,820	4,215,987	-373,833
	19. Occupancy, rent, utilities, and maintenance	68,477	61,585	-6,892
	20. Depreciation and Depletion	74,057	84,210	10,153
	21. Other expenses	637,397	607,186	-30,211
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>9,487,660</b>	<b>8,743,698</b>	<b>-743,962</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>157,099</b>	<b>48,459</b>	<b>-108,640</b>
<b>Other Information</b>	24. Total exempt revenue	9,644,759	8,792,157	-852,602
	25. Total unrelated revenue			
	26. Total excludable revenue	1,040,962	1,136,531	95,569
	27. Total assets	4,040,786	4,111,684	70,898
	28. Total liabilities	1,431,663	1,454,102	22,439
	29. Retained earnings	2,609,123	2,657,582	48,459
	30. Number of voting members of governing body	18	15	
	31. Number of independent voting members of governing body	18	15	
32. Number of employees	57	62		
33. Number of volunteers	9057	4194		

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTHEAST IOWA AREA AGENCY ON AGING, INC.		<b>D</b> Employer identification number 52-1621262
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 TOWER PARK DRIVE, SUITE 100		<b>E</b> Telephone number 319-272-2244
	City or town, state or province, country, and ZIP or foreign postal code WATERLOO IA 50701		<b>G</b> Gross receipts \$ 8,810,404
	<b>F</b> Name and address of principal officer: GREG ZARS 201 TOWER PARK DRIVE, SUITE 100 WATERLOO IA 50701		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.NEISA.ORG		<b>L</b> Year of formation: 1988 <b>M</b> State of legal domicile: IA	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE EMPOWER OLDER INDIVIDUALS TO AGE WITH DIGNITY AND INDEPENDENCE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) 15	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) 15	
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 62	
	<b>6</b>	Total number of volunteers (estimate if necessary) 4194	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 0	
<b>Revenue</b>	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 0		
		Prior Year	Current Year
	<b>8</b>	8,603,797	7,655,626
	<b>9</b>	1,055,458	1,129,939
	<b>10</b>	-14,496	6,592
	<b>11</b>		0
	<b>12</b>	9,644,759	8,792,157
	<b>13</b>		0
	<b>14</b>		0
	<b>15</b>	4,117,909	3,774,730
<b>Expenses</b>	<b>16a</b>		0
	<b>b</b>	0	
	<b>17</b>	5,369,751	4,968,968
	<b>18</b>	9,487,660	8,743,698
	<b>19</b>	157,099	48,459
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,040,786	4,111,684
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,431,663	1,454,102
		2,609,123	2,657,582

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer GREG ZARS EXECUTIVE DIRECTOR		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name AMANDA A. WEBB	Preparer's signature AMANDA A. WEBB	Date 02/03/26	Check <input type="checkbox"/> if self-employed PTIN P01240671
	Firm's name HACKER, NELSON & CO., P.C.		Firm's EIN 42-1040336	
	Firm's address P.O. BOX 507 DECORAH, IA 52101		Phone no. 563-382-3637	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE EMPOWER OLDER INDIVIDUALS TO AGE WITH DIGNITY AND INDEPENDENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,959,867 including grants of \$ ) (Revenue \$ 384,483 )  
CONGREGATE AND HOME-DELIVERED MEALS; MEALS WERE PROVIDED TO SENIORS IN THE 18 COUNTY SERVICE AREA.

4b (Code: ) (Expenses \$ 674,400 including grants of \$ ) (Revenue \$ )  
SENIOR MEDICARE PATROL PROJECT: SMP NATIONAL RESOURCE CENTER (SMP CENTER) SERVES THE SMP PROJECTS NATIONALLY AND PROMOTES NATIONAL VISIBILITY FOR THE SMP PROGRAM TO ASSIST THE GENERAL PUBLIC IN LOCATING THEIR STATE SMP PROJECT. THE SMP CENTER HELPS STATES WITH RECRUITING AND TRAINING VOLUNTEERS TO EDUCATE CONSUMERS ON HOW TO PROTECT THEIR INFORMATION AS WELL AS HOW TO DETECT AND REPORT DISCREPANCIES IN THEIR HEALTHCARE BILLING NOTICES.

4c (Code: ) (Expenses \$ 1,573,352 including grants of \$ ) (Revenue \$ )  
STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) PROVIDES FREE PERSONALIZED COUNSELING, EDUCATION, AND OUTREACH TO ASSIST AGING AND DISABLED MEDICARE BENEFICIARIES AND THEIR FAMILIES NAVIGATE THE HEALTH AND LONG-TERM SERVICES AND SUPPORT SYSTEMS.

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

(Expenses \$ 3,390,538 including grants of \$ ) (Revenue \$ 745,456 )

4e Total program service expenses 7,598,157

**Part IV Checklist of Required Schedules**

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

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

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

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			9
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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

Yes No

Table with 17 main rows and sub-rows (a, b, c, etc.) for questions regarding employee reporting, tax shelter transactions, contributions, and organizational status. Includes input fields for values like '62' and '7d'.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

HEATHER LEIBOLD 201 TOWER PARK DRIVE, SUITE 100 WATERLOO IA 50701 319-272-2244

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL DONOHUE EXECUTIVE DIRECTOR	40.00 0.00			X				106,839	0	33,550
(2) HEATHER LEIBOLD FINANCE DIRECTOR	40.00 0.00			X				31,651	0	2,988
(3) LES ASKELSON DIRECTOR	1.00 0.00	X						0	0	0
(4) JACOB BATES PRESIDENT	1.00 0.00	X		X				0	0	0
(5) SALLY DAVIES DIRECTOR	1.00 0.00	X						0	0	0
(6) DIANE DAWLEY DIRECTOR	1.00 0.00	X						0	0	0
(7) KARI HARBAUGH DIRECTOR	1.00 0.00	X						0	0	0
(8) JULIE HINDERS DIRECTOR	1.00 0.00	X						0	0	0
(9) JANELL MCLREE DIRECTOR	1.00 0.00	X						0	0	0
(10) PATRICK MURRAY DIRECTOR	1.00 0.00	X						0	0	0
(11) GREG ORWOLL TREASURER	1.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHELSEA PETERSEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KAYLA REYES	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) VALERIE SCHWAGER	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(15) AMANDA STAHLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) KATIE THORNTON-LANG	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) JESSIE TIBBOTT	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) GREG ZARS	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
(19)										
<b>1b Subtotal</b>							138,490		36,538	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							138,490		36,538	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	26,000				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,473,279				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	156,347				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			7,655,626			
	<b>Program Service Revenue</b>	<b>2a</b> OTHER	Business Code	624200	624,114	624,114	
<b>b</b> FEES FOR SERVICE		624200		278,205	278,205		
<b>c</b> PROGRAM INCOME				227,620	227,620		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				1,129,939			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,550	5,550		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>			19,289		
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			18,247		
	<b>c</b> Gain or (loss)	<b>7c</b>			1,042		
<b>d</b> Net gain or (loss)			1,042	1,042			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			8,792,157	1,136,531	0	0	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) 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	175,028		175,028	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,603,268	2,218,313	384,955	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,873	176,812	48,061	
9 Other employee benefits	609,093	478,915	130,178	
10 Payroll taxes	162,468	127,745	34,723	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Schedule O.)	4,215,987	4,076,212	139,775	
12 Advertising and promotion	31,215	29,575	1,640	
13 Office expenses	310,830	223,595	87,235	
14 Information technology				
15 Royalties				
16 Occupancy	61,585	58,281	3,304	
17 Travel	153,132	132,506	20,626	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,891	23,497	8,394	
20 Interest	16,665		16,665	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,210	17,899	66,311	
23 Insurance	50,495	31,532	18,963	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	21,644	1,602	20,042	
b MISCELLANEOUS	-8,686	1,673	-10,359	
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,743,698	7,598,157	1,145,541	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	21,395	<b>1</b>	39,815
	<b>2</b> Savings and temporary cash investments	2,690,206	<b>2</b>	2,598,539
	<b>3</b> Pledges and grants receivable, net	628,649	<b>3</b>	637,462
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	112,441	<b>9</b>	153,087
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,597,050		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 914,269	588,095	<b>10c</b> 682,781
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		4,040,786	<b>16</b>	4,111,684
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,046,323	<b>17</b>	976,242
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	276,438	<b>23</b>	262,442
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	108,902	<b>25</b>	215,418
	<b>26 Total liabilities.</b> Add lines 17 through 25		1,431,663	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	2,579,123	<b>27</b>	2,631,582
	<b>28</b> Net assets with donor restrictions	30,000	<b>28</b>	26,000
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances		2,609,123	<b>32</b>
<b>33</b> Total liabilities and net assets/fund balances		4,040,786	<b>33</b>	4,111,684

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,792,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,743,698
3	Revenue less expenses. Subtract line 2 from line 1	3	48,459
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,609,123
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,657,582

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization <b>NORTHEAST IOWA AREA AGENCY ON AGING, INC.</b>	Employer identification number <b>52-1621262</b>
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 5,208,525
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 99.95%. Row 15: Public support percentage from 2023 Schedule A, Part II, line 14 99.92%.

16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %.

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box on 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

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

**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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <i>see instructions</i> ).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity ( <i>see instructions</i> ).		
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		
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? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		



SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization: NORTHEAST IOWA AREA AGENCY ON AGING, INC. Employer identification number: 52-1621262

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 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 violations, and enforcement of the conservation easements it holds? (Yes/No). 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. 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization 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.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
  - b** Permanent endowment %
  - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations?  Yes  No
  - (ii)** Related organizations?  Yes  No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		469,575	76,208	393,367
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,127,475	838,061	289,414
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				682,781

Part VII Investments – Other Securities

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments – Program Related

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) LEASE LIABILITY (215,418), (3) through (9), and Total (215,418).

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





**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	NORTHEAST IOWA AREA AGENCY ON AGING, INC.	Employer identification number	52-1621262
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS  
ALL OTHER PROGRAMS THAT SUPPORT OUR MISSION TO EMPOWER OLDER INDIVIDUALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AND  
RECOMMENDS ITS APPROVAL TO FILE. THAT ACTION IS MADE AS PART OF THE  
ACCEPTANCE OF THE FINANCE COMMITTEE'S REPORTS AND ACTIONS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EACH BOARD OF DIRECTOR IS ASKED TO SIGN THE AGENCY'S CONFLICT OF INTEREST  
STATEMENT EACH YEAR. THE POLICY IS REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE PRESIDENT OF THE BOARD INITIATES THE EXECUTIVE DIRECTOR'S ANNUAL  
PERFORMANCE REVIEW AND SOLICITS INPUT FROM OTHER SOURCES. THE PERFORMANCE  
REVIEW IS PRESENTED TO THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION WITH  
THEIR ADDITIONAL INPUT REQUESTED. DURING THAT SESSION, THE EXECUTIVE  
DIRECTOR'S SALARY IS REVIEWED AND RECOMMENDED BASED ON COMPARABLE POSITIONS  
AS WELL AS THE CURRENT FUNDING STATUS OF THE ORGANIZATION. A WRITTEN  
NOTIFICATION IS MADE TO THE EXECUTIVE DIRECTOR ON A FORM SIGNED BY  
PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
ALL STAFF SALARIES ARE RECOMMENDED BY THE EXECUTIVE DIRECTOR WITH FINAL  
APPROVAL BY THE BOARD OF DIRECTORS. ALL SALARY ADJUSTMENTS ARE GENERALLY  
BASED ON COLA RATES. EACH STAFF PERSON HAS A PERFORMANCE REVIEW ANNUALLY,  
HOWEVER, PAY ADJUSTMENTS ARE NOT MERIT BASED. ALL PAY ADJUSTMENTS ARE  
NOTED IN WRITING TO THE STAFF PERSON AND A COPY PLACED IN THEIR PERSONNEL  
FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST AT THE  
CENTRAL OFFICE IN WATERLOO, IA.

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

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONTRACTED SERVICES	\$ 1,405,159	\$ 0	\$ 0
CONTRACTED SERVICES	\$ 32,750	\$ 0	\$ 0
CONTRACTED SERVICES	\$ 838,739	\$ 0	\$ 0
CONTRACTED SERVICES	\$ 1,799,564	\$ 139,775	\$ 0
TOTAL	\$ 4,076,212	\$ 139,775	\$ 0

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.

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

Employer identification number

52-1621262

OMB No. 1545-0047  
**Open to Public Inspection**

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	NET3A PROPERTIES LLC 3840 W 9TH ST WATERLOO IA 50704 30-1271670	RENTAL	IA	29,664	575,111	NORTHEAST
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								

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

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

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

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

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		
<b>c</b> Gift, grant, or capital contribution from related organization(s)		
<b>d</b> Loans or loan guarantees to or for related organization(s)		
<b>e</b> Loans or loan guarantees by related organization(s)		
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		
<b>h</b> Purchase of assets from related organization(s)		
<b>i</b> Exchange of assets with related organization(s)		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
<b>o</b> Sharing of paid employees with related organization(s)		
<b>p</b> Reimbursement paid to related organization(s) for expenses		
<b>q</b> Reimbursement paid by related organization(s) for expenses		
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

**Part VII Supplemental Information.**

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

SCHEDULE R - ADDITIONAL INFORMATION

NEI3A PROPERTIES LLC IS A DISREGARDED ENTITY AND IS CONTROLLED BY NORTHEAST IOWA AREA AGENCY ON AGING (NEI3A). THEY ARE COMBINED FOR FINANCIAL REPORTING. NEI3A PROPERTIES LLC OWNS BUILDINGS THAT IT RENTS OUT TO NEI3A.

Form **4562**

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

OMB No. 1545-0172

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

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

Attachment  
Sequence No. **179**

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

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

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

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,161

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	31,416
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	156,818	5.0	MO	S/L	9,633
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	84,210
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Year Ended: June 30, 2025

52-1621262

NORTHEAST IOWA AREA AGENCY  
ON AGING, INC.  
201 TOWER PARK DRIVE, SUITE 100  
WATERLOO, IA 50701

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

**Tax Group Summary 7/01/2024 - 6/30/2025**

FYE: 6/30/2025

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDINGS & IMPROVEMENTS	49,576	0	0	469,576	64,167	12,041	0	76,208
EQUIPMENT	593,416	25,386	10,020	608,782	536,879	19,145	6,012	550,012
LEASEHOLD IMPROVEMENTS	27,485	0	0	227,485	208,994	3,873	0	212,867
LEASES - RIGHT OF USE	155,050	171,757	35,598	291,209	47,391	49,151	21,359	75,183
<b>Grand Total</b>	<u>1,445,527</u>	<u>197,143</u>	<u>45,618</u>	<u>1,597,052</u>	<u>857,431</u>	<u>84,210</u>	<u>27,371</u>	<u>914,270</u>

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
191	WATERLOO PROPERTY	2/15/2019	442,858	0	0	62,454	11,356	73,810	369,048	S/L	39.00
197	WATERLOO - NEW ROOF	5/13/2022	26,718	0	0	1,713	685	2,398	24,320	S/L	39.00
	<b>BUILDINGS &amp; IMPROVEMENTS</b>		<b>469,576</b>	<b>0c</b>	<b>0</b>	<b>64,167</b>	<b>12,041</b>	<b>76,208</b>	<b>393,368</b>		
2	SAFE	5/01/1993	505	0	0	505	0	505	0	S/L	20.00
3	REACH IN COOLER	10/01/1992	1,867	0	0	1,867	0	1,867	0	S/L	20.00
4	REFRIGERATOR	9/01/1992	893	0	0	893	0	893	0	S/L	20.00
5	WATER SOFTENER	1/01/1991	728	0	0	728	0	728	0	S/L	20.00
6	FREEZER, WALK IN	4/01/1994	6,840	0	0	6,840	0	6,840	0	S/L	20.00
7	FREEZER	7/01/1989	659	0	0	659	0	659	0	S/L	20.00
8	MEAL DELIVERY BAGS	5/15/1996	13,857	0	0	13,857	0	13,857	0	S/L	7.00
9	3 DOOR COOLER - ELDORA	7/02/1998	3,100	0	0	3,100	0	3,100	0	S/L	10.00
10	BOILER	4/22/1999	1,613	0	0	1,613	0	1,613	0	S/L	10.00
11	HOBART ELECTRIC HEAT DISH	8/24/2000	6,917	0	0	6,917	0	6,917	0	S/L	10.00
15	2001 CHEVROLET SILVERADO t	2/06/2001	43,988	0	0	43,988	0	43,988	0	S/L	10.00
16	2002 CHEVY SILVERADO HOT S	8/14/2002	42,561	0	0	42,561	0	42,561	0	S/L	5.00
17	EPSON MULTIMEDIA PROJECTC	2/01/2005	984	0	0	984	0	984	0	S/L	3.00
18	NEC XGA PROJECTOR	7/21/2004	1,668	0	0	1,668	0	1,668	0	S/L	5.00
19	FURNITURE	1/31/2007	6,594	0	0	6,594	0	6,594	0	S/L	5.00
20	DVD DUPLICATOR	2/16/2007	1,552	0	0	1,552	0	1,552	0	S/L	5.00
21	DELL LATITUDE D830 COMPUT	9/01/2007	1,735	0	0	1,735	0	1,735	0	S/L	5.00
22	BIZHUB 420 COPIER/SCANNER/	12/20/2007	6,128	0	0	6,128	0	6,128	0	S/L	5.00
23	DELL PROJECTOR	9/10/2008	539	0	0	539	0	539	0	S/L	5.00
24	DELL LAPTOP	11/30/2008	1,399	0	0	1,399	0	1,399	0	S/L	5.00
25	DELL LAPTOP	1/31/2009	1,375	0	0	1,375	0	1,375	0	S/L	5.00
26	LENOVO THINKPAD TABLET	4/09/2010	1,950	0	0	1,950	0	1,950	0	S/L	5.00
27	LENOVO THINKPAD TABLET	4/09/2010	1,950	0	0	1,950	0	1,950	0	S/L	5.00
28	DELL OPTIPLEX 380	6/25/2010	779	0	0	779	0	779	0	S/L	5.00
29	DELL OPTIPLEX 380	6/25/2010	779	0	0	779	0	779	0	S/L	5.00
30	DELL OPTIPLEX 380	6/25/2010	779	0	0	779	0	779	0	S/L	5.00
31	DELL OPTIPLEX 380	6/25/2010	924	0	0	924	0	924	0	S/L	5.00
32	DELL OPTIPLEX 380	6/25/2010	924	0	0	924	0	924	0	S/L	5.00
34	DELL E5510 LAPTOP	1/26/2011	1,301	0	0	1,301	0	1,301	0	S/L	5.00
35	DELL OPTIPLEX 380SFF	1/26/2011	924	0	0	924	0	924	0	S/L	5.00
36	DELL E5520 LAPTOP	5/13/2011	1,258	0	0	1,258	0	1,258	0	S/L	5.00
38	DELL LAPTOP	12/30/2008	1,375	0	0	1,375	0	1,375	0	S/L	5.00
39	DELL E5520 LAPTOP	7/06/2011	1,301	0	0	1,301	0	1,301	0	S/L	5.00
41	DELL OPTIPLEX 390 DESKTOP	9/07/2011	653	0	0	653	0	653	0	S/L	5.00
42	DELL LAPTOP E5420	12/21/2011	1,225	0	0	1,225	0	1,225	0	S/L	5.00
44	DELL OPTIPLEX 390 DESKTOP	1/18/2012	659	0	0	659	0	659	0	S/L	5.00
45	DELL OPTIPLEX 390 DESKTOP	1/18/2012	659	0	0	659	0	659	0	S/L	5.00
46	DELL OPTIPLEX 390 DESKTOP	4/04/2012	659	0	0	659	0	659	0	S/L	5.00
47	DELL OPTIPLEX 390 DESKTOP	4/04/2012	659	0	0	659	0	659	0	S/L	5.00
50	MINOLTA BIZHUB 501C	5/17/2012	5,995	0	0	5,995	0	5,995	0	S/L	5.00
51	DELL LATITUDE XT3 TABLET	5/27/2012	1,661	0	0	1,661	0	1,661	0	S/L	5.00
52	DELL E5520 LAPTOP	5/27/2012	1,661	0	0	1,661	0	1,661	0	S/L	5.00
54	DELL OPTIPLEX 790SFF	9/19/2012	758	0	0	758	0	758	0	S/L	5.00
55	DELL OPTIPLEX 790SFF	9/19/2012	778	0	0	778	0	778	0	S/L	5.00

Activity: Form 990, Page 1

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Activity: Form 990, Page 1 (continued)</b>												
56	DELL OPTIPLEX 7905FF	9/19/2012	758	0	0	758	0	758	0	S/L	5.00	
57	DELL LAPTOP E5530	9/19/2012	950	0	0	950	0	950	0	S/L	5.00	
58	DELL OPTIPLEX 310	10/31/2012	755	0	0	755	0	755	0	S/L	5.00	
59	DELL OPTIPLEX 7010	2/01/2013	769	0	0	769	0	769	0	S/L	5.00	
60	DELL OPTIPLEX 7010	2/01/2013	590	0	0	590	0	590	0	S/L	5.00	
61	DELL OPTIPLEX 3010 SFF	4/24/2013	717	0	0	717	0	717	0	S/L	5.00	
63	DELL OPTIPLEX 3010 SFF	5/22/2013	538	0	0	538	0	538	0	S/L	5.00	
64	DELL OPTIPLEX 3010 SFF	5/22/2013	538	0	0	538	0	538	0	S/L	5.00	
65	DELL POWEREDGE SERVER	5/22/2013	5,865	0	0	5,865	0	5,865	0	S/L	5.00	
66	DELL POWEREDGE SERVER	5/22/2013	5,865	0	0	5,865	0	5,865	0	S/L	5.00	
67	2013 CHEVROLET SILVERADO F	4/05/2013	43,416	0	0	43,416	0	43,416	0	S/L	5.00	
69	DISH TABLE	11/01/1979	970	0	0	970	0	970	0	S/L	20.00	
70	EXHAUST HOOD & FAN	11/01/1979	760	0	0	760	0	760	0	S/L	20.00	
71	SHELIVING	11/01/1979	725	0	0	725	0	725	0	S/L	20.00	
72	WORK TABLES	11/01/1979	625	0	0	625	0	625	0	S/L	20.00	
73	SINK - 3 COMPARTMENT	12/01/1994	1,242	0	0	1,242	0	1,242	0	S/L	20.00	
74	REFRIGERATOR	11/01/1998	2,500	0	0	2,500	0	2,500	0	S/L	15.00	
75	AIR CONDITIONER	8/01/1999	1,008	0	0	1,008	0	1,008	0	S/L	10.00	
76	DISHWASHER	6/01/2000	2,995	0	0	2,995	0	2,995	0	S/L	15.00	
77	GARBAGE DISPOSAL	6/01/2000	895	0	0	895	0	895	0	S/L	10.00	
78	REFRIGERATOR	6/01/2001	2,099	0	0	2,099	0	2,099	0	S/L	15.00	
79	RANGE	10/01/2003	4,568	0	0	4,568	0	4,568	0	S/L	15.00	
80	FIRE SUPPRESSION	2/05/2005	1,400	0	0	1,400	0	1,400	0	S/L	10.00	
81	3 HOT FOOD UNITS	11/06/2007	1,465	0	0	1,465	0	1,465	0	S/L	10.00	
82	TELEPHONES & SYSTEMS	6/30/2008	1,533	0	0	1,533	0	1,533	0	S/L	10.00	
83	PARKING LOT UPGRADE	6/30/2008	12,000	0	0	12,000	0	12,000	0	S/L	10.00	
84	COMPUTER - COMPAQ	1/01/2001	825	0	0	825	0	825	0	S/L	5.00	
85	FREEZER	6/01/2001	3,499	0	0	3,499	0	3,499	0	S/L	15.00	
86	COMPUTER - COMPAQ	6/01/2001	824	0	0	824	0	824	0	S/L	5.00	
87	CHEST FREEZER	11/01/2006	562	0	0	562	0	562	0	S/L	10.00	
88	KONICA COPIER	5/15/2013	1,705	0	0	1,705	0	1,705	0	S/L	5.00	
89	VULCAN OVEN	5/15/2013	3,725	0	0	3,725	0	3,725	0	S/L	5.00	
90	MAQUOKETA CARPER	2/01/2013	5,000	0	0	5,000	0	5,000	0	S/L	5.00	
91	COMMERCIAL DISHWASHER	5/01/2012	4,839	0	0	4,839	0	4,839	0	S/L	10.00	
92	RANGE HOOD	5/01/2012	10,050	0	0	10,050	0	10,050	0	S/L	10.00	
93	ANSUL SYSTEM	5/01/2012	2,100	0	0	2,100	0	2,100	0	S/L	10.00	
94	REFRIGERATOR	5/01/2012	3,086	0	0	3,086	0	3,086	0	S/L	10.00	
95	FREEZER	5/01/2012	3,975	0	0	3,975	0	3,975	0	S/L	10.00	
96	CONVECTION OVEN	5/01/2012	3,495	0	0	3,495	0	3,495	0	S/L	10.00	
97	3-COMPARTMENT SINK	5/01/2012	1,224	0	0	1,224	0	1,224	0	S/L	10.00	
98	CENTER ISLAND	5/01/2012	1,809	0	0	1,809	0	1,809	0	S/L	10.00	
99	HOT FOOD CART	11/01/1979	797	0	0	797	0	797	0	S/L	15.00	
100	U.S. RANGE	11/01/1982	1,845	0	0	1,845	0	1,845	0	S/L	15.00	
101	UNIVEX FOOD SLICER	11/01/1982	869	0	0	869	0	869	0	S/L	10.00	
102	VULCAN STOVE	6/01/1990	2,112	0	0	2,112	0	2,112	0	S/L	10.00	
103	CHEST FREEZER	6/01/1996	520	0	0	520	0	520	0	S/L	10.00	
104	STEAM TABLE	6/01/2000	1,080	0	0	1,080	0	1,080	0	S/L	10.00	
105	SLICER	12/01/2007	764	0	0	764	0	764	0	S/L	10.00	
106	THREE TIER CART	10/01/2008	668	0	0	668	0	668	0	S/L	5.00	

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Depreciation	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
107	FREEZER	8/01/1997	530	0	0	530	530	0	530	0	S/L	15.00
108	FOOD PROCESSOR	2/01/2000	524	0	0	524	524	0	524	0	S/L	5.00
109	RANGE	6/01/2004	4,518	0	0	4,518	4,518	0	4,518	0	S/L	15.00
110	HOT BUFFET	6/01/2004	839	0	0	839	839	0	839	0	S/L	15.00
111	CONVECTION OVEN	1/01/2005	3,100	0	0	3,100	3,100	0	3,100	0	S/L	10.00
112	FIRE SUPPRESSION	6/01/2005	920	0	0	920	920	0	920	0	S/L	10.00
113	DISHWASHER	6/01/2006	4,985	0	0	4,985	4,985	0	4,985	0	S/L	10.00
114	GAS RANGE	6/01/1988	2,415	0	0	2,415	2,415	0	2,415	0	S/L	15.00
115	AIR CONDITIONER	8/01/1992	850	0	0	850	850	0	850	0	S/L	10.00
116	REFRIGERATOR	6/01/1996	650	0	0	650	650	0	650	0	S/L	10.00
118	REFRIGERATOR	7/01/1999	650	0	0	650	650	0	650	0	S/L	10.00
119	AIR CONDITIONER	8/01/1999	800	0	0	800	800	0	800	0	S/L	15.00
120	WASHER/DRYER	6/01/2011	1,099	0	0	1,099	1,099	0	1,099	0	S/L	10.00
121	DISH TABLES	1/01/1976	1,149	0	0	1,149	1,149	0	1,149	0	S/L	15.00
122	RANGE HOOD	1/01/1976	750	0	0	750	750	0	750	0	S/L	15.00
123	STAINLESS STEEL HOOD	1/01/1976	1,169	0	0	1,169	1,169	0	1,169	0	S/L	20.00
124	COLD SERVER	2/01/1976	2,155	0	0	2,155	2,155	0	2,155	0	S/L	20.00
125	MIXER	5/01/1976	785	0	0	785	785	0	785	0	S/L	10.00
126	HOBART REFRIGERATOR	6/01/1987	4,020	0	0	4,020	4,020	0	4,020	0	S/L	15.00
127	UNIVEX SLICER	1/01/1989	907	0	0	907	907	0	907	0	S/L	15.00
128	DISHWASHER	11/01/1997	5,950	0	0	5,950	5,950	0	5,950	0	S/L	15.00
129	IN-SINK DISPENSER	6/01/2001	944	0	0	944	944	0	944	0	S/L	10.00
130	STAINLESS STEEL SINK	6/01/2001	1,800	0	0	1,800	1,800	0	1,800	0	S/L	15.00
131	REACH-IN FREEZER	6/01/2000	3,599	0	0	3,599	3,599	0	3,599	0	S/L	15.00
132	HOT SERVER	6/01/2001	3,572	0	0	3,572	3,572	0	3,572	0	S/L	15.00
133	REFRIGERATOR	6/01/2001	2,099	0	0	2,099	2,099	0	2,099	0	S/L	15.00
134	RANGE	6/01/2006	7,555	0	0	7,555	7,555	0	7,555	0	S/L	15.00
135	CONVECTION OVEN	6/01/2009	3,571	0	0	3,571	2,678	179	2,857	714	S/L	20.00
136	ANSUL FIRE SAFETY	6/01/2003	2,693	0	0	2,693	2,693	0	2,693	0	S/L	10.00
137	DESKTOP COMPUTERS	6/01/2004	1,858	0	0	1,858	1,858	0	1,858	0	S/L	5.00
138	MINOLTA COPIER	8/01/2004	5,580	0	0	5,580	5,580	0	5,580	0	S/L	5.00
139	TELEPHONE SYSTEM	6/01/2007	4,050	0	0	4,050	4,050	0	4,050	0	S/L	10.00
140	2-TABLET COMPUTERS	6/01/2007	3,298	0	0	3,298	3,298	0	3,298	0	S/L	5.00
141	PROJECTOR	7/01/2007	699	0	0	699	699	0	699	0	S/L	5.00
142	3-TABLET COMPUTERS	9/01/2009	4,737	0	0	4,737	4,737	0	4,737	0	S/L	6.00
143	MINOLTA COPIER BIX 423	11/01/2000	4,839	0	0	4,839	4,839	0	4,839	0	S/L	5.00
144	2-TABLET COMPUTERS	3/01/2011	3,316	0	0	3,316	3,316	0	3,316	0	S/L	5.00
145	COMPUTER & MONITOR	6/01/2011	600	0	0	600	600	0	600	0	S/L	5.00
146	2-NEW DESKS	11/01/2011	1,866	0	0	1,866	1,866	0	1,866	0	S/L	5.00
147	2-CONFERENCE TABLES	11/01/2011	1,050	0	0	1,050	1,050	0	1,050	0	S/L	5.00
148	CONFERENCE CRENDENZA	11/01/2011	565	0	0	565	565	0	565	0	S/L	5.00
149	FOUNTAIN PARK BUILD-OUT	11/01/2011	3,500	0	0	3,500	3,500	0	3,500	0	S/L	5.00
150	PAPER SHREDDER	12/01/2011	895	0	0	895	895	0	895	0	S/L	5.00
151	TABLET COMPUTERS	4/01/2012	1,395	0	0	1,395	1,395	0	1,395	0	S/L	5.00
152	TABLET COMPUTERS	4/01/2012	1,395	0	0	1,395	1,395	0	1,395	0	S/L	5.00
153	TABLET COMPUTERS	7/01/2012	1,395	0	0	1,395	1,395	0	1,395	0	S/L	5.00
154	TABLET COMPUTERS	7/01/2012	1,395	0	0	1,395	1,395	0	1,395	0	S/L	5.00
155	TABLET COMPUTERS	3/01/2013	1,395	0	0	1,395	1,395	0	1,395	0	S/L	5.00
156	3 SETS CABINETS	6/01/1985	3,282	0	0	3,282	3,282	0	3,282	0	S/L	20.00

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Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Activity: Form 990, Page 1 (continued)</b>												
157	AMANA FREEZER	5/01/1987	630	0	0	630	0	630	0	S/L	15.00	
158	HOBART FR. FOOD CAB.	6/01/1988	2,292	0	0	2,292	0	2,292	0	S/L	10.00	
159	VULCAN GAS RANGE	6/01/1989	2,801	0	0	2,801	0	2,801	0	S/L	10.00	
160	HOBART REFRIGERATOR	6/01/1989	1,835	0	0	1,835	0	1,835	0	S/L	10.00	
161	REFRIGERATOR	6/01/2000	2,099	0	0	2,099	0	2,099	0	S/L	15.00	
162	RANGE HOOD SYSTEM	12/01/2001	4,918	0	0	4,918	0	4,918	0	S/L	15.00	
163	DISHWASHER	12/01/2001	1,675	0	0	1,675	0	1,675	0	S/L	15.00	
164	DISHWASHER	12/01/2001	6,131	0	0	6,131	0	6,131	0	S/L	15.00	
165	BOOSTER HEATER	12/01/2001	1,035	0	0	1,035	0	1,035	0	S/L	15.00	
166	3-COMPARTMENT SINK	12/01/2001	1,647	0	0	1,647	0	1,647	0	S/L	15.00	
167	DISPOSER	12/01/2001	1,189	0	0	1,189	0	1,189	0	S/L	15.00	
168	COOKS COUNTER	12/01/2001	1,510	0	0	1,510	0	1,510	0	S/L	15.00	
169	COUNTER SERVER SYSTEMS	12/01/2001	2,500	0	0	2,500	0	2,500	0	S/L	15.00	
170	CABINETS	12/01/2001	885	0	0	885	0	885	0	S/L	15.00	
171	COUNTER TOPS	12/01/2001	3,290	0	0	3,290	0	3,290	0	S/L	15.00	
172	DISPOSER	12/01/2001	1,262	0	0	1,262	0	1,262	0	S/L	15.00	
173	DISHTABLE	12/01/2001	1,264	0	0	1,264	0	1,264	0	S/L	15.00	
174	HOT FOOD SERVER	6/01/2003	1,300	0	0	1,300	0	1,300	0	S/L	15.00	
175	WASHER & DRYER	1/05/2005	735	0	0	735	0	735	0	S/L	10.00	
176	KONICA COPIER	5/15/2013	1,705	0	0	1,705	0	1,705	0	S/L	5.00	
177	EQUIPMENT	1/01/1976	3,475	0	0	3,475	0	3,475	0	S/L	10.00	
179	ENHANCED WORKGROUP REPC	4/10/2015	6,890	0	0	6,890	0	6,890	0	S/L	3.00	
181	2017 DODGE CARAVAN	2/14/2017	20,992	0	0	15,569	2,099	17,668	3,324	S/L	10.00	
188	2019 CHEVY MALIBU	10/17/2018	17,377	0	0	9,557	1,738	11,295	6,082	S/L	10.00	
189	2013 CHEVROLET MALIBU	8/22/2018	10,020	0	0	5,511	501	6,012	4,008	S/L	10.00	
190	2017 FORD FOCUS	4/04/2019	12,895	0	0	7,092	1,290	8,382	4,513	S/L	10.00	
192	2015 DODGE GRAND CARAVAN	7/01/2020	11,334	0	0	3,967	1,133	5,100	6,234	S/L	10.00	
198	2019 HONDA CIVIC (#8232)	11/15/2022	22,540	0	0	6,762	4,508	11,270	11,270	S/L	5.00	
203	LENNOX FURANCE & AIR CONI	1/05/2024	9,450	0	0	506	1,350	1,856	7,594	S/L	7.0	
205	2022 FORD ESCAPE	10/01/2024	25,386	0c	0	0	6,347	6,347	19,039	200DB	5.0	
<b>EQUIPMENT</b>			618,802	0c	0	536,879	19,145	556,024	62,778			
<b>*Less: Dispositions and Transfers</b>			10,020	0	0	5,511	0	6,012	4,008			
<b>Net EQUIPMENT</b>			608,782	0c	0	531,368	19,145	550,012	58,770			
182	KIMBALL RIDGE RENOVATION	2/15/1993	71,382	0	0	71,382	0	71,382	0	S/L	10.00	
183	WAVERLY RENOVATIONS	7/01/1999	32,679	0	0	20,424	817	21,241	11,438	S/L	40.00	
184	LEASEHOLD IMPROVEMENTS	9/30/2001	6,351	0	0	6,351	0	6,351	0	S/L	7.00	
185	KITCHEN REMODEL	5/01/2008	20,489	0	0	20,489	0	20,489	0	S/L	10.00	
186	LEASEHOLD IMPROVEMENTS	10/31/2009	76,138	0	0	74,446	1,692	76,138	0	S/L	15.00	
187	WATERLOO SENIOR CENTER LI	11/09/2012	20,446	0	0	15,902	1,364	17,266	3,180	S/L	15.00	
<b>LEASEHOLD IMPROVEMENT</b>			227,485	0c	0	208,994	3,873	212,867	14,618			
200	RIGHT OF USE ASSET - FOUNTA	11/01/2022	35,598	0	0	15,426	5,933	21,359	14,239	S/L	3.0	
201	RIGHT OF USE ASSET - GFC COF	6/01/2023	36,126	0	0	18,063	12,042	30,105	6,021	S/L	3.0	
202	RIGHT OF USE ASSET - OELWEI	5/01/2022	22,873	0	0	12,391	5,718	18,109	4,764	S/L	4.00	
204	RIGHT TO USE- FARBER	5/17/2024	60,453	0	0	1,511	12,091	13,602	46,851	S/L	5.0	
206	RIGHT-TO-USE WATERLOO	4/01/2025	131,432	0c	0	0	3,286	3,286	128,146	S/L	5.0	

**Tax Asset Detail 7/01/2024 - 6/30/2025**

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207	RIGHT-TO-USE FOUNTAIN NEW LEASES - RIGHT OF USE	8/01/2024	40,325	0c	0	0	10,081	10,081	30,244	S/L	2.00
	*Less: Dispositions and Transfers		326,807	0c	0	47,391	49,151	96,542	230,265		
	Net LEASES - RIGHT OF USE		35,598	0	0	15,426	0	21,359	14,239		
	Form 990, Page 1		291,209	0c	0	31,965	49,151	75,183	216,026		
	*Less: Dispositions and Transfers		1,642,670	0c	0	857,431	84,210	941,641	701,029		
	Net Form 990, Page 1		45,618	0	0	20,937	0	27,371	18,247		
	Grand Total		1,597,052	0c	0	836,494	84,210	914,270	682,782		
	Less: Dispositions and Transfers		1,642,670	0c	0	857,431	84,210	941,641	701,029		
	Net Grand Total		45,618	0	0	20,937	0	27,371	18,247		
			1,597,052	0c	0	836,494	84,210	914,270	682,782		