			** PUBLIC DISCLOSURE COPY	* *		_						
	0	00	Return of Organization Exempt Fro	m Ir	ncome Tax	OMB No. 1545-0047						
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	2020								
			Do not enter social security numbers on this form as it	e made public.	Open to Public							
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.												
<u>A</u> F	or th	e 2020 calenda	ar year, or tax year beginning $ { m JUL}1,2020$ and endii	ng J	<u>UN 30, 2021</u>							
	heck if	C Name of	organization		D Employer identificat	tion number						
	⊐Addre											
	_chang Name	ge HERL	TAGE AREA AGENCY ON AGING			`						
	_chang	ge Doing bu	usiness as		83-0545648	3						
	_returr Final	Number	, , , , , , , , , , , , , , , , , , , ,	m/suite	E Telephone number	5.50						
	returr∟ termi		KIRKWOOD BLVD SW		319-398-55	6,727,226.						
	ated Amer		own, state or province, country, and ZIP or foreign postal code R RAPIDS, IA 52404		G Gross receipts \$	· · · · · · · · · · · · · · · · · · ·						
	_returr _Appli		nd address of principal officer: BARB WERNING		H(a) Is this a group retu for subordinates?							
	_ltion pendi			524	H(b) Are all subordinates inclu							
<u> </u>	-22-02	empt status:		527	If "No," attach a lis							
			://HERITAGEAAA.ORG/		H(c) Group exemption r							
				I Year (of formation: 2018 M S							
	nrt I	Summary				nato or logar dormono, ===						
	1	Briefly describ	e the organization's mission or most significant activities: HERITAG	E A	REA AGENCY ON	AGING						
Governance			GE) SERVES THE NEEDS OF OLDER ADULTS			EIR						
'naı	2	Check this bo	if the organization discontinued its operations or disposed of	of more	than 25% of its net asset	S.						
vel	3	Number of vot	3	17								
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			17						
80	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		5	22						
vitie	6	Total number	of volunteers (estimate if necessary)		6	60						
Activities &	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.						
					Prior Year	Current Year						
e	8		and grants (Part VIII, line 1h)		6,687,470.	6,069,970.						
ent	9	•	ce revenue (Part VIII, line 2g)		1,146,182.	620,366.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		21,260.	36,890.						
_			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,854,912.	<u> </u>						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,584,246.	3,819,370.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		4,384,240.	<u> </u>						
	14		o or for members (Part IX, column (A), line 4)		1,503,851.	1,511,531.						
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	l lua b		ng expenses (Part IX, column (D), line 25) 0.									
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,531,739.	925,334.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,619,836.	6,256,235.						
	19		expenses. Subtract line 18 from line 12		235,076.	470,991.						
or					ginning of Current Year	End of Year						
t Assets or d Balances	20	Total assets (F	Part X, line 16)		2,094,607.	2,180,396.						
Ass ABa	21		(Part X, line 26)		920,084.	354,737.						
Fund	22		fund balances. Subtract line 21 from line 20		1,174,523.	1,825,659.						
Pa	irt II	Signature										
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of my kr	lowledge and belief, it is						
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledge.							

Sign	Signature of officer		Date							
Here	BARB WERNING, EXECUTIV	E DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MANDI HOLCOMB		self-employed P01257300							
Preparer	Firm's name 🕒 DENMAN & COMPANY	1		Firm's EIN 🕨 42-0794029						
Use Only	Firm's address 🕨 1601 22ND STREET									
WEST DES MOINES, IA 50266-1453 Phone no.515-3										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Check if Schedule O contains a response or note to any line in this Part III
•	HERITAGE AREA AGENCY ON AGING (HERITAGE) SERVES THE NEEDS OF OLDER
	ADULTS, CAREGIVERS, THEIR FAMILIES AND PEOPLE WITH DISABILITIES IN THE
	FOLLOWING WAYS:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	
	THE HOME-DELIVERED NUTRITION SERVICES SECTION OF THE OLDER AMERICANS
	ACT AUTHORIZES MEALS AND RELATED NUTRITION SERVICES FOR OLDER
	INDIVIDUALS WHO ARE HOMEBOUND. HOME-DELIVERED MEALS ARE OFTEN THE FIRST IN-HOME SERVICE THAT AN OLDER ADULT RECEIVES, AND THE PROGRAM IS A
	PRIMARY ACCESS POINT FOR OTHER HOME AND COMMUNITY-BASED SERVICES. IT IS
	IMPORTANT TO NOTE THAT THIS PROGRAM PROVIDES MUCH MORE THAN FOOD; IT
	PROVIDES A WHOLESOME MEAL PLUS A SAFETY CHECK, AND SOMETIMES THE ONLY
	OPPORTUNITY FOR FACE-TO-FACE CONTACT OR CONVERSATION FOR THAT DAY.
	AUTHORIZES MEALS AND RELATED NUTRITION SERVICES IN CONGREGATE, OR GROUP, SETTINGS. IN ADDITION TO SERVING HEALTHY MEALS, THE PROGRAM PROMOTES SOCIAL ENGAGEMENT, OFFERS OPPORTUNITIES TO PRESENT INFORMATION ABOUT HEALTHY AGING AND SHOWCASES MEANINGFUL VOLUNTEER ROLES, ALL OF WHICH CONTRIBUTE TO AN OLDER INDIVIDUAL'S OVERALL HEALTH AND WELL-BEING.
4c	GROUP, SETTINGS. IN ADDITION TO SERVING HEALTHY MEALS, THE PROGRAM PROMOTES SOCIAL ENGAGEMENT, OFFERS OPPORTUNITIES TO PRESENT INFORMATION ABOUT HEALTHY AGING AND SHOWCASES MEANINGFUL VOLUNTEER ROLES, ALL OF WHICH CONTRIBUTE TO AN OLDER INDIVIDUAL'S OVERALL HEALTH AND WELL-BEING.
	GROUP, SETTINGS. IN ADDITION TO SERVING HEALTHY MEALS, THE PROGRAM PROMOTES SOCIAL ENGAGEMENT, OFFERS OPPORTUNITIES TO PRESENT INFORMATION ABOUT HEALTHY AGING AND SHOWCASES MEANINGFUL VOLUNTEER ROLES, ALL OF WHICH CONTRIBUTE TO AN OLDER INDIVIDUAL'S OVERALL HEALTH AND WELL-BEING. (code:)(Expenses \$ 1,084,133. including grants of \$ 748,658.) (Revenue \$ 129,743. SUPPORTIVE SERVICES ARE KEY TO HELPING OLDER ADULTS MAINTAIN THEIR LONG-TERM INDEPENDENCE. WITH THE HELP OF ACCESS SERVICES (E.G., TRANSPORTATION, CASE MANAGEMENT, INFORMATION AND ASSISTANCE), IN-HOME SERVICES (E.G., PERSONAL CARE, CHORE AND HOMEMAKER ASSISTANCE) AND COMMUNITY SERVICES (E.G., MENTAL HEALTH SERVICES, ADULT DAY CARE), INDIVIDUALS CAN PREVENT EARLY INSTITUTIONALIZATION AND INSTEAD CONTINUE

Earm	000	(2020)	
-orm	990	(2020)	

Form 990 (2020) HERITAGE AREA AGENCY ON AGING Part IV Checklist of Required Schedules Checklist of Requi

as applicable. Image: Construction in the image: Constrend in the image: Construction in the image: Constructi				Yes	No
2 Is the organization engage in direct or inference particular ampaign activities on behalf of or inceposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 801(c)(x) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect at the enganization as other in Review Proceduce BP17 of "Yes," complete Schedule C, Part II 4 X 5 Is the organization as othered in Review Proceduce BP17 of "Yes," complete Schedule C, Part II 5 X 6 Did the organization or investment of anounts in such funds or account? T ("Yes," complete Schedule C, Part II 6 X 7 X Section 801(c)(x). 501(c)(x) or 501(c)(x) o	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or patitical campaign activities on bakel of or in opposition to candidates for public office? (<i>I''</i>'reg.' <i>complete Schedule C, Part I</i> 4 Section 501(b) organizations. Did the organization engage in k0b/ying activities, or have a section 501(b) election in effect during the tax year? (<i>I''</i>'reg.' <i>complete Schedule C, Part I</i> 5 Did the organization assection 501(b) election in effect during the tax year? (<i>I''</i>'reg.' <i>complete Schedule C, Part II</i> 6 Did the organization matina and year of view of those asserted in Revenue Procedure 08-19? (<i>I''</i>'reg.' <i>complete Schedule C, Part II</i> 6 Did the organization reprise of view of a conservation assement, including easements to prevence open space. 7 Z 9 Did the organization matina celectors of views of art, historical trassures, or other similar assets? (<i>I''</i>''reg.' <i>complete Schedule D, Part I</i> 9 Did the organization matina celectors of views of art, historical trassures, or other similar sestes? (<i>I''</i>''reg.' <i>complete Schedule D, Part II</i> 9 Did the organization report an amount for land, baildings, and equipment in Part X, line 12, the rest of a subtodian for an assist and the organization report an amount for index baildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, west the organization report an amount for intestimets - order assist in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, <i>I''</i>''se, '<i>complete Schedule D, Part VI</i> 10 Did the organization report an amount for intestimets. Other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, <i>I''</i>''se, '<i>complete Schedule D, Part XI</i> 11 Did the organization report an amount for intestimets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, <i>I''</i>'se, '<i>co</i>					
public office? If ''Yes, 'complete Schedule Q, Part I 3 X 4 Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(c)(3), 651(c)(5), or 501(c)(4) 7 -complete Schedule C, Part II 4 X 6 Did the organization on tarking that of a any similar funds or accounts I's ''res, 'complete Schedule C, Part II 5 X 7 Did the organization enderwation essement, including essements to preserve open space. 7 X 8 Did the organization measure in doriver in rule of accounts I'r res, 'complete Schedule D, Part I 8 X 9 Did the organization measure in doriver in rule account in ballity, serve as a custodian for amounts not thorough a related organization, needle complete Schedule D, Part I 8 X 9 Did the organization report an amount for land, ballidings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, reported Schedule D, Part V 10 X 11 H' the organization report an amount for land, ballidings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 12, that is 5% or m	-		2	<u> </u>	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If Yes, 'complete Schedule C, Part II</i>. Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k),	3				v
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 55 X 6 Did the organization martain any domo advised funds or any similar funds or accounts for which domors have the right to provide advised on the distribution or investment at amounts in such funds or accounts for which domors have the right to provide advised on the distribution or investment at amounts in such funds or accounts [0, Part II 6 X 7 Did the organization martain areas, or fusion for utures? If 'Ves, 'complete Schedule D, Part I 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fail reasons, or fusion for utures? If 'Ves, 'complete Schedule D, Part I 7 X 9 Did the organization is answer to any of the following questions, hold assets in donor-restricted endowments' 7 X 10 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part I 10 X 11 If the organization report an amount for lends. Schedule D, Part V, line 10? If 'Yes, 'complete Schedule D, Part I 10 X 12 Utub the organization report an amount for lends. Schedule D, Part V, line 10? If 'Yes, 'complete Schedule D, Part X, line 10	_		3		<u> </u>
5 Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that neakes membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 if Yes," <i>complete Schedule C, Part II</i> 5 X D Dd the organization markina may down advised funds or any similar funds or accounts for which downs have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which downs have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which downs have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which downs have the right to provide advice on the distribution or investment of an only of the distribution assence, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 6 X 9 Did the organization market and amount in Part X, line 21, for secrew or custodal account liability, serve as a custodian for amounts not listed in Part X, or provide credit consening, debt management, credit repair, or debt neglitation services? If 'Yes,' complete Schedule D, Part IV 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 147, 'Yes,' complete Schedule D, Part VI 11a X 11 X 114 X 114 X 11 X 114 X 114 X 11	4				v
similar amounts as defined in Revenue Procedure 99-199 // Yes," complete Schedule <i>C</i> , Part <i>U</i> 5 X 6 Did the organization maintain any doora advised finands or accounts? <i>U</i> Yes," complete Schedule <i>D</i> , Part <i>U</i> 6 X 7 Did the organization releve or hold a conservation easement, including easements to preserve open space, the environment, historic all reases, or historic attructives? <i>U</i> Yes, "complete Schedule <i>D</i> , Part <i>U</i> 7 X 8 Did the organization releva or hold a conservation easement, including easements to preserve open space, the environment, historic all reases, or historic attreasures, or other similar assets? <i>U</i> 'Yes," complete Schedule <i>D</i> , Part <i>U</i> 8 X 9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, complete Schedule <i>D</i> , Part <i>V</i> 8 X 10 Did the organization, directly or through a nelated organization, hold assets in donor restricted endowments or in quasi endowments? <i>U</i> 'Yes, 'complete Schedule <i>D</i> , Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>U</i> 'Yes, 'complete Schedule <i>D</i> , Part V 11a X 10 Did the organization report an amount for investments - other securities in Part X, line 10? <i>U</i> 'Yes, 'complete Schedule <i>D</i> , Part V 11a X 11a	-		4		
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 II X X	5		_		v
provide advace on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutodial 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? 9 X 10 Did the organization report an amount for law eased organization, hold assets in donor-restricted endowments or in quasi notowners? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for law, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - organizeta frame intel 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 X 11 X 13 Did the organization report an amount for other assets 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 X 11	6		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 X X X X 9 Did the organization maintain collections of works of art, historical treasures, or their sinikar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X 14 Did the organization report an amount for investments - porgram related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11c <td< td=""><td>0</td><td></td><td>6</td><td></td><td>x</td></td<>	0		6		x
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization is answer to any of the following questions is "Yes," than complete Schedule D, Part V 9 X 11 If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VX, or X as applicable. 10 X 12 Did the organization report an amount for line duplications is "Yes," then complete Schedule D, Part VI 11 X 13 Did the organization report an amount for line duplication services? 9 X 14 X The organization report an amount for line duplication services? 11 X 14 X The organization report an amount for other assets in Part X, line 127, H* Yes, * complete Schedule D, Part XI 114 X 15 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 167 // Yes, * complete Schedule D, Part X 114 X 16 Did the organization su	'		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization, answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VII, VI, VX as a spplicable. 10 X 111 X Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 112 X Did the organization report an amount for investments - other securities 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 VII 114 X 113 X Intel fifth 'Yes,' complete Schedule D, Part VII 116 X 114 X Intel fifth 'Yes,' complete Schedule D, Part VII 116 X 114 X Intel fifth 'Yes,' complete Schedule D, Part X 118 X 115 Did the organization oreport an amount for investments for that xy ea	8		- <u>'</u>		
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (# 'Yes,' complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? (# 'Yes,' complete Schedule D, Part V 11a X 12 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? (# 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for there assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes,' complete Schedule D, Part X) 11a X 14 Did the organization report an amount for other assets in Part X, line 25? (# 'Yes,' complete Schedule D, Part X) 11d X 11 Did the organization subari Br Part X, line 14 (A SC 7 40?) * (Yes,' complete Schedule D, Part X) 11d X 12 Did the organization subari Br Part X	Ŭ		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X ID ofte to complete Schedule D, Part IV 10 X 10 ID ofte to complete Schedule D, Part V 10 X 10 II if the organization, directive or through a related organization, hold assets in donor-restricted endowments 10 X II if the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, DK, or X as applicable. 11 11 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VI 11 X Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 X Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11 X Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 114 X Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reportencin 111 X <td>9</td> <td>,</td> <td></td> <td></td> <td></td>	9	,			
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 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 VI 11e X 14 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 X 11d X 111 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 112 Did the organization separate in dependent audited financial statements for the tax yea? If "Yes," complete Schedule D, Part X 11f X 113 If the organization included in consolidated, independent audited financial statements for the tax yea? If	-				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VI, VIII, VI, V			9		х
or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VIII, VIII, XI, or X as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a 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 VI 11b X c 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15?, If 'Yes,'' complete Schedule D, Part X 11e X e Did the organization report an amount for other labilities in Part X, line 15?, If 'Yes,'' complete Schedule D, Part X 11e X 11d X 11e X 11e X 12a Did the organization is beparte, potential statements for the tax year? 11f 'Yes,'' complete Schedule D, Part X 11e X 12a Did the organization isolid the organization answered 'No' to line 12a, then completing Schedule D, Part X A and XII 12a X 12a X 11e X 13 X 13 <td>10</td> <td></td> <td></td> <td></td> <td></td>	10				
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VIII,			10	Х	
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 18 X 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20a X			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	• •		18		<u>X</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		<u> </u>
	21		24	x	
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Form	aan	(2020)
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	• (••••••••••••••••••••••••••••••••••••		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		162	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	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	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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2020) HERITAGE AREA AGENCY ON AGING 83-054 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	648	Р	age 5			
			Yes	No			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO			
Za	filed for the calendar year ending with or within the year covered by this return 2a 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x				
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20					
20		3a		x			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		- 23			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55					
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
h	If "Yes," enter the name of the foreign country						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		5a		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
ou	any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
~	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		x			
d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a	-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
h	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b						
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c						
с 14а		14a		x			
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
.5	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
	If "Yes," complete Form 4720, Schedule O.						
		_	_				

Form **990** (2020)

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Form 990	(2020)
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HERITAGE AREA AGENCY ON AGING

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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.

						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		17				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х	
6	Did the organization have members or stockholders?				6		Х	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
	more members of the governing body?				7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
	persons other than the governing body?				7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?				8a	Х		
	Each committee with authority to act on behalf of the governing body?				8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X	
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code)					
						Yes	N	
l0a	Did the organization have local chapters, branches, or affiliates?				10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				10b 11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				12.0			
Ŭ	in Schedule O how this was done	,			12c	х		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approval				14			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		lependent					
-					15.0		х	
	The organization's CEO, Executive Director, or top management official				15a		X	
D	, , , , , , , , , , , , , , , , , , , ,				15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				40 -		х	
	taxable entity during the year?				16a			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
	exempt status with respect to such arrangements?				16b			
	List the states with which a copy of this Form 990 is required to be filed NONE							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	T (Section 5	01(c)(3)s	only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		,					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest po	licy, and	financ	cial		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	►				
	THE ORGANIZATION - 319-398-5559							
	6301 KIRKWOOD BLVD SW, CEDAR RAPIDS, IA 52404							
	5 12-23-20				Form	990	(202	

Form 990 (2020)	HERITAGE AREA AG	ENCY ON AGING	83-0545648	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Sch	edule O contains a response or note to	any line in this Part VII							
Section A. Officers, D	rectors, Trustees, Key Employees, ar	nd Highest Compensated Em	ployees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	itiona		nploy	st cor yee	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o gamzanono
(1) SUSAN O'CONNOR	1.00	_	_		<u> </u>		-			
CHAIR		х		х				0.	Ο.	0.
(2) RO FOEGE	1.00									
VICE-CHAIR		х		х				0.	Ο.	0.
(3) KEITH STAMP	1.00									
TREASURER		X		Х				0.	0.	0.
(4) SCOTT OLSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ASHELY BAILUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ROSE RENNEKAMP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GARY BIERSCHENK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEVE AGNE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) VICKI POPE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAT HEIDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RICHARD YOUNG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SARAH MARTINEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DUSTI WINKIE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL BARNHART	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELLE BUHMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MATT PIERSALL	1.00							_		
BOARD MEMBER		х						0.	0.	0.
(17) JOHN SCHLARMANN	1.00							_		-
BOARD MEMBER		Х						0.	0.	0.
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Form **990** (2020)

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	990 (2020) HERITAGE									83-05	456	548	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) timate nount o other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		fr orga and	pensa om the anizati d relate inizatio	e on ed
	BARBARA J WERNING	40.00												•
	UTIVE DIRECTOR	40.00			X				50,156.		0.			0.
	BRADLEY S FRANZWA CAL DIRECTOR	40.00			x				72,470.		ο.			0.
(20)	KELLIE R ELLIOTT-KAPPAROS	40.00			x				77,369.		0.			0.
	JILL M SINDT	40.00							11,305.		••			••
COMM	UNITY ADVANCEMENT DIRECTOR				x				89,603.		0.			0.
			-											
			-											
									200 E00		0.			
с	Subtotal Total from continuation sheets to Part VI	I, Section A							289,598. 0. 289,598.		0.0.			0. 0. 0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re	,		••			0.
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			•	•			•	• • •		[3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>corr</i>											5		Х
Sect	tion B. Independent Contractors		3 7 10	<u>JI SL</u>		Jers	011 .					J		
1	Complete this table for your five highest co the organization. Report compensation for									, 1	ensat	ion fro	m	
	(A) (B) Name and business address NONE Description of services					С	(C omper	;) nsatior	ו ו					
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	•				C)		,				000 //	

		(2020) HERITAGE AREA	AGENCY C	ON AGING		83-0545	648 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν, ν	1 a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
<u> </u>		Fundraising events 1c					
ifts ar A	c	Related organizations 1d					
a, Bis	e)49,442.				
ŝ	f	All other contributions, gifts, grants, and					
outi		similar amounts not included above 1f	20,528.				
Ö	ç						
	ŀ	Total. Add lines 1a-1f	6,069,970.				
			Business Code				
e	2 a	PROGRAM INCOME	621610	620,366.	620,366.		
e vic	, t						
Se	c						
am	, c						
Program Service Revenue	e						
5	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		620,366.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	►	9,040.			9,040.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	k						
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 27 , 850 .					
	L t	Less: cost or other basis					
venue		and sales expenses					
		Gain or (loss) 7c 27,850.		27 950			27 950
ŗŘ		Net gain or (loss)		27,850.			27,850.
Other	88	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
		Not be a set of the se					
		Gross income from gaming activities. See	····· 🕨				
	50	Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	▶				
		Gross sales of inventory, less returns	····· F				
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	►				
			Business Code				
iscellaneous Revenue	11 a						
ane	k						
elle	Ċ						
lisc	1 .	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		6,727,226.	620,366.	0.	36,890.
03200	9 12-2						Form 990 (2020)

HERITAGE AREA AGENCY ON AGING Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			<u><u>j</u></u>	
	and domestic governments. See Part IV, line 21	3,819,370.	3,819,370.		
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,				
J	trustees, and key employees	289,598.	276,045.	13,553.	
6	Compensation not included above to disqualified	20373301	27070130		
0	persons (as defined under section 4958(f)(1)) and				
	1000(a)(0)(b)				
-		862,228.	821,824.	40,404.	
7	Other salaries and wages	002,220.	041,044.	40,404.	
8	Pension plan accruals and contributions (include	00 603	00 600		
-	section 401(k) and 403(b) employer contributions)	90,683.	90,683.		
9	Other employee benefits	175,824.	175,824.		
10	Payroll taxes	93,198.	93,198.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	13,135.	13,135.		
13	Office expenses	215,845.	202,880.	12,965.	
14	Information technology				
15	Royalties				
16	Occupancy	41,619.	41,619.		
17	Travel	11,324.	11,324.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES	624,097.	624,097.		
a L	PHONE	19,314.	19,314.		
b		19,J14•	,J14•		
C					
d					
	All other expenses		6 100 212	66.000	^
25	Total functional expenses. Add lines 1 through 24e	6,256,235.	6,189,313.	66,922.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fifth following SOP 98-2 (ASC 958-720)		I	I	

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

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,173,583.	1	996,330.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			257,290.	3	319,323.
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or	forme	r officer, director,			
	trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
	controlled entity or family member of any of thes	e pers	ons		5	
6	Loans and other receivables from other disqualif	fied per	sons (as defined			
	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	0.			
b	Less: accumulated depreciation	10b		16,399.	10c	
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			647,335.	15	864,743.
16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	2,094,607.	16	2,180,396.
17	Accounts payable and accrued expenses			920,084.	17	354,737.
18	Grants pavable				18	

HERITAGE AREA AGENCY ON AGING

19

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354,737.

960,916.

864,743.

1,825,659.

2,180,396.

Form 990 (2020)

920,084.

527,188.

647,335.

1,174,523.

2,094,607.

Assets

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

of Schedule D

Liabilities

Net Assets or Fund Balances

Part X | Balance Sheet

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 22) 1 6,727,226. 2 1 6,727,226. 2 6,256,235. 2 2 6,256,235. 2 6,256,235. 3 A470,991. 4 1,174,523. 5 Net unrealized gains (losses) on investments 5 180,145. 6 0 0 0. 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1.825, 659. Part XII Financial Statements and Repor		990 (2020) HERITAGE AREA AGENCY ON AGING	83-05	45648	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 6,727,226. 2 Total expenses (must equal Part IX, column (A), line 25) 2 6,256,235. 3 Revenue less expenses. Subtract line 2 from line 1 3 470,991. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,174,523. 5 Net unrealized gains (losses) on investments 6 7 6 7 Investment expenses 7 7 7 7 7 8 9 0. 9 0. 10 Net unreal assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H*Yes, 'toekca & bote bote in clicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 6, 256, 235. 3 Revenue less expenses. Subtract line 2 from line 1 3 470, 991. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 174, 523. 5 Net unrealized gains (losses) on investments 6 7 6 0 7 180, 145. 6 0 9 0. 7 180, 145. 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 825, 659. Check if Schedule 0 contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X<		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 6, 256, 235. 3 Revenue less expenses. Subtract line 2 from line 1 3 470, 991. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 174, 523. 5 Net unrealized gains (losses) on investments 6 7 6 0 7 180, 145. 6 0 9 0. 7 180, 145. 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 825, 659. Check if Schedule 0 contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X<						
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,1774,523. 5 Net unrealized gains (losses) on investments 5 180,145. 6 0 6 7 8 1,174,523. 8 9 0. 9 0. 6 7 8 9 9 0. 9 10 Net assets or fund balances (explain on Schedule O) 9 10 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) 1, 825, 659. Part XII Financial Statements and Reporting 1 1, 825, 659. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1 ft "Yes, 'heck a box below to indicate whether the financial statement scountant? 2b X 1 ft	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 180,145. 6 0 6 7 1 6 8 7 7 8 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,825,659. Part XII Financial Statements and Reporting 10 1,825,659. Check if Schedule O contains a response or note to any line in this Part XII 1 1,825,659. Part XII Financial Statements and Reporting 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," the ke a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,825,659. Part XII Financial Statements and Reporting 10 1,825,659. Check if Schedule O contains a response or note to any line in this Part XII 10 1,825,659. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yees," 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: 2a X If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yees," check a box below to indicate whether the financial statements and selection of an independent accountant? 2c X If "Yees," the ine 2a or 2b, does the organization have a committee that assumes responsibil	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 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 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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: 1 Cash X Accounting method used to prepare the Form 990: 1 Cash X Accounting three organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis 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: X Separate basis C Consolidated basis B Both consolidated and separate basis consolidated basis, or both: Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate	5	Net unrealized gains (losses) on investments	5	180),1	<u>45.</u>
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 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 X X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and lede 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: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,825,659. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in 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 Doticate whether the financial statements for the year were audited on a separate basis, or both: X "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X separate basis Consolidated basis Both consolidated and separate basis b Were the organization is financial statements and selection of an independent accountant? X were 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 Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the or	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1,825,659. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 1,825,659. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: 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 X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Sched	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: 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 X Accrual Other Image: Check if Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dotto consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both: 2b X 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: 2b X 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: 2b X 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 or an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Sch	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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Yes No 1 Accounting method used to prepare the Form 990: Cash X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate statements and selection of an independent accountant? X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate statements and sele	Pa	t XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 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: 2b X 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: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 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: 2b X If "Yes," check a basis Consolidated basis Both consolidated and separate basis 2c X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a </th <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
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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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparis tax or selectin process during the tax ye		consolidated basis, or both:				
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. Image: Comparison of the second s		X Separate basis Consolidated basis Both consolidated and separate basis				
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Act and OMB Circular A-133? 3a X 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 3b X		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a	Х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	L

Form **990** (2020)

032012 12-23-20

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nam	ne of the organization Employer identification number									
		HERI	TAGE AREA A	AGENCY ON AG	ING				3-0545648	
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) Se	ee instruction	s.		
The c	organ	ization is not a private found								
1 [A church, convention of chu)(A)(i).			
2		A school described in secti					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
3		A hospital or a cooperative					i).			
4		A medical research organiza)(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). (C		č	·	, 0				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)(v).			
	Х	An organization that normal	-				-	ne general i	oublic described in	
		section 170(b)(1)(A)(vi). (C	•					- 3		
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	nction with a	land-grant	college	
		or university or a non-land-g						-	-	
		university:	, , ,			, ,		5		
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	ip fees, an	d gross receipts from	
		activities related to its exem								
		income and unrelated busin							•	
		See section 509(a)(2). (Cor		,			, .		,	
11 [An organization organized a		vely to test for public sa	fety. See	section 50	9(a)(4).			
12		An organization organized a	-	•	•			rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2). S	See section &	509(a)(3).	Check the box in	
		lines 12a through 12d that	-							
а		Type I. A supporting orga				-		-	giving	
		the supported organizatio	on(s) the power to rec	gularly appoint or elect a	majority c	of the direct	tors or trustee	es of the su	upporting	
		organization. You must c								
b		Type II. A supporting orga			tion with its	s supporte	d organizatio	n(s), by hav	/ing	
		control or management or	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	ed with,	
		its supported organizatior	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A, I	D, and E.			
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part \	/.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g	Prov	vide the following information	about the supporte	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 HERITAGE AREA AGENCY ON AGING

83-0545648 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			3295302.	6687470.	6069970.	16052742.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			20,204.			186,524.
	Total. Add lines 1 through 3			3315506.	6782510.	6141250.	16239266.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						16020266
	Public support. Subtract line 5 from line 4.						16239266.
		(-) 0010	(1-) 0017	(-) 0010	(1) 0010	(-) 0000	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 3315506.	(d) 2019 6782510.	(e) 2020	(f) Total 16239266.
	Amounts from line 4			3313300.	0702510.	0141250.	10239200.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				11,739.	9,040.	20,779.
•	and income from similar sources Net income from unrelated business				11,755.	5,040.	20,115.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16260045.
	Gross receipts from related activities,	etc. (see instruction	ons)				,841,987.
	First 5 years. If the Form 990 is for th	•	,			LI	
	organization, check this box and stor	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	99.87 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	100.00 %
	33 1/3% support test - 2020. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior				► X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 HERITAGE AREA AGENCY ON AGING 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.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage			, ,	
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	tion	▶□]
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21		15	5	Sch	edule A (Form 990	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 HERITAGE AREA AGENCY ON AGING

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

032024 01-25-21

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

Yes No

Schedule A (Form 990 or 990-EZ) 2020 HERITAGE AREA AGENCY ON AGING

		7101		age 5
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.).		
а		-		
b				

С		The organization	supported a	a governmental entity.	Describe in Pa	rt VI how you suppo	orted a governme	ental entity (see instru	ction <u>s).</u>
---	--	------------------	-------------	------------------------	----------------	---------------------	------------------	--------------------------	------------------

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

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

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

 	 HERITAGE		ing Organization	_

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 HERITAGE AREA AGENCY ON AGING

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (contin	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 H	IERITAGE AREA	AGENCY	ON AGING	83-0545648	Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; a	tion. Provide the explar 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 s 2 and 3; Part IV, Sectior	nations require 9b, 9c, 11a, 1 ⁻ n E, lines 1c, 2	ed by Part II, line 1 1b, and 11c; Part a, 2b, 3a, and 3b	I0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section ; Part V, line 1; Part V, Section B, line 1e; Par s part for any additional information.	C,
	(See instructions.)					
032028 01-25-2	1		20		Schedule A (Form 990 or 990-I	E Z) 202 0

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

HERITAGE	AREA	AGENCY	ON	AGING
Organization type (check one):				

83-0545648

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

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

83-0545648

HERITAGE AREA AGENCY ON AGING

(c) Total contributions 4 , 042 , 970 . (c) Total contributions 17 , 826 .	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 , 0 4 2 , 9 7 0 . (c) Total contributions	Person X Payroll
(c) Total contributions	Payroll
Total contributions	Type of contribution Person X Payroll
	Person X Payroll Noncash (Complete Part II for
17,826.	Payroll Noncash (Complete Part II for
(c) Total contributions	(d) Type of contribution
143,396.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
78,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(C) Total contributions	(d) Type of contribution
85,821.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

HERITZ	AGE AREA AGENCY ON AGING		83-0545648
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$10,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$5,3	07. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
			Person Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

Page 2

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Page 3

Employer identification number

83-0<u>545648</u>

HERITAGE AREA AGENCY ON AGING

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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14060516 758194 4356-001

Name of or	rganization		Employer identification number
HERITZ	AGE AREA AGENCY ON AGIN	G	83-0545648
Part III		tions to organizations described in s a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
-			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

 $14060516 \ 758194 \ 4356-001$

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

HERITAGE AREA AGENCY ON AGING

Employer identification number 83-0545648

Par			inds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fund	de la companya de la
•	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	· · ·	•	•
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreated	tion or education) 🛛 🗌 Preserva	tion of a histo	prically important land area
	Protection of natural habitat	Preserva	tion of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic s	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handli	ng 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	g conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing cor	servation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes 🛄 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and exp	oense statem	nent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial s	tatements the	at describes the
D.	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		or Other S	similar Assets.
4	Complete if the organization answered "Yes" on Form			
Ta	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	niurtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical treat the following account required to be repeated under 5400 A		iancial gain,	provide
-	the following amounts required to be reported under FASB A	-		► ¢
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 IUR FORM 990.		Schedule D (Form 990) 2020
032051	12-01-20	26		

Sche		E AREA AGEN						83-05			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historio	cal Tre	easures, or O	ther S	Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any	/ of the f	following that ma	ke sign	ificant ι	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	Loa	n or exc	hange program						
b	Scholarly research	e	Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they f	urther th	ne organization's	exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histori	cal treas	sures, or other sir	nilar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	janizatio	on answered "Yes	" on Fo	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for cont	ribution	s or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amour	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F		-			-	?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) Prior		(c) Two years ba	ick (d) Three y	ears back	(e) Fou	r years	back
	Beginning of year balance	647,335. 376.		8,130.							
b	Contributions	217,032.		5,059. 4,146.		_					
с	Net investment earnings, gains, and losses	217,032.	1	4,140.		_					
d	Grants or scholarships					_					
е	Other expenditures for facilities										
	and programs										
	Administrative expenses	864,743.	64	7,335.							
g	End of year balance Provide the estimated percentage of the curr	· · · · ·									
2	Board designated or guasi-endowment	ent year enu balance	%	numm (a)) Helu as.						
a b	Permanent endowment 100	%									
c		%									
U	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse		tion that are	e held ar	nd administered f	or the a	organiza	ation			
04	by:	obion of the organiza		o nora ar			organiza			Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lin	e 11a. S	See Form 990, Pa	rt X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		umulate eciation	ed	(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X <u>, column (E</u>	3) <u>, line 1</u>	0c.)						0.
								Schodulo		~ ^^^	0000

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D (Form 990) 2020 HERITAGE AREA AGENCY ON AGI	NG
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) AMOUNTS HELD BY OTHERS	864,743.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	▶ 864,743.
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	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must actual Form 000, Part X, col. (P) line 25.)	

I otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 HERITAGE AREA AGENCY ON A				0545646 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,041,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	180,145.		
b	Donated services and use of facilities	2b	134,221.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	314,366.
3	Subtract line 2e from line 1			3	6,727,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
с	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)			5	6,727,226.
5				5	<u>6,727,226.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)	ments With		5	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With ^{2a.}	Expenses per F	5	<u>6,727,226.</u> n. <u>6,390,456.</u>
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With ^{2a.}	Expenses per F	5 Returi	n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With	Expenses per F	5 Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a.	Expenses per F	5 Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2b	Expenses per F	5 Returi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c	Expenses per F	5 Returi	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per F	5 Returi	n. <u>6,390,456.</u> 134,221.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2c 2d	Expenses per F	5 Return	n. <u>6,390,456.</u>
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d	Expenses per F	5 Return 1 2e	n. <u>6,390,456.</u> 134,221.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	Expenses per F	5 Return 1 2e	n. <u>6,390,456.</u> 134,221.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d	Expenses per F	5 Return 1 2e	n. <u>6,390,456.</u> 134,221.
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d 2d 4a 4b	Expenses per F	5 Return 1 2e	n. <u>6,390,456.</u> <u>134,221.</u> <u>6,256,235.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per F	5 Return 1 2e 3	n. <u>6,390,456.</u> <u>134,221.</u> <u>6,256,235.</u>

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

PART X, LINE 2:

HERITAGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY HERITAGE AND

RECOGNIZE A TAX LIABILITY (OR ASSET) FOR AN UNCERTAIN POSITION THAT MORE

LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL

REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND

DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN

THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN

 THE FINANCIAL STATEMENTS. HERITAGE IS SUBJECT TO ROUTINE AUDITS BY TAX

 032054 12-01-20
 Schedule D (Form 990) 2020

14060516 758194 4356-001

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Schedule D (Form 990) 2020 HERITAGE AREA AGENCY ON AGING 83-05456 Part XIII Supplemental Information (continued)	548 Page 5
(continued)	
AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIC	DS IN
PROGRESS. AS HERITAGE BECAME A SEPARATE 501(C)(3) ORGANIZATION IN APR	(IL
2018, MANAGEMENT BELIEVES ALL TAX YEARS FOR HERITAGE REMAIN SUBJECT T	<u>'0</u>
INCOME TAX EXAMINATIONS.	
Schedule D (F	orm 990) 2020

032055 12-01-20

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545	-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni [.]	ted States		202	<u>'</u>
Department of the Treasury	Compl	ete if the organizatio	Attach to For		't IV, line 21 or 22.		Open to Pu	
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspectio	
Name of the organization HERITAGE	AREA AGEN	CY ON AGING					Employer identification 83-0545	
Part I General Information on Grants a								
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion	
criteria used to award the grants or assis							Yes	X No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
recipient that received more than \$					(f) Method of		(1) D	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt
HORIZONS, A FAMILY SERVICE ALLIANCE - 819 5TH STREET SE -	40 4125002	504 (2) (2)	1 540 005					
CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	1,749,885.	0.			GENERAL SUPPORT	
AGING SERVICES INC ABBEHEALTH INC 740 N 15TH AVE NO A HIAWATHA, IA 52233	23-7085316	501(C)(3)	745,092.	0.			GENERAL SUPPORT	
JONES COUNTY 500 W MAIN ST ANAMOSA, IA 52205	42-6004230	170(C)(1)	181,516.	0.			GENERAL SUPPORT	
CEDAR COUNTY SENIOR CITIZENS INC 111 ORANGE STREET TIPTON, IA 52772	42-1180602	501(C)(3)	246,742.	0.			GENERAL SUPPORT	
HAWKEYE AREA COMMUNITY ACTION PROGRAM - 1515 HAWKEYE DRIVE - HIAWATHA, IA 52233	42-0898405	501(C)(3)	152,957.	0.			GENERAL SUPPORT	
CENTRAL CITY, IOWA 137 FOURTH STREET NORTH CENTRAL CITY, IA 52214	42-6004353	170(C)(1)	113,160.	0.			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) ar	. .		e line 1 table				🕨	14.
3 Enter total number of other organizations	listed in the line 1	l table					>	

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

Schedule I (Form 990) HERITAGE AREA AGENCY ON AGING

(b) EIN

(a) Name and address of

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
NORTH ENGLISH COMMUNITY CENTER							
200 SOUTH MAIN STREET							
NORTH ENGLISH, IA 52316	42-1105354	170(C)(1)	64,338.	٥.			GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA							
317 7TH AVE SE NO 401							
CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	94,558.	0.			GENERAL SUPPORT
VOLUNTEER SERVICES OF CEDAR COUNTY							
PO BOX 307							
TIPTON, IA 52772	42-1341650	501(C)(3)	78,473.	0.			GENERAL SUPPORT
BENTON COUNTY VOLUNTEER PROGRAM							
1309 5TH AVE							
BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	89,396.	0.			GENERAL SUPPORT
BELLE FLAINE, IN 52200	42 1023730	501(0)(3)	05,550.	•.			SENERAL SOFFORT
CEDAR COUNTY PUBLIC HEALTH							
CEDAR COUNTY COURTHOUSE, 400 CEDAR							
TIPTON, IA 52772	42-6005281	170(C)(1)	9,912.	٥.			GENERAL SUPPORT
LENDING HANDS							
5508 NW 88TH ST							
JOHNSTON, IA 50131		501(C)(3)	71,991.	0.			GENERAL SUPPORT
JOHNSTON, IA SUISI		501(0)(3)	/1,991.	0.			GENERAL SUPPORT
SOUTHEAST LINN COMMUNITY CENTER							
PO BOX 511							
LISBON, IA 52253		170(C)(1)	20,252.	0.			GENERAL SUPPORT
,							
IOWA LEGAL AID							
1111 9TH STREET #230							
DES MOINES, IA 50314	42-1079227	501(C)(3)	55,588.	٥.			GENERAL SUPPORT
							Schedule I (Form

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

Schedule I (Form 990)

83-0545648 Page 1

(h) Purpose of grant

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

Schedule I (Form 990) 2020 Part III

SCHEDULE O

(Form 990 or 990-EZ)

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



83-0545648

HERITAGE AREA AGENCY ON AGING

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

FAMILIES AND PEOPLE WITH DISABILITIES.

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

PLANNING: DEVELOPING AND IMPLEMENTING PLANS THAT IDENTIFY AND MEET THE

NEEDS OF OLDER ADULTS IN OUR SERVICE AREA.

FUNDING: OBTAINING FEDERAL, STATE, AND OTHER (I.E. GRANTS, ETC.)

FUNDING FOR OLDER-ADULT PROGRAMS.

ADVOCATING: STANDING STRONG FOR OLDER ADULTS' NEEDS AT THE NATIONAL,

STATE AND LOCAL LEVELS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ELDER SERVICES, VOCA, CAREGIVER SUPPORT, LIFE LONG LINKS, AND OTHER

PROGRAMS.

EXPENSES \$ 2,150,903. INCLUDING GRANTS OF \$ 949,260. REVENUE \$ 236,230.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE

DEPARTMENT REVIEWS THE FORM 990. PRIOR TO FILING THE FORM 990, A COMPLETE

COPY IS PROVIDED TO THE ENTIRE BOARD FOR THEIR REVIEW.

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

THE ORGANIZATION DISTRIBUTES A COPY OF THE CONFLICT OF INTEREST POLICY

ALONG WITH AN ANNUAL STATEMENT EACH OFFICER OR DIRECTOR IS REQUIRED TO SIGN

STATING THEY READ AND COMPLY WITH THE POLICY. ANY CONFLICTS ARE REQUIRED TO

BE DISCLOSED VIA THE ANNUAL STATEMENT.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

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Schedule O	(Form 990	or 990-EZ) 2020	0
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HERITAGE AREA AGENCY ON AGING

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020

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