Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047
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	I		the IRS. Keep for your r			2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Fo	rm8879TE for the latest	information.		
lame of filer					EIN or SSN	
COUNTY	COMMISSION	ON AGING, INC.			55-0567694	
ame and title of officer or p						
DIS CODFREY BO						
		Return Information				
P and Form 5330 illers a, 6a, 7a, 8a, 9a, or 10a b, 6b, 7b, 8b, 9b, or 10l	may enter dollars below, and the a b, whichever is ap	are using this Form 8879-TE and cents. For all other forms mount on that line for the retupplicable, blank (do not enterpretant one line in Parl I.	s, enter whole dollars only urn being liled with this for	. If you check the was blank, th	he box on line 1a, 2a nen leave line 1b, 2b	a, 3a, 4a, o, 3b, 4b,
1a Form 990 check			ou/Form 000, Ond Vill on	dumo (A) II	40)	lb
2a Form 990-EZ ch		=	ny (Form 990, Part Vill, co ny (Form 990-EZ, line 9)			26
3a Form 1120-POL			20-POL line 22)			3b
4a Form 990-PF ch			estment Income (Form 99			
5a Form 8868 chec	1.00		n 8868, line 3c)			
6a Form 990-T cho	ck here >	_	90T, Part III, line 4)			
7a Form 4720 chec	ck here	b Total tax (Form 47	20, Part III, line 1)			
Ba Form 5227 ched	k here	b FMV of assets at	ond of tax year (Form 52:	27, Item D)		
9a Form 5330 chec	k here	b Tax due (Form 53:	30, Part II, line 19)			
10a Form 8038-CP			payment requested (For			0b
Part II Declara	ition and Sig	nature Authorization				
nder penalties of perjur	y, I declare that	am an officer of the	above entity or	am a person si	ubject to tax with res	spect to (name
of entity)			, (EIN)	a	nd that I have exam	ined a conv of the
omplete. I further declar	re that the amour	schedules and statements, a at in Part I above is the amour or electronic return originator	and, to the best of my known the shown on the copy of the	vledge and beli e electronic ret	of, they are true, con urn. I consent to allo	rrect, and ow my
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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

)epart	תני וס וחסת	▶ Do not enter social security numbers on this form as it may be m	ade public.		Open to Public
	Revenue	V	ormation.		Inspection
A F	or the	2021 calendar year, or tax year beginning 10-01, 2021, and	ending	09-	30 , 20 22
B G	eck if ap	DICADLE C Name of progenizationMCDOWELL COUNTY COMMISSION ON AGING, IN	NC.	D Employe	er identification number
A:	drass (7)				55-0567694
5	eme chan		om/su,le	E Talephor	
≒	tial ruturn				(304) 436-6588
_					
_		City or town, state or province, country, and ZIP or foreign postal code		G Gross re	
_	monded r			5	3,129,894
_ A	optication	ponding F Name and address of principal officer: MARIE SCALES			aubnidkieles? Yes X No
_		Same as C above	H(b) Are all:	subordinates	included? Yes No
ΙT	x-axump	1 status: X 501(c)(3) 501(c)() ◀ (Insert no.) 4947(a)(1) or 527	If "No,"	attach a list.	See Instructions
۸ ر	obello:	► N/A	H(c) Groun	exemption ou	mber •
K F	orm of ore	garization: X Corporation Trust Association () Other > L Year of formation:	1973	State of legal	domicile: WV
Par	tI	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO STUDY AND D	OCUMENT TH	E NEEDS	OF SENIORS, TO
	1	ENCOURAGE, PROMOTE AND AID IN THE ESTABLISHMENT OF PROGRAMS FO			
Ce		OF PUBLIC EDUCATION ON PROGRAMS ON AGING, TO UTILIZE OPPORTUN			
23			ITTES TO E.	SINDEX	IN AND INCLEMENT
Activities & Governance	1	PROGRAMS FOR THE AGING. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its not possit		
9				1 1	
40	4.5	Number of voting members of the governing body (Part VI, line 1a)			12
65	4	Number of independent voting members of the governing body (Part VI, line 1b)		- 4	12
=	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	100
5	6	Total number of volunteers (estimate if necessary)		. 6	12
A	7a	Total unrelated business revenue from Part VIII. column (C), line 12		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		. 75	0
			Priof Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)			
۵	9		1,978		2,089,733
Revenue		Program service revenue (Parl VIII, line 2g)		7,920	1,032,724
PVC	-	Investment income (Past VIII, column (A), lines 3, 4, and 7d)		2,691	7,437
OC.	11	Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,918	9,822	3,129,894
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0_
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
-	15	Salaries, other compensation. employee benefits (Part IX. column (A), lines 5-10)	1,30	5,185	1,535,780
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
en	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
, X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	921	8,072	1,207,014
40	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,257	
					2,742,794
_	1	Revenue less expenses. Subtract line 18 from line 12		5,565	387,100
Nel Assets Dr			Beginning of Cur	ront Year	End of Year
95.5	20	Total assets (Part X, line 16)	1,71	7,948	2,207,683
5,	21	Total liabilities (Part X. line 26)	10	4,970	244,160
_		Net assets or fund balances. Subtract line 21 from line 20	1,61	2,978	1,963,523
Pa	rt II	Signature Block			
		os of portury, i declaro theil I have examined this return, including accompanying schedules and statements, and to the best of m	ly lunowledge and bei	ef, li is	
Tue.	correct. (and complete (10 elaration of proparer (other than officer) is based a nall information of which proparer than any knowledge.			
		LOIS CODERTY CASA MAKE SCALOR)			
Sig	n	Signature of officer		Date	
Her	e	LOIS CODEREY BOARD MEMBER C. M.C.			
	•	Typo or print name and title			
			1	₩ I	7111
Da.	4	PrintType dropard's name Propaght's algorithm	Check		PTIN
Pai		JOHN P BURDETTE, CPA 11-202	3 soif-er	mployed	P01348718
	pare	The second secon	F rm's EIN	(
Use	Only	Y Finn's address ► P O BOX 418	Phone no.		
		BUCKHANNON WV 26201		304-4	72-3600
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

JOHN BURDETTE & ASSOCIATES

P O BOX 418
BUCKHANNON, WV 26201
ssab@frontier.com
Phone: (304)472-3600 | Fax: (304)472-3601

August 11, 2023

MCDOWELL COUNTY COMMISSION ON AGING, INC. 725 STEWART STREET WELCH, WV 24801

MCDOWELL COUNTY COMMISSION ON AGING, INC.:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for MCDOWELL COUNTY COMMISSION ON AGING, INC. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (304)472-3600.

Sincerely,

JOHN P BURDETTE, CPA
JOHN BURDETTE & ASSOCIATES

FOR TAX YEAR 2021

MCDOWELL COUNTY COMMISSION ON AGING, INC.

JOHN BURDETTE & ASSOCIATES

P O BOX 418

BUCKHANNON, WV 26201

(304) 472-3600

	990 (2021) MCDOWELL COUNTY COMMISSION ON AGING, INC. 55-05	67694 Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO STUDY AND DOCUMENT THE NEEDS OF SENIORS, TO ENCOURAGE, PROMOTE AND AID IN THE ES	
	PROGRAMS FOR SENIORS, TO CONDUCT PROGRAMS OF PUBLIC EDUCATION ON PROGRAMS ON AGING	TO UTILIZE
	OPPORTUNITIES TO ESTABLISH AND IMPLEMENT PROGRAMS FOR THE AGING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	V2=EV
	services?	Yos X No
	If "Yes," describe those changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largost program services, as measured by	
	expenses. Section 50 1(c)(3) and 50 1(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,466,825 including grants of \$) (Revenue \$	910,094)
	IN-HOME PERSONAL CARE - PROVIDE IN-HOME CARE AND OTHER PERSONAL SERVICES TO THE SE	
		NIOR CITIZENS
	OF MCDOWELL COUNTY, WV.	
	and the state of t	
4b	(Code:) (Expenses \$	41,163)
	TITLE III AND LIFE PROGRAMS - PROVIDE TRANSPORTATION, NUTRITION, ACTIVITIES, COUNS	
	AND OTHER PERSONAL AND SOCIAL SERVICES TO THE SENIOR CITIZENS OF MCDOWELL COUNTY,	
	ORGANIZATION SERVED 5,837 CONGREGATE MEALS AND 52,144 HOME-DELIVERED MEALS FOR THE	TEAR ENDED
	SEPTEMBER 30, 2022.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Company Company Company (Company Company Compa	
4d	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Evenue S. including grants of S.) (Revenue S.)	
	(Expenses S including grants of S) (Revenue S)	
4d 4e EEA		Form 990 (2021)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B. Schedule of Contributors? See instructions 2 х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part! X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes." complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including casements to preserve open space, the environment, historic land areas, or historic structures? If "Yes, "complete Schedule D, Part II" X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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, fine 16? If "Yies," complete Schedule D, Part VII Х c. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), tine 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I See instructions 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II THE PERSON AND A PROPERTY OF THE PROPERTY OF T 18 Х Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX. column (A). line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A. tine 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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		- 1	
L		24a	-	<u>X</u>
Ь		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	- 1	
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes." complete Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		-==
	or former officer, director, taustee, key employee, creator or founder, substantial contributor, or 35%	- 1		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	i		
	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	- 4		
	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):			
a	A current or former officer, director, trustee, key employee, ∝eator 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		Х
C	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
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,"	20		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		338		Х
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300		
	related organization?/f "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	-		1
	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 on Schedule O for Part V1, lines 11b and	-		-
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a, Enter -0. if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		-	
	reportable garning (gambling) winnings to prize winners?	1c	х	
		Гост	000	2021)

	990 (2021) MCDOWELL COUNTY COMMISSION ON AGING, INC. 55-056	694	F	age 5
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	15.		
	Statements, field for the calendar year ending with or within the year covered by this return)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has It filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 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 \$ne 5a or 5b, did the organization file Form 8886-T?	, 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		X
b	If "Yes." did the organization include with every solicitation an express statement that such contributions or			
	gilts were not tax deductible?	. Gb		
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		L X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X
1	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?	. 71		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10g8-C?	. 7h		X
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?	В		
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:			
а	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		1	1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. ts 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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note; See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		-	200
	the organization is licensed to issue qualified health plans			1.0
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	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.			-
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes." complete Form 6069.			

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X X_ Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 A RESEARCH R 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 82 a The governing body? Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxeble entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal lax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed West Virginia Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-Aif applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Another's website W Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, now) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records DONALD REED (304) 436-6588, 725 STEWART STREET, WELCH, WV 24801

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MCDOWELL COUNTY COMMISSION ON AGING, INC.

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

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

Section A. Officers, Directors, Trustoos, Koy Employees, and Highest Coppensated Employees

- 1a Complete this table for all persons required to be tisted. 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustoes 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.

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

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

Perwook Averago hours	box.	unles	Pos ick ma	ition one th	bolh an		(D) Reportable componsation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(first any hours for notation organizations bolow dotted line)	or director	Institutional Pustee	Officer	Key employee	Highest compensated employee	E OFFICE	organization (W-27 1099-MISC/ 1099-NEC)	organizations W-2/ 1099-MISG/ 1099-NEC	from the organization and related organizations
40.00									
			x				80,009	0	0
1.00	-								
	X					171	0	0	0
1.00									
	X					_	0	0	0
1.00									
	Х					_	0	0	0
1.00									
		-	_			_	0	0	0
1.00									
	Х					_	0	0	0
1.00									
	X					_	0	0	0
1.00									
	Х						0	0	0
1.00									
	X						0	0	0
	Х		X				0	0	0
1,00									
	х		x				. 0	0	0
1.00									
	х		х				0	0	0
1.00									
	x		X				0	0	0
	Averago hours per wook (iist any hours for related organizations bolow dotted line) 40.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	Averago hours per wook (ist any hours per wook (ist any hours for relation bolow dotted line)	Averago hours perwook (iist any nours for related organizations bolow dotted line)	(8) Averago hours per wook (do not check m box, unless pen offeer and a din box of a din b	Averago hours per wook (list any nours for relation offser and a dractor) with the control of the control offser and a dractor) with th	(6) Awerago hours perwook (isst eny nours for related organizations bolow dotted line) 40.00	(B) Average hours per weak (do not check more than one box, unless person is both an officer and a director/firusace) Position (do not check more than one box, unless person is both an officer and a director/firusace) Position (do not check more than one box, unless person is both an officer and a director/firusace) Representations below dotted line) A 0, 000 X 1.00 X X 1.00	(8) Averago hours per w ook (list eny nours for redailand organizations bolow dotted line) 40.000 x 1.000 x 1.0	(6) Average (continue) Average (not of the check more than one box, unless person is both an officer and a director/farustoe) (first env) nours for redulated organizations (W-2/ nose). (Its tenv) nours for redulated organizations (W-2/ nose). (Its

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(A) Namo and tile	(B) Fiverage hours per week	box, offic	er and	a pera	tion se the	n one both an rustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable comparisation from related oreanizations (W-)	21	Estimate of compe	F) od amous other ensation	amount her sation	
	(list any from ster related organizations below dotted line)	Individue trustee or desclor	instinational trustee	Officer	Key amplayee	Highest compensated employee	Former	1099-NEC)	1099-MSC/ 1099-NEC)			ation an		
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)													_	
(24)										\exists				
(25)							-							
1b Subtotal	ection A						. ,							
d Total (add lines 1b and 1c)	mited to those			_					of	0			0	
3 Did the organization list any formor officer, dire employee on line 1a? If "Yes," complete Sched								ensated			3	Yes	No X	
4 For any individual listed on line 1a, is the sum organization and related organizations greater	than \$150,0001	? If 'Ye	s,"c	ompl	ele S	ched	ule.	J for such				7-		
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensat	ion fro	man	y un	relate	ed org	gania	zation or individual			5		X	
Section B. Independent Contractors	os, complete c	JCI-DOG		, O, O	2011	10,001							х	
Complete this table for your five highest comp compensation from the organization. Report c										ear				
(A)				,			Τ	(8)			(C)			
Name and business a	Mress						-	Description of ser	vicos		Compense	tion	-	
							-							
Total number of independent contractors (inclureceived more than \$100.000 of compensation)				se lis	ted a	bove) wh	10		T				
FFA	n aronn me orga	11124110	-							-	Form 9	190 (2	021	

Form 990 (2021)
Part VIII

		(A) Total rovenus	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections \$12-514
0	1a Federated campaigns 1a				
53	b Membership dues 1b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sran	c Fundraising events 1c	w/v to the			
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1d				
S E	o Government grants (contributions) 10 1,862	2,790			
Sim.	f All other contributions, gifts, grants,				\ <u></u>
utio		5,943			1° -
50	g Noncash contributions included in		1 4 2 1		1980 Ave.
Con	lines 1a-1f				
	h Total. Add lines 1a-1f	7			
	Business		010 004		
ice	22 IN-HOME CARE SERVICES 624100	910,094	910,094		
Program Service Revenue	b OTHER SOCIAL SERVICES 900099	122,630	122,630		
S L					
Re S					
o c	f All other program service revenue				
ш.	g Total. Add lines 2a-2f	1,032,724			
	3 Investment income (including dividends, interest, and	1,032,123			
	other similar amounts)	7,437			7,437
	4 Income from investment of tax-exempt bond proceeds	, , Þ			
	5 Royalties	. •			
	(I) Real (II) Per		7		
	6a Gross rents 6a			12.3	
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Netrental income or (loss)	. •			
	7a Gross amount from(i) Securities (ii) Or				
	sales of assets	200			
	other than inventory 7a				123
	b Less: cost or other basis				100
II e	and sales expenses	Apart 1			
Ver	c Gain or (loss) 7c			1.0	
ther Revenue	d Net gain or (loss)	k: •			
he	8a Gross income from fundralsing				
ō	events (not including \$	and the second			
	of contributions reported on line		Marine Control		
	1c). See Part IV, line 18				
	b Less direct expenses				No. 115
	Net income or (loss) from fundraising events				
	9a Gross income from gaming				
	activities, See Part IV, line 19 9a				
	b Less: direct expenses				1
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less	A X			
	returns and allowances		100	- 1	1. 6
	b Less: cost of goods sold	. >		1	
_		ss Code			
W 7	445	22 0000		-	
on ne	11a b				
Par	c		1		
Miscellanous Revenue	d All other revenue				
Σ	e Total. Add lines 11a-11d				-
_	12 Total rovenuo. See instructions		1 020 704		7 45
	1 Utatiovenus. See instructions	3,129,894	1,032,724		7,437

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expensus (B) (C) Management end (0) Do not include amounts reported on lines 6b. 7b. Fundraising Program service 8b, 9b, and 10b of Part VIII. oxpenses genteral expensus expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 Grants and other assistance to domestic 2 Individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 80,009 80,009 Compensation not included above, to disqualified persons (as defined under section 4958(fi(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,267,630 1,259,245 8,385 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 38,164 38,164 10 149,977 140,871 9,106 Fees for services (nonemployees) a Management Legal 2,051 2,051 4,500 4,500 C d Professional fundraising services. See Part IV. line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 85,572 85,572 12 18,416 18,416 13 14 8,124 8,124 15 16 Travel 17 78,971 77,823 1,148 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 2,833 2,833 20 21 22 Depreciation, depletion, and amortization 63,197 63,197 23 Insurance 56,495 56,495 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM COSTS 142,591 142,591 REPAIRS AND MAINTENANCE 67,362 67,362 COMMUNICATIONS AND UTILITIES 41,923 41,923 SUPPLIES, RAWFOOD, DISPOSABLE 543,587 543,587 All other expenses e 91,392 91,392 Total functional expenses. Add lines 1 through 24e 2,742,794 2,580,949 161,845 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		The state of the s	Beginning of year		End of year
	1	Cash - non-interest-bearing	7,290	1	19,986
	2	Savings and temporary cash investments	762,201	2	1,112,015
	3	Pledges and grants receivable, net	174,725	3	226,948
	4	Accounts receivable, net	232,393	4	176,700
	5	Loans and other receivables from any current or former officer, director,			
i		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	_		1
1		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable. net		7	William St.
Assets	8	Inventories for sale or use	9 - 11 W - 12	8	
ASS	9	Prepaid expenses and deferred charges	24,127	9	21,018
	10a	Land, buildings, and equipment: cost or other			
1		basis. Complete Part VI of Schedule D 10a 967,675			
	b	Less accumulated depreciation	303,136	10c	459,867
	11	Investments - publicly traded securities	214,076	11	191,149
	12	Investments - other securities. See Part IV, line 11	224/010	12	131/143
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,717,948	16	2,207,683
	17	Accounts payable and accrued expenses	104,970	17	127,364
	18	Grants payable	104,970	18	127,364
	19	Deferred revenue		19	116 706
	20	Tax-exempt bond liabilities		20	116,796
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
(0	22	Loans and other payables to any current or former officer, director,	-	21	
Liabilities	22				
P		trustee, key employee, creator or founder, substantial contributor, or 35%			
	-	controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	71.11
- 8	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		partles, and other liabilities not included on lines 17-24). Complete Part X			
	200	of Schedule D		25	
2763-6	26	Total liabilities, Add lines 17 through 25	104,970	26	244,160
U?		Organizations that follow FASB ASC 958, check here			
200		and complete tines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	1,612,978	27	1 .963 ,523
00	28	Net assets with donor restrictions		28	
Ě		Organizations that do not follow FASB ASC 958, check here			William To and
LL N	-	and complete lines 29 through 33.			T
9	29	Capital stock or trust principal, or current funds	- 10 AV - AVA	29	
as	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,612,978	32	1,963,523
1900	33	Total l'abilities and net assets/fund balances	1,717,948	33	2,207,683

		55-056	7694		Pa	ge 12
Par	1 XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			3 2 2	*:-	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		3,	129,	894
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		2,	742,	794
3	Revenue less expenses. Subtract line 2 from line 1	. 3			397,	100
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	512,	978
5	Net unrealized gains (losses) on investments	. 5			(36,	555)
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,	963,	523
Par	rt XII Financial Statements and Reporting					
	Check If Schedule O contains a response or note to any line in this Part XII			4 4		
			- 12		Yes	No
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 on		1	- 4		inc.
	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		ſ		1	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	-		
С	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			3"		
	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					
	Sixolo Audit Act and OMR Circular A.1337			12		

3b

Form 990 (2021)

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

EEA

SCHEDULE A (Form 990)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization talla section 501(c)(3) organization of a section 4947(a)(1) nonexempt charitable trust

Attach to Form 990 or Form 990 FZ.

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

OM8 No. 1545-0047

Open to Public

Employer identification number Name of the organization MCDOWELL COUNTY COMMISSION ON AGING, INC 55-0567694 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (Forlines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federai, state, or local government or governmental unit described in soction 170(b)(1)(A)(v), 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 17 0(b)(1)(A)(vI). (Complete Pani II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 121, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A, D, and E. 📘 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must salisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following Information about the supported organization(s). (I) Name of supported organization (ii)EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (v) Amount of (described on lines 1_10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructiona) No (A) (B) (C) (D) (E)

Total

Page 2 Schedule A(Form 990)2021 55-0567694 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) > (b) 2018 (c) 2019 (d) 2020 (e) 2021 (a) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 945,097 1,212,970 1,199,221 2,089,733 852,577 6,299,598 Tax revenues levied for the organization'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 Total, Add lines 1 through 3 1,199,221 2,089,733 1,212,970 6,299,598 B52,577 945,097 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) Public support. Subtract line 5 from line 4 ... 6,299,598 Section B. Total Support (c) 2019 (d) 2020 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2017 (6) 2018 (e) 2021 Amounts from line 4 945,097 1,212,970 1,199,221 2,089,733 852,577 6,299,598 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 294 750 2,681 7,437 11,170 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 6,310,768 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11. column (f)) 15 15 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test- 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation, if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Part III

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

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

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in)>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not iriclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
7 a	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						<u> </u>
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		Contraction of the	1 1 1	1	1	
	line 6.)					1. 1.	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources				ļ		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
45	(Explain in Part VI.)				-		1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				F FAL A	h" 504	()(0)
14	First 5 years. If the Form 990 is for the o	•					
-	organization, check this box and stop her						Residence .
	ion C. Computation of Public Suppo			40 1 75			
15	Public support percentage for 2021 (line		-				9/
16	Public support percentage from 2020 Scl					. 16	%
	ion D. Computation of Investment In			r 40 l	/633	[47]	
17	Investment income percentage for 2021 (17	9/
18	Investment income percentage from 2020						9/
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this t						ganization> L
b	33 1/3% support tests - 2020. If the organization						_
	line 18 is not more than 33 1/3%, check this box		-			_	≥ _
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions >

Part N 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	/2"		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		11	-
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	San 1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Ñ
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	. 23		
	purposes? If "Yes," explain in PartVI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		220	-
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	100	10	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
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)			
	pulposes.	4c		
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	13.		
	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			111
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1		
	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.	6		-
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	120		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		-
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.	9a	-	-
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	18		
	supporting organizations)? If "Yes," answer 10b below.	10a	_	
b	,			
	determine whether the organization had excess business holdings.)	10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11 a above?	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0 4	provide delail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
4	Did the coversion hade markets of the coversion hade officers action in their official expectite of any of any		162	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	- 1		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	-	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			-
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Ý.
Sect	ion C. Type Il Supporting Organizations			
3601	ion o, Type if outplotting 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	-	
Sect	ion 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 lifth month of the	17/16		
	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	JO 1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	l
	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			7
	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		1	
	supported organizations played in this regard.	3		
Sect	tion 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 (se	e ins	tructi	ons).
а				
Ь				
C		nsl.	\ <u>\</u>	1 44
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a			1	
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined	2-		1
h	that these activities constituted substantially all of its activities.	2a	+	
b				-
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		1	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	24		
2	have engaged in these activities but for the organization's involvement	2b	-	+
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	1		
а		20	1	
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		1
b		34	1	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard,	3b		

Schedule A (Form 990) 2021 MCDOWELL COUNTY COMMISSION ON AGING, INC.

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

1 [Check here if the organization satisfied the integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic			ions A through E.		
Section	on A -Adjusted Net Income		(A) Prior Year (B) Curre			
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	8				
	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				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see		OCT XI I I I I A			
	instructions for short tax year or assets held for part of year):	No.		4		
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	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		3 - 60		
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on 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	* I C - T	w II		
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		A CONTRACTOR OF THE CONTRACTOR		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6	1, 11 Page 19			
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III supp	orting organization		

Schedule A (Form 990) 2021 MCDOWELL COUNTY COMMISSION ON AGING, INC. 55-0567694 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported or ganizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) (1) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable. **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: Applied to underdistributions of prior years b Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018

c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE D (Form 990)

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.

2021

Open to Public

Department or the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest Information-

tion. Inspection
EmployerIdentification number

Par	TELL COUNTY COMMISSION ON AGING, INC. It Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	55-0567694
r di		onts.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
, i	(a) Opnor 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 writing that the assets held in donor advised	5 5
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring Impermissible private benefit?	Yos N
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	torically important land area
	Protection of natural habitat	riified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a ci	onservation
	easement on the last day of the tax year.	Held at the End of the Tax Ye
2	Total number of conservation casements	. 2a
b	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released extinguished, or terminated by the orga	nization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	_
		ion occomente danny me year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	▶ \$	and the foot
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	MB)(i)
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	nat describes me
Par	1 III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
10	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
		arice of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
Ь	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	
	ari, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	5 9 0 5 Y
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide lhe
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	s
Ь	Assets included in Form 990, Part X	> S

	D (Form 990) 2071 MCDOWELL COUNTY					55-05676		Page 2
Part	III Organizations Maintaining C	collections of A	rt, Historical	Treasures, or	Oth	er Simllar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession	n, and other records	check any of the	e following that mak	e sign	ilicant use of its		
	collection items (check all Ihal apply):							
а	Public exhibition		d Loa	n or exchange prog	rams			
b	Scholarly research			er				
С	Preservation for future generations		- (,)					
4	Provide a description of the organization's coll	lactions and avalain	how they further	the examination's e	vo 01	ouroose in Pad		
4		rections and explain	now they fulfile	the organization 3 e	vemp	purpose in Fait		
	XIII.				.,			
5	During the year, did the organization solicit or						Пи	П.,
	assets to be sold to raise funds rather than to		art of the organiz	ation's collection?	* * *	*****	Yes	□ NO
Part				D 4 B 4 E - 0				
	Complete if the organization a	answered "Yes"	on Form 990	, Part IV, line 9,	orre	eported an amo	unt on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia	in or other intermed	ary for contribution	ons or other assets	not			
	included on Form 990, Part X?						Yes	No
b	If "Yes." explain the arrangement in Parl XIII a	and complete the fol	lowing table:					
			_			Amo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
6	Distributions during the year				18			
f	Ending balance				11	+		
- 0	3				-	2	Yes	No
2a	Did the organization include an amount on Fo						_	=
b	3	Check here if the ex	planation has be	en provided on Par	XIII	******		
Par	tV Endowment Funds.		_		_			
	Complete if the organization a	answered "Yes"	on Form 990), Part IV, line 1	0.			
		(a) Current year	lb) Prioryear	(c) Two years be	ck	d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses				- 1			
d								
0								
•							1	
	programs			_			-	
f					-		-	
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)} held as:				
а	Board designated or quasi-endowment	P	_%					
b	Permanent endowment	%						
C	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3 a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	d and administered	for the			
	organization by:						_ [Yes No
	(i) Unrelated organizations						3a(I)	
	(ii) Related organizations						3a(li)	
b								_
4	Describe in Part XIII the intended uses of the						30	
	rt VI Land, Buildings, and Equip		AMINENT IONUS.		_			
- 01	Complete if the organization		on Form OO	Dart IV line 4	12 0	Soo Form OOA	Dart V II	no 10
_	Complete if the organization	answered tes	on Form 99	o, Part IV, line	14, 3	see Form 990,	Part X, II	ne iu
	Description of property	(a) Cost or other		Cost or other basis	(c)	Accomulated	(d) Book	(va:un
		(inva sun	eni)	(other)	d	epreciation		
1a	Land							
b	Buildings			450,959		164,954	2	86,005
C	Leasehold improvements		100					E E ITAN
d	Equipment			516,716		342,854	1	73,862
8				425,7120		342,034		
	Add lines to through te. (Column (d) must eq		Y column (P) lin	e 10c l	7 -			50.000
orgi	Add titles to through te. [Column (a) must eq	usir offi 330, Pall.	a, columni (B), Im	0 106.7			4	59,867

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	st equal Form 990, Part X, col. (B) line 15.)	
Part X Othe	er Liabilities.	

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

(b) Book value	
	Taple 1 to 20 age last to
	(b) Book value

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

Part	O		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2 002 220
1	Total revenue, gains, and other support per audited financial statements	1	3,093,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	15	
a b	Net unrealized gains (tosses) on investments		
G	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	20	(36,555)
3	Subtract line 2e from line 1	3	3,129,894
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	3,123,034
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,129,894
Part		er Ret	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,742,794
2	Amounts included on line 1 bul not on Form 990, Part IX, line 25:	-	
a	Donaled services and use of facilities	- 1	
b	Prior year adjustments		
Ç	Other losses		
d	Other (Describe in Part XIII.)		
9	Add lines 2 a through 2 d	20	
3	Subtract line 2 o from line 1	3	2,742,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
ε	Add lines 4a and 4b	4.	
		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,742,794
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, fine 18.)	5	
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, fine 18.)	5	
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Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **EXIII Supplemental Information. **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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **EXIII Supplemental Information. **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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **EXIII Supplemental Information. **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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **EXIII Supplemental Information. **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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part IV, line 4; Part IV, lines 1b and 2b; Part	5	

55-0567694

Page4

Schedule D (Form 990) 2021

MCDOWELL COUNTY COMMISSION ON AGING, INC.

Schodule U (Form 990)2021

EEA

SCHEDULE O (Form 990)

Department of the Treasury

Internat 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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer Identification number

MCDOWELL COUNTY COMMISSION ON AGING, INC.	55-0567694
01. Form 990 governing body review (Part VI, line 11)	
THE 990 IS PRESENTED TO THE GOVERNING BOARD ALONG WITH THE ANNUAL AU	DIT REPORT FOR REVIEW
AND APPROVAL.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
CONFLICT OF INTEREST POLICY IS IN PLACE. ANY POSSIBLE ISSUES ARE RE	CPORTED TO SENIOR
MANAGEMENT AND THE GOVERNING BOARD. GOVERNING BOARD AND SENIOR MANA	AGEMENT ADDRESS ANY
ISSUES AND MONITOR POLICY.	
03. CEO, executive director, top management comp (Part VI, line 15a	1)
DETERMINED BY THE GOVERNING BOARD OF DIRECTORS.	
04. Other officer or key employee compensation (Part VI, line 15b	
DETERMINED BY THE GOVERNING BOAR DOF DIRECTORS.	
05. Governing documents, etc, available to public (Part VI, line 19	9)
DOCUMENTS ARE ON FILE AND AVAILABLE TO THE GENERAL PUBLIC UPON REQUI	EST,
X — — — — — — — — — — — — — — — — — — —	