



May 6, 2024

Alliance on Aging, Inc.  
247 Main Street  
Salinas, CA 93901

Alliance on Aging, Inc.:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2024 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

### **CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check or money order for \$200, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

### **A few final reminders relating to your tax return filings:**

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

DRAFT



CliftonLarsonAllen LLP  
CLAconnect.com

**ALLIANCE ON AGING, INC.**  
**FORM 990 INCOME TAX RETURN**  
**FOR YEAR ENDED JUNE 30, 2023**

**DRAFT**

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ALLIANCE ON AGING, INC. EIN or SSN 94-1747036

Name and title of officer or person subject to tax TINA DEL PIERO VICE PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Line number (1a-10a), Description (Form 990, 990-EZ, 1120-POL, etc.), and Amount. Line 1b shows 3,316,286.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) CLIFTONLARSONALLEN LLP, (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 93901. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

77679055902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KIELY HOLCOMB, CPA Date 05/06/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ALLIANCE ON AGING, INC.</b>	Taxpayer identification number (TIN) <b>94-1747036</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>247 MAIN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SALINAS, CA 93901</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**TONY MCFARLANE**

• The books are in the care of ▶ **247 MAIN STREET - SALINAS, CA 93901**

Telephone No. ▶ **831-655-4248** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALLIANCE ON AGING, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>247 MAIN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SALINAS, CA 93901</b> <b>F</b> Name and address of principal officer: <b>TERESA SULLIVAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1747036</b> <b>E</b> Telephone number <b>831-655-1334</b> <b>G</b> Gross receipts \$ <b>3,613,316.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.ALLIANCEONAGING.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1970</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SUSTAIN AN EVOLVING COMMUNITY NETWORK OF VIABLE PROGRAMS THAT FOSTER HEALTHY LIVING.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>124</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 2,029,361.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		33,812.	24,984.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		162,884.	171,246.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		2,226,057.	3,316,286.
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,141,168.	1,267,406.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	463,060.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	838,982.	895,878.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,980,150.	2,163,284.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	245,907.	1,153,002.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 2,629,077.	<b>End of Year</b> 5,906,401.
	<b>21</b> Total liabilities (Part X, line 26) .....	394,641.	2,469,790.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	2,234,436.	3,436,611.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>TINA DEL PIERO, VICE PRESIDENT</b>				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>KIELY HOLCOMB, CPA</b>	<b>KIELY HOLCOMB, CPA</b>	<b>05/06/24</b>		<b>P01430569</b>
	Firm's name	Firm's EIN			
	<b>CLIFTONLARSONALLEN LLP</b>	<b>41-0746749</b>			
	Firm's address	Phone no. (831) 759-6300			
	<b>1188 PADRE DRIVE, STE 101</b>				
	<b>SALINAS, CA 93901</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ESTABLISHED IN 1970, THE ALLIANCE ON AGING CELEBRATES 53 YEARS OF SERVICES AND RESOURCES THAT PROMOTE SAFETY, DIGNITY, AUTONOMY, AND QUALITY OF LIFE FOR SENIORS IN MONTEREY COUNTY. AS THE PRIMARY LINK TO DIRECT SERVICES AND REFERRALS TO OTHER SPECIALIZED PROVIDERS, THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 306,621. including grants of \$ ) (Revenue \$ ) HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

THE HICAP PROGRAM PROVIDES COUNSELING AND INFORMATION ON TOPICS SUCH AS MEDICARE, HEALTH INSURANCE BENEFITS, AND LONG-TERM CARE INSURANCE, TO COUNTY RESIDENTS. HICAP PROVIDES ESSENTIAL SERVICES TO MEDICARE BENEFICIARIES, INCLUDING THE ELDERLY AND THOSE ON MEDICARE DUE TO A DISABILITY. SERVICES INCLUDE HELP NAVIGATING THE MEDICARE INITIAL ENROLLMENT, CLAIM PROCESS AND WITH ANNUAL OPEN ENROLLMENT DECISIONS. HICAP COUNSELORS ARE TRAINED AND REGISTERED BY THE STATE OF CALIFORNIA DEPARTMENT OF AGING. THEY CONDUCT SEMINARS AND INDIVIDUAL COUNSELING SESSIONS TO HELP BENEFICIARIES (OF ALL AGES) AND/OR THEIR FAMILY MEMBER NAVIGATE THE MEDICARE SYSTEM AND ITS OFTEN, COMPLEX CHANGES. HICAP

4b (Code: ) (Expenses \$ 242,545. including grants of \$ ) (Revenue \$ ) OMBUDSMAN PROGRAM

THE OMBUDSMAN PROGRAM IS DEDICATED TO ENSURING THE SAFETY AND WELL-BEING OF ALL RESIDENTS IN LONG-TERM CARE. OMBUDSMAN STAFF AND VOLUNTEERS ADVOCATE ON BEHALF OF THE 2,640 SENIORS AND DEPENDENT ADULTS RESIDING IN LONG-TERM CARE IN MONTEREY COUNTY, ACTING AS SPOKESPERSONS FOR THOSE WHO ARE WITHOUT FAMILY OR FRIENDS TO SPEAK ON THEIR BEHALF, OR WHO FEAR RETALIATION IF THEY COMPLAIN. OMBUDSMAN'S PLACEMENT SERVICES BENEFIT FAMILY MEMBERS AND CAREGIVERS SEARCHING FOR LONG-TERM CARE FACILITY INFORMATION AND GUIDANCE FOR THEIR LOVED ONES. OMBUDSMAN HELPS PLACE THE SENIOR IN A SAFE LIVING ENVIRONMENT WITH THE APPROPRIATE LEVEL OF CARE REQUIRED FOR OPTIMUM HEALTH AS WELL AS A

4c (Code: ) (Expenses \$ 347,142. including grants of \$ ) (Revenue \$ ) SENIOR PEER COUNSELING PROGRAM

THE SENIOR PEER COUNSELING PROGRAM OFFERS EMOTIONAL SUPPORT THROUGH NO-COST, INDIVIDUAL HOME-BASED AND GROUP PEER COUNSELING SESSIONS TO SENIORS WHO ARE EXPERIENCING GRIEF AND DEPRESSION DUE TO LOSS, LONELINESS, ISOLATION, AND OTHER STRESSES OF AGING AND TRANSITIONS IN LIFE. IN FY22-23, SENIOR PEER COUNSELING PROVIDED 839 HOURS OF INDIVIDUAL PEER-TO-PEER SUPPORT TO 76 INDIVIDUALS. 105 INDIVIDUALS ROUTINELY ENGAGED IN SUPPORT GROUPS FOR BOTH ENGLISH AND SPANISH SPEAKING OLDER ADULTS. WELLNESS CHECK-IN CALLS WERE ROUTINELY MADE TO ISOLATED RESIDENTS OF LOW-INCOME HOUSING COMPLEXES WHO REMAINED RELUCTANT TO PARTICIPATE IN COMMUNITY EVENTS DUE TO COVID CONCERNS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 451,318. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,347,626.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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 taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
TONY MCFARLANE - 831-655-4248
247 MAIN STREET, SALINAS, CA 93901

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TERESA SULLIVAN EXECUTIVE DIRECTOR	40.00			X			124,129.	0.	5,653.	
(2) TONY MCFARLANE FINANCE DIRECTOR	40.00			X			81,085.	0.	13,108.	
(3) TAMARA MCKEE DIRECTOR OF AOA PROGRAMS	40.00			X			75,242.	0.	1,947.	
(4) LIZ LORENZI DIRECTOR	2.00	X					0.	0.	0.	
(5) BRANDON HILL PRESIDENT	2.00	X		X			0.	0.	0.	
(6) JOEL JANCSEK TREASURER	2.00	X		X			0.	0.	0.	
(7) MARY BRUSUELAS SECRETARY	2.00	X		X			0.	0.	0.	
(8) JANA HATTEN DIRECTOR	2.00	X					0.	0.	0.	
(9) SUSAN GIBBONS DIRECTOR	2.00	X					0.	0.	0.	
(10) TINA DEL PIERO VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(11) CARMEN GIL DIRECTOR	2.00	X					0.	0.	0.	
(12) STEVE ISH DIRECTOR	2.00	X					0.	0.	0.	
(13) VIC JOHNSON DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							280,456.	0.	20,708.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							280,456.	0.	20,708.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	45,804.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	1,055,381.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,018,871.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 105,041.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		3,120,056.			
	Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>			
<b>b</b>		_____					
<b>c</b>		_____					
<b>d</b>		_____					
<b>e</b>		_____					
<b>f</b>		All other program service revenue .....					
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		26,070.		26,070.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....		(i) Real	(ii) Personal		
			<b>6a</b>	54,504.			
			<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss) .....	<b>6c</b>	54,504.			
	<b>d</b>	Net rental income or (loss) .....		54,504.		54,504.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other		
			<b>7a</b>	169,468.			
			<b>7b</b>	170,554.			
			<b>7c</b>	-1,086.			
	<b>d</b>	Net gain or (loss) .....		-1,086.		-1,086.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ 45,804. of contributions reported on line 1c). See Part IV, line 18 .....					
<b>8a</b>			19,510.				
<b>8b</b>			21,435.				
<b>c</b>	Net income or (loss) from fundraising events .....		-1,925.		-1,925.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
		<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
		<b>10a</b>	221,948.				
		<b>10b</b>	105,041.				
<b>c</b>	Net income or (loss) from sales of inventory .....		116,907.		116,907.		
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS .....	<b>Business Code</b>	812900	1,760.	1,760.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,760.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		3,316,286.	0.	0.	196,230.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	303,403.	140,935.	146,766.	15,702.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	801,230.	549,850.	45,367.	206,013.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,215.	2,330.	-84.	969.
9 Other employee benefits .....	76,454.	58,923.	9,239.	8,292.
10 Payroll taxes .....	83,104.	50,463.	16,124.	16,517.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	15,160.			15,160.
c Accounting .....	28,250.		28,250.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	287,259.	227,165.	25,373.	34,721.
12 Advertising and promotion .....	41,097.	31,488.	1,330.	8,279.
13 Office expenses .....	71,237.	38,412.	13,668.	19,157.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	284,581.	155,136.	26,693.	102,752.
17 Travel .....	13,865.	12,507.	600.	758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	1,673.	488.	1,151.	34.
20 Interest .....	10,938.	7,968.	868.	2,102.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	41,383.	9,672.	29,478.	2,233.
23 Insurance .....	15,545.	9,803.	1,798.	3,944.
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 <b>MISCELLANEOUS</b> .....	20,574.	5,584.	3,903.	11,087.
b <b>PRINTING AND PUBLICATIO</b> .....	18,470.	10,776.	-451.	8,145.
c <b>FOOD AND SUPPLIES</b> .....	16,275.	12,525.	889.	2,861.
d <b>TRANSPORTATION</b> .....	11,006.	11,006.		
e All other expenses .....	18,565.	12,595.	1,636.	4,334.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,163,284.	1,347,626.	352,598.	463,060.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	61,231.	<b>1</b>	82,753.
	<b>2</b> Savings and temporary cash investments .....	479,151.	<b>2</b>	358,860.
	<b>3</b> Pledges and grants receivable, net .....	535,313.	<b>3</b>	1,673,683.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	27,445.	<b>8</b>	17,263.
	<b>9</b> Prepaid expenses and deferred charges .....	66,274.	<b>9</b>	82,518.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 592,644.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 288,973.		
	<b>11</b> Investments - publicly traded securities .....	343,823.	<b>10c</b>	303,671.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,068,624.	<b>11</b>	1,321,286.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	47,216.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,629,077.	<b>15</b>	2,066,367.	
		<b>16</b>	5,906,401.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	166,911.	<b>17</b>	206,790.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	227,730.	<b>24</b>	208,297.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	2,054,703.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	394,641.	<b>26</b>	2,469,790.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,184,436.	<b>27</b>	3,406,611.
	<b>28</b> Net assets with donor restrictions .....	50,000.	<b>28</b>	30,000.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,234,436.	<b>32</b>	3,436,611.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,629,077.	<b>33</b>	5,906,401.



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,316,286.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,163,284.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,153,002.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,234,436.
5	Net unrealized gains (losses) on investments	5	49,173.
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	3,436,611.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ALLIANCE ON AGING, INC.** Employer identification number **94-1747036**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1450995.	1723325.	1802970.	2029361.	3120056.	10126707.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1450995.	1723325.	1802970.	2029361.	3120056.	10126707.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						25,290.
<b>6 Public support.</b> Subtract line 5 from line 4.						10101417.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	1450995.	1723325.	1802970.	2029361.	3120056.	10126707.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	15,453.	11,471.	23,582.	70,655.	80,574.	201,735.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	172,037.	131,873.	85,399.	149,104.	118,667.	657,080.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						10985522.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.95 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	89.88 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DRAFT

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**ALLIANCE ON AGING, INC.**

Employer identification number

**94-1747036**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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

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

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

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

Name of organization <b>ALLIANCE ON AGING, INC.</b>	Employer identification number <b>94-1747036</b>
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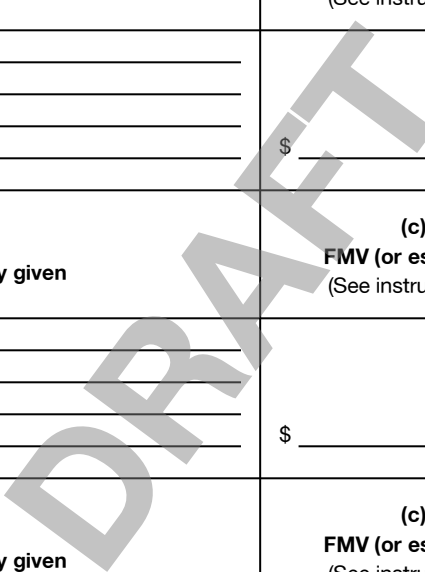
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FDN MTRY CO 2354 GARDEN ROAD MONTEREY, CA 93940	\$ 110,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF MONTEREY 1000 S MAIN ST, STE 304 SALINAS, CA 93901	\$ 595,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONTEREY PENINSULA FOUNDATION 1 LOWER RAGSDALE DRIVE BLDG 3 MONTEREY, CA 93940	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TRANSPORTATION AGENCY MONTEREY COUNTY 55-B PLAZA CIRCLE SALINAS, CA 93901	\$ 84,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COUNTY OF MONTEREY HEALTH - BEHAVIORAL HEALTH 1270 NATIVIDAD ROAD SALINAS, CA 93906	\$ 338,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ENTRE NOUS SOCIETY 820 PARK ROW SALINAS, CA 93901	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALLIANCE ON AGING, INC.</b>	Employer identification number  <b>94-1747036</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

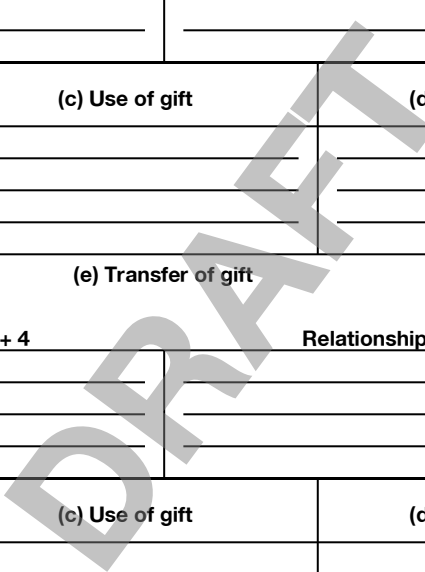
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>ALLIANCE ON AGING, INC.</b>	Employer identification number <b>94-1747036</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ALLIANCE ON AGING, INC.** Employer identification number **94-1747036**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,045.	34,015.	27,859.	29,034.	29,457.
b Contributions		1,000.			
c Net investment earnings, gains, and losses	2,543.	-4,321.	7,725.	451.	2,950.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,232.	1,279.	1,237.	1,626.	3,373.
f Administrative expenses	317.	370.	332.		
g End of year balance	30,039.	29,045.	34,015.	27,859.	29,034.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
  - b Permanent endowment .0000 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		279,316.	233,268.	46,048.
e Other		313,328.	55,705.	257,623.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				303,671.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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) DEPOSIT	18,171.
(2) INVESTMENTS DESIGNATED AS ENDOWMENT	30,039.
(3) OPERATING LEASE RIGHT-OF-USE ASSET, NET	2,018,157.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,066,367.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,054,703.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,054,703.

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,811,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	49,172.	
	b Donated services and use of facilities	2b	319,529.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	126,476.	
	e Add lines 2a through 2d	2e		495,177.
3	Subtract line 2e from line 1		3	3,316,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,316,286.

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

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

1	Total expenses and losses per audited financial statements		1	2,609,289.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	319,529.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	126,476.	
	e Add lines 2a through 2d	2e		446,005.
3	Subtract line 2e from line 1		3	2,163,284.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,163,284.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ABOVE FUNDS ARE HELD AT THE COMMUNITY FOUNDATION FOR MONTEREY COUNTY AS BOARD-DESIGNATED FUNDS FOR GENERAL USE AND FOR THE OMBUDSMAN PROGRAM.

**PART X, LINE 2:**

AS A TAX-EXEMPT NOT-FOR-PROFIT ORGANIZATION, THE ALLIANCE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D), BUT IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME WHEN EARNED.

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE

**Part XIII** Supplemental Information (continued)

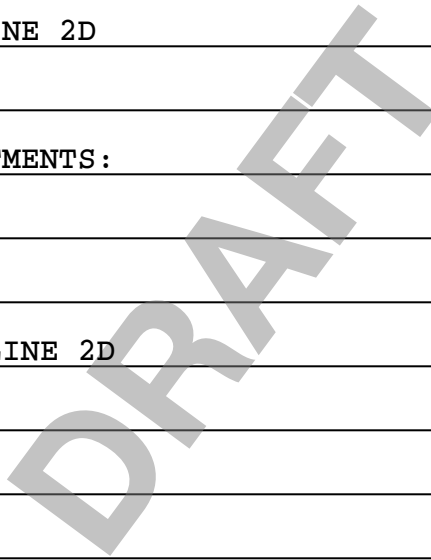
POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ALLIANCE'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES GENERALLY FOR THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	105,041.
SCHEDULE G EXPENSES	21,435.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	126,476.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	105,041.
SCHEDULE G EXPENSES	21,435.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	126,476.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization: **ALLIANCE ON AGING, INC.** Employer identification number: **94-1747036**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TRASHION SHOW (event type)	RAFFLE (event type)	NONE (total number)	
Revenue	1	Gross receipts	59,194.	6,120.	65,314.
	2	Less: Contributions	45,804.		45,804.
	3	Gross income (line 1 minus line 2)	13,390.	6,120.	19,510.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,925.		1,925.
	7	Food and beverages	9,250.		9,250.
	8	Entertainment	3,175.		3,175.
	9	Other direct expenses	7,085.		7,085.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			21,435.
11	Net income summary. Subtract line 10 from line 3, column (d)			-1,925.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ALLIANCE ON AGING, INC.** Employer identification number: **94-1747036**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		105,041.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ALLIANCE ON AGING, INC.

Employer identification number

94-1747036

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

ALLIANCE MAKES IT POSSIBLE FOR OLDER ADULTS TO RECEIVE THE  
COMPREHENSIVE ASSISTANCE THAT EXTENDS THEIR INDEPENDENCE, PROTECTS THEM  
FROM ABUSE, AND ENHANCES THEIR LIVES. THE OMBUDSMAN PROGRAM, INSTITUTED  
IN 1981, SERVES INDIVIDUALS RESIDING IN LONG-TERM CARE FACILITIES, AND  
MERGED WITH THE ALLIANCE ON AGING IN 2004. IN FY22-23, THE ALLIANCE  
SERVED 24,341 INDIVIDUALS, NOT INCLUDING VISITORS TO THE HUB, AS  
DESCRIBED IN THE PROGRAM DESCRIPTIONS BELOW AND ON SCHEDULE O. SERVICES  
ARE DELIVERED THROUGH SEVEN MAJOR PROGRAMS AND OTHER ANCILLARY  
SERVICES.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

PARTICIPATED IN 61 OUTREACH/MEDIA EVENTS AND PROVIDED COUNSELING TO  
1364 MEDICARE CLIENTS RESULTING IN AN ESTIMATED \$535,555 IN INSURANCE  
SAVINGS. HICAP RESPONDED TO 796 QUICK CALLS FROM THE COMMUNITY ABOUT  
GENERAL MEDICARE QUESTIONS THAT DIDN'T REQUIRE ADDITIONAL ASSISTANCE.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

POSITIVE SOCIAL SETTING. IN FY22-23, THE OMBUDSMAN PROGRAM OPENED 271  
INVESTIGATION CASES, PROVIDED 1183 CONSULTATIONS TO INDIVIDUALS AND 572  
CONSULTATIONS TO CARE FACILITIES SEEKING SUPPORT AND GUIDANCE ON  
EVOLVING REGULATIONS. STAFF PROVIDED TWELVE PRESENTATIONS ON LONG-TERM  
CARE ISSUES AND MADE 764 MONITORING VISITS TO COUNTY FACILITIES.

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

**SENIOR LUNCHEON PROGRAM**

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization <b>ALLIANCE ON AGING, INC.</b>	Employer identification number <b>94-1747036</b>
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THE SENIOR LUNCHEON PROGRAM OFFERS A MONTHLY HOT MEAL AND SOCIALIZATION TO SENIORS. IN FY22-23, WE SERVED A TOTAL OF 690 HOT LUNCHESES TO 135 SENIORS. A FREQUENT FEATURE OF THE MEAL IS A BAG OF PRODUCE FROM THE FOOD BANK.

EXPENSES \$ 10,851. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TAX COUNSELING FOR THE ELDERLY PROGRAM

THE TAX COUNSELING FOR THE ELDERLY PROGRAM HAS A TANGIBLE IMPACT ON MOVING SENIORS FROM CRISIS TO STABILITY BY ASSISTING WITH THE FILING OF INCOME TAX RETURNS AND ECONOMIC STIMULUS PAYMENTS AND HELPING SENIORS TO OBTAIN REFUNDS. EVERY EXTRA DOLLAR THESE SENIORS RECEIVE IMPACTS THEIR ABILITY TO SURVIVE, ESPECIALLY NOW THAT MANY OTHER PUBLIC ASSISTANCE PROGRAMS, SUCH AS THOSE DETAILED PREVIOUSLY, HAVE DISAPPEARED. IN FY22-23, THE PROGRAM SERVED 1926 AND HELPED SECURE \$1,600,880 IN REFUNDS.

EXPENSES \$ 62,987. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTREACH AND BENEFITS CHECKUP PROGRAM

THE AOA'S OUTREACH PROGRAM TRAVELS THROUGHOUT MONTEREY COUNTY TO INFORM AND EDUCATE THE GENERAL PUBLIC, IN PARTICULAR SENIORS AND THEIR CARE PARTNERS, ABOUT SERVICES AVAILABLE TO THEM THROUGH THE ALLIANCE ON AGING AS WELL AS OTHER AREA AGENCY ON AGING-FUNDED PROGRAMS, E.G., MEALS ON WHEELS, LEGAL SERVICES FOR SENIORS, ALZHEIMER'S ASSOCIATION. OUTREACH ENABLES THE ALLIANCE ON AGING TO PROVIDE INFORMATION, IN ENGLISH AND SPANISH, TO UNDERSERVED SENIORS IN REMOTE AREAS OF THE

Name of the organization

ALLIANCE ON AGING, INC.

Employer identification number

94-1747036

COUNTY. THE PROGRAM ALSO SCHEDULES "BENEFITS CHECKUP" APPOINTMENTS FOR LOW INCOME SENIORS WHO MAY BE ELIGIBLE FOR CALFRESH FOOD ASSISTANCE, HOME HEATING DISCOUNTS, INEXPENSIVE CELL PHONES, AND OTHER TARGETED BENEFITS. IN FY22-23 LOCAL VENUES REACHED 7894 PERSONS. THROUGH BENEFITS CHECKUP APPOINTMENTS, THE PROGRAM ASSISTED 1237 INDIVIDUALS. EXPENSES \$ 129,580. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

#### TRANSPORTATION PROGRAM

THE TRANSPORTATION ASSISTANCE PROGRAM IS DESIGNED TO HELP SENIORS NAVIGATE A WIDE VARIETY OF TRANSPORTATION OPTIONS INCLUDING BUS, TAXI, UBER, LYFT, AND DOOR-TO-DOOR SERVICES. IN FY22-23, WE PARTICIPATED IN 144 EVENTS AND 9 TRAININGS. WE RESPONDED TO 521 REQUESTS FOR BUS PASSES WHICH RESULTED IN 1702 BUS PASSES DISTRIBUTED TO SENIORS. WE PROVIDED CONSULTATION TO 172 INDIVIDUALS (42% SELF-IDENTIFIED AS HAVING A DISABILITY). EXPENSES \$ 94,108. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

#### THE HUB

THE HUB OFFERS ACCESS TO SERVICES, RESOURCES, AND ENRICHMENT OPPORTUNITIES GEARED TO SENIORS OF ALL AGES. THE HUB EMBODIES THE "NO WRONG DOOR" MODEL OF SERVICE THAT IS COMPREHENSIVE, INCLUSIVE AND PROMOTES AGING WITH DIGNITY. THE ALLIANCE ON AGING ALONG WITH FIVE STRATEGIC PARTNERS PROVIDE SERVICES ON SITE WITH OTHER SENIOR PROVIDERS FROM THE PUBLIC, PRIVATE, AND NON-PROFIT SECTOR OFFER ACTIVITIES, INFORMATION AND EDUCATIONAL RESOURCES, TECHNOLOGY TRAINING, OR A PLACE TO MEET FOR COFFEE OR A CHAT. OPENED IN JANUARY 2022, THE HUB PROVIDES

Name of the organization <b>ALLIANCE ON AGING, INC.</b>	Employer identification number <b>94-1747036</b>
--	---

**SENIORS WITH SERVICES AND SOCIAL INTERACTION WITH DANCING, TECHNOLOGY TRAINING, DRIVE SMART CLASSES, COOKING DEMONSTRATIONS AND A FARMERS' MARKET. IN FY22-23 WE SERVED 1660 SENIORS THROUGH OUR WELLNESS ACTIVITIES AND PRESENTATIONS. EXPENSES \$ 153,792. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 1A:  
THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, SECRETARY AND TREASURER, AND ONE OR MORE DIRECTORS OF THE ORGANIZATION APPOINTED BY THE PRESIDENT. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS OF THE ORGANIZATION.**

**FORM 990, PART VI, SECTION B, LINE 11B:  
LINE 11B EXPLANATION - THE ALLIANCE ON AGING, INC. ENGAGES A CPA FIRM TO ASSIST WITH PREPARATION AND FILING OF THE FORM 990, BASED ON AUDIT ENGAGEMENT PERFORMED BY THE SAME CPA FIRM. ONCE THE CPA HAS COMPLETED A DRAFT OF THE FORM 990, A COPY WILL BE SENT TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE THE TAX RETURN IS FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C:  
THE CONFLICT OF INTEREST POLICY IS DIRECTED NOT ONLY TO DIRECTORS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ALLIANCE ON AGING. FOR EXAMPLE, THIS WOULD INCLUDE ALL WHO MAKE PURCHASING DECISIONS, ALL PERSONS WHO MIGHT BE DESCRIBED AS "MANAGEMENT PERSONNEL," AND ANYONE WHO HAS PROPRIETARY INFORMATION CONCERNING ALLIANCE ON AGING.**

**CONFLICTS OF INTEREST MAY ARISE IN THE RELATIONS OF DIRECTORS, OFFICERS,**

Name of the organization <b>ALLIANCE ON AGING, INC.</b>	Employer identification number <b>94-1747036</b>
--	---

**AND MANAGEMENT EMPLOYEES WITH ANY OF THE FOLLOWING THIRD PARTIES:**

1. PERSONS AND FIRMS SUPPLYING GOODS AND SERVICES TO ALLIANCE ON AGING.
2. PERSONS AND FIRMS FROM WHOM ALLIANCE ON AGING LEASES PROPERTY AND EQUIPMENT.
3. PERSONS AND FIRMS WITH WHOM ALLIANCE ON AGING IS DEALING OR PLANNING TO DEAL IN CONNECTION WITH THE GIFT, PURCHASE OR SALE OF REAL ESTATE, SECURITIES, OR OTHER PROPERTY.
4. COMPETING OR AFFINITY ORGANIZATIONS.
5. DONORS AND OTHERS SUPPORTING THE ALLIANCE ON AGING.
6. AGENCIES, ORGANIZATIONS, AND ASSOCIATIONS WHICH AFFECT THE OPERATIONS OF THE ALLIANCE ON AGING.
7. FAMILY MEMBERS, FRIENDS, AND OTHER EMPLOYEES.

A CONFLICTING INTEREST MAY BE DEFINED AS AN INTEREST, DIRECT OR INDIRECT, WITH ANY PERSONS OR FIRMS PREVIOUSLY MENTIONED. SUCH AN INTEREST MIGHT ARISE THROUGH:

1. OWNING STOCK OR HOLDING DEBT OR OTHER PROPRIETARY INTERESTS IN ANY THIRD PARTY DEALING WITH THE ALLIANCE ON AGING.
2. HOLDING OFFICE, SERVING ON THE BOARD, PARTICIPATING IN MANAGEMENT, OR BEING OTHERWISE EMPLOYED (OR FORMERLY EMPLOYED) WITH ANY THIRD PARTY DEALING WITH THE ALLIANCE ON AGING.
3. RECEIVING REMUNERATION FOR SERVICES WITH RESPECT TO INDIVIDUAL TRANSACTIONS INVOLVING THE ALLIANCE ON AGING.
4. USING ALLIANCE ON AGING'S TIME, PERSONNEL, EQUIPMENT, SUPPLIES, OR GOODWILL FOR OTHER THAN ALLIANCE ON AGING-APPROVED ACTIVITIES, PROGRAMS, AND PURPOSES.
5. RECEIVING PERSONAL GIFTS OR LOANS FOM THIRD PARTIES DEALING OR COMPETING

Name of the organization

ALLIANCE ON AGING, INC.

Employer identification number

94-1747036

WITH THE ALLIANCE ON AGING. RECEIPT OF ANY GIFT IS DISAPPROVED EXCEPT GIFTS OF A VALUE LESS THAN \$50, WHICH COULD NOT BE REFUSED WITHOUT DISCOURTESY. NO PERSONAL GIFT OF MONEY SHOULD EVER BE ACCEPTED.

THE AREAS OF CONFLICTING INTEREST PREVIOUSLY LISTED ARE NOT EXHAUSTIVE. IT IS ASSUMED THAT THE DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATION BY ANALOGY. MANAGEMENT EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATION BY ANALOGY. THE FACT THAT ONE OF THE INTERESTS DESCRIBED ABOVE EXISTS DOES NOT NECESSARILY MEAN THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL, THAT UPON FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES IT IS NECESSARILY ADVERSE TO THE INTERESTS OF THE ALLIANCE ON AGING. HOWEVER, IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE INTERESTS DESCRIBED PREVIOUSLY SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES.

DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD.

DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD. THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO

Name of the organization

ALLIANCE ON AGING, INC.

Employer identification number

94-1747036

THE ALLIANCE ON AGING. THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF THE ALLIANCE ON AGING AND THE ADVANCEMENT OF ITS PURPOSE.

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

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	30,619.
MANAGEMENT AND GENERAL EXPENSES	25,373.
FUNDRAISING EXPENSES	31,221.
TOTAL EXPENSES	87,213.

CONSULTING:

PROGRAM SERVICE EXPENSES	196,546.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,500.
TOTAL EXPENSES	200,046.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	287,259.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EQUIPMENT, FURNITURE, SOFTWARE	VARIOUS	SL	7.00		16	261,091.				261,091.	194,593.		20,450.	215,043.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						261,091.				261,091.	194,593.		20,450.	215,043.
	TRANSPORTATION EQUIPMENT														
2	VEHICLES	VARIOUS	SL	5.00		16	18,225.				18,225.	18,225.		0.	18,225.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						18,225.				18,225.	18,225.		0.	18,225.
	OTHER														
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	313,328.				313,328.	34,772.		20,933.	55,705.
	* 990 PAGE 10 TOTAL OTHER						313,328.				313,328.	34,772.		20,933.	55,705.
	* GRAND TOTAL 990 PAGE 10 DEPR						592,644.				592,644.	247,590.		41,383.	288,973.



2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ALLIANCE ON AGING, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	MACHINERY & EQUIPMENT EQUIPMENT, FURNITURE, SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPME TRANSPORTATION EQUIPMENT	VARIABLES	SL	7.00	16	261,091.			261,091.	194,593.		20,450.
						261,091.		0.	261,091.	194,593.		20,450.
2	VEHICLES * 990 PAGE 10 TOTAL TRANSPORTATION EQUI	VARIABLES	SL	5.00	16	18,225.			18,225.	18,225.		0.
						18,225.		0.	18,225.	18,225.		0.
3	OTHER LEASEHOLD IMPROVEMENTS * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10 DEPR	VARIABLES	SL	15.00	16	313,328.			313,328.	34,772.		20,933.
						313,328.		0.	313,328.	34,772.		20,933.
						592,644.		0.	592,644.	247,590.		41,383.

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ALLIANCE ON AGING, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
1	EQUIPMENT, FURNITURE, SOFTWARE	VARIABLE	SSL	7.00	261,091.		261,091.	215,043.	37,299.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				261,091.		261,091.	215,043.	37,299.
	TRANSPORTATION EQUIPMENT								
2	VEHICLES	VARIABLE	SSL	5.00	18,225.		18,225.	18,225.	0.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				18,225.		18,225.	18,225.	0.
	OTHER								
3	LEASEHOLD IMPROVEMENTS	VARIABLE	SSL	15.00	313,328.		313,328.	55,705.	20,889.
	* 990 PAGE 10 TOTAL OTHER				313,328.		313,328.	55,705.	20,889.
	* GRAND TOTAL 990 PAGE 10 DEPR				592,644.		592,644.	288,973.	58,188.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name <b>ALLIANCE ON AGING, INC.</b>		California corporation number <b>0608596</b>
Additional information. See instructions.		FEIN <b>94-1747036</b>
Street address (suite or room) <b>247 MAIN STREET</b>		PMB no.
City <b>SALINAS</b>	State <b>CA</b>	ZIP code <b>93901</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	493,260	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	3,120,056	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	3,613,316	00
	5	Cost of goods sold <b>STMT 2</b>	5	105,041	00
	6	Cost or other basis, and sales expenses of assets sold	6	170,554	00
	7	Total costs. Add line 5 and line 6	7	275,595	00
	8	Total gross income. Subtract line 7 from line 4	8	3,337,721	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,184,719	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,153,002	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title <b>VICE PRESIDENT</b>	Date	• Telephone	
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>KIELY HOLCOMB, CPA</b>	Date	Check if self-employed <input type="checkbox"/>	• PTIN <b>P01430569</b>
	Firm's name (or yours, if self-employed) and address	<b>CLIFTONLARSONALLEN LLP 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901</b>			• Firm's FEIN <b>41-0746749</b>
					• Telephone <b>(831) 759-6300</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	241,458	00		
	2	Interest	•	2	26,070	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4	54,504	00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 3	•	6	169,468	00	
	7	Other income	SEE STATEMENT 4	•	7	1,760	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	493,260	00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9		00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	303,403	00	
	12	Other salaries and wages		•	12	801,230	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	10,938	00	
		14	Taxes	•	14	83,104	00	
		15	Rents	•	15	284,581	00	
		16	Depreciation and depletion (See instructions)		•	16	41,383	00
		17	Other expenses and disbursements	SEE STATEMENT 6	•	17	660,080	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	2,184,719	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		540,382		441,613
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		27,445		17,263
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 7	1,068,624		1,321,286
10 a Depreciable assets	591,413		592,644	
b Less accumulated depreciation	( 247,590 )	343,823	( 288,973 )	303,671
11 Land				
12 Other assets	STMT 8	648,803		3,822,568
13 <b>Total assets</b>		2,629,077		5,906,401
<b>Liabilities and net worth</b>				
14 Accounts payable		166,911		206,790
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 9	227,730		2,263,000
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,234,436		3,436,611
22 <b>Total liabilities and net worth</b>		2,629,077		5,906,401

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	1,202,175	7 Income recorded on books this year not included in this return. Attach schedule *
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year.
4 Income not recorded on books this year. Attach schedule	•		•
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		1,202,175	10 Net income per return.
			Subtract line 9 from line 6
			•
			49,173
			49,173
			1,153,002

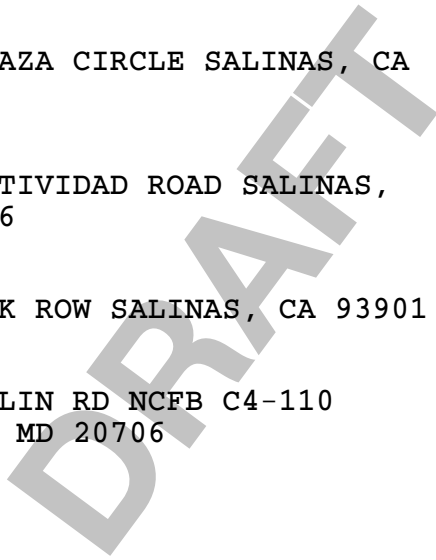
\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
COMMUNITY FDN MTRY CO	2354 GARDEN ROAD MONTEREY, CA 93940		110,147.
COUNTY OF MONTEREY	1000 S MAIN ST, STE 304 SALINAS, CA 93901		595,853.
MONTEREY PENINSULA FOUNDATION	1 LOWER RAGSDALE DRIVE BLDG 3 MONTEREY, CA 93940		75,000.
TRANSPORTATION AGENCY MONTEREY COUNTY	55-B PLAZA CIRCLE SALINAS, CA 93901		84,874.
COUNTY OF MONTEREY HEALTH - BEHAVIORAL HEALTH	1270 NATIVIDAD ROAD SALINAS, CA 93906		338,012.
ENTRE NOUS SOCIETY	820 PARK ROW SALINAS, CA 93901		70,000.
US DEPT OF HEALTH & HUMAN SERVICES	5000 ELLIN RD NCFB C4-110 LANHAM, MD 20706		15,748.
TOTAL INCLUDED ON LINE 3			<u>1,289,634.</u>



FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		27,445
2. MERCHANDISE PURCHASED. . . . .	94,859	
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		122,304
7. INVENTORY AT END OF YEAR . . . . .		17,263
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		105,041

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SECURITIES	07/01/15	06/30/23	PURCHASED	170,554.	0.	0.	169,468.
TOTAL TO FORM 199, PAGE 2, LN 6				170,554.	0.	0.	169,468.

CA 199

OTHER INCOME

STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS	1,760.
TOTAL TO FORM 199, PART II, LINE 7	1,760.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TERESA SULLIVAN 247 MAIN STREET SALINAS, CA 93901	EXECUTIVE DIRECTOR 40.00	130,847.
TONY MCFARLANE 247 MAIN STREET SALINAS, CA 93901	FINANCE DIRECTOR 40.00	110,130.
TAMARA MCKEE 247 MAIN STREET SALINAS, CA 93901	DIRECTOR OF AOA PROGRAMS 40.00	62,426.
LIZ LORENZI 247 MAIN STREET SALINAS, CA 93901	DIRECTOR 2.00	0.
BRANDON HILL 247 MAIN STREET SALINAS, CA 93901	PRESIDENT 2.00	0.

DRAFT

ALLIANCE ON AGING, INC.

94-1747036

JOEL JANCSEK  
247 MAIN STREET  
SALINAS, CA 93901

TREASURER  
2.00

0.

MARY BRUSUELAS  
247 MAIN STREET  
SALINAS, CA 93901

SECRETARY  
2.00

0.

JANA HATTEN  
247 MAIN STREET  
SALINAS, CA 93901

DIRECTOR  
2.00

0.

SUSAN GIBBONS  
247 MAIN STREET  
SALINAS, CA 93901

DIRECTOR  
2.00

0.

TINA DEL PIERO  
247 MAIN STREET  
SALINAS, CA 93901

VICE PRESIDENT  
2.00

0.

CARMEN GIL  
247 MAIN STREET  
SALINAS, CA 93901

DIRECTOR  
2.00

0.

STEVE ISH  
247 MAIN STREET  
SALINAS, CA 93901

DIRECTOR  
2.00

0.

VIC JOHNSON  
247 MAIN STREET  
SALINAS, CA 93901

DIRECTOR  
2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

303,403.

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CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
MISCELLANEOUS		20,574.
PRINTING AND PUBLICATIO		18,470.
FOOD AND SUPPLIES		16,275.
TRANSPORTATION		11,006.
DIRECT EXPENSES OF FUNDRAISING EVENTS		21,435.
PENSION PLAN CONTRIBUTIONS		3,215.
OTHER EMPLOYEE BENEFITS		76,454.
LEGAL FEES		15,160.
ACCOUNTING FEES		28,250.
OTHER PROFESSIONAL FEES		287,259.
ADVERTISING AND PROMOTION		41,097.
OFFICE EXPENSES		71,237.
TRAVEL		13,865.
CONFERENCES AND CONVENTIONS		1,673.
INSURANCE		15,545.
ALL OTHER EXPENSES		18,565.
TOTAL TO FORM 199, PART II, LINE 17		660,080.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
VARIOUS	1,068,624.	1,321,286.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,068,624.	1,321,286.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	535,313.	1,673,683.
PREPAID EXPENSES AND DEFERRED CHARGES	66,274.	82,518.
DEPOSIT	18,171.	18,171.
INVESTMENTS DESIGNATED AS ENDOWMENT	29,045.	30,039.
OPERATING LEASE RIGHT-OF-USE ASSET, NET	0.	2,018,157.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	648,803.	3,822,568.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OPERATING LEASE LIABILITY	0.	2,054,703.
UNSECURED NOTES AND LOANS PAYABLE	227,730.	208,297.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	227,730.	2,263,000.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
DESCRIPTION		AMOUNT
UNREALIZED GAIN/LOSS		49,173.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		49,173.

DRAFT

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 94-1747036**

Corporation name

California corporation number

**ALLIANCE ON AGING, INC.**

**0608596**

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

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14 1 EQUIPMENT, FURNITURE, SOFTWARE	VARIOUS	261,091	194,593	SL	7.00	20,450	
2 VEHICLES	VARIOUS	18,225	18,225	SL	5.00	0	
3 LEASEHOLD IMPROVEMENTS	VARIOUS	313,328	34,772	SL	15.00	20,933	
<b>TOTALS</b>		<b>592,644</b>	<b>247,590</b>				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....	15				<b>41,383</b>	

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	<b>41,383</b>
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	<b>41,383</b>
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	<b>0</b>

**Part IV Amortization**

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g) .....	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....	22				

TAXABLE YEAR  
**2022**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>ALLIANCE ON AGING, INC.</b>	<b>94-1747036</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>3,613,316</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>3,337,721</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>2,184,719</b>

**Part II Settle Your Account Electronically for Taxable Year 2022**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		Date	
			<b>VICE PRESIDENT</b>

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01430569</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address				Firm's FEIN <b>41-0746749</b>
	<b>CLIFTONLARSONALLEN LLP</b>				ZIP code <b>93901</b>
	<b>1188 PADRE DRIVE, STE 101</b>				
	<b>SALINAS, CA</b>				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			Firm's FEIN
				ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ALLIANCE ON AGING, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**247 MAIN STREET**

Address (Number and Street)

**SALINAS, CA 93901**

City or Town, State, and ZIP Code

**TSULLIVAN@ALLIANCEONAGI**

**831-655-1334**

Telephone Number

**NG.ORG**

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT013239**

Corporation or Organization No. **0608596**

Federal Employer ID No. **94-1747036**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 3,316,286 Noncash Contributions \$ 105,041 Total Assets \$ 5,906,401  
Program Expenses \$ 1,347,626 Total Expenses \$ 2,163,284

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	SEE STATEMENT 11	X
6. During this reporting period, did the organization hold a raffle for charitable purposes?	SEE STATEMENT 12	X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**TINA DEL PIERO**

**VICE PRESIDENT**

Signature of Authorized Agent

Printed Name

Title

Date

DEPARTMENT OF SOCIAL SERVICES  
AGING AND ADULT SERVICES  
AREA AGENCY ON AGING DIVISION  
1000 SOUTH MAIN ST, STE 304  
SALINAS, CA 93901-2353  
NAME: MARLEEN BUSH  
PHONE: 831-796-3342

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
1441 SCHILLING PLACE, 2ND FLOOR  
SALINAS, CA 93901  
NAME: DARBY MARSHALL  
PHONE: 831-755-5391

DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH BUREAU  
1270 NATIVIDAD ROAD  
SALINAS, CA 93906  
NAME: ELSA JIMENEZ  
PHONE: 831-755-4526

TRANSPORTATION AGENCY OF MONTEREY COUNTY  
55-B PLAZA CIRCLE  
SALINAS, CA 93901  
NAME: DEBRA HALE  
PHONE: 831-775-0903

CITY OF MONTEREY  
HOUSING PROGRAMS OFFICE  
570 PACIFIC STREET  
MONTEREY, CA 93940  
NAME: HANS USLER  
PHONE: 831-646-3799

INTERNAL REVENUE SERVICE  
5000 ELLIN ROAD, NFCB C4-110  
LANHAM, MD 20706  
NAME: LYNN TYLER  
PHONE: 240-613-6084

DRAFT

ONE RAFFLE HELD 9/31/2022

DRAFT