** PUBLIC DISCLOSURE COPY **

Extended to August 16, 2021

Form 990
(Rav. January 2020)

Department of the Treasury
Internal Revenue Service

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

B Check if applicable:
- C Name of organization
  Iona Senior Services

Doing business as
4125 Alabamalice Street, NW

City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20016

F Name and address of principal officer: Sally White

same as C above

D Employer identification number
52-1039553

E Telephone number
(202) 966-1055

G Gross receipts $ 10,168,423

H(a) Is this a group return

for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No

J Website: www.iona.org

K Form of organization: ☐ Corporation ☑ Trust ☐ Association ☐ Other

L Year of formation: 1975 M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Iona supports people as they experience the challenges and opportunities of aging.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)
3

4 Number of independent voting members of the governing body (Part VI, line 1b)
4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)
5

6 Total number of volunteers (estimate if necessary)
6

7a Total unrelated business revenue from Part VIII, column (C), line 12
7a

7b Net unrelated business taxable income from Form 990-T, line 39
7b

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16 Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a, 11b, 11c, 24a)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

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.

Sign Here
Sally White, Executive Director

Date 5/24/21

Print/Type preparer's name
Jie Chen, CPA

Preparer's signature

Date 5/24/21

Paid

Firm's name: Rogers & Company PLLC

Preparer's EIN: 50-2676261

Phone no. (703) 893-0300

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)
Iona Senior Services

1. Briefly describe the organization’s mission:
   Iona supports people as they experience the challenges and opportunities of aging. We educate, advocate, and provide community-based services to help people age well and live well.

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 $2,327,897. including grants of $516,986.)
Consultation, Care Management and Counseling: Iona’s core programs are built around the needs of older adults and family caregivers who are facing difficult transitions, isolation, loss of family and social supports, and/or serious health challenges that impact their safety, well-being, and ability to remain in the home of their choice. Through the Consultation, Care Management, and Counseling programs, compassionate and highly trained social workers, psychotherapists, and registered nurses provide intensive, customized, person-centered support and solutions to older adults and families, helping them navigate complex challenges. In FY20, through our grant with the DC Department of Aging we served 252 clients with Case Management and 963 clients with Counseling services.

4b. (Code: ) (Expenses $1,114,305. including grants of $20,310.)
Community Programs: Iona also supports active older adults in the community who want to live vibrant lives through the innovative Take Charge/Age Well Academy, fitness classes in Iona’s exercise room and the Lois and Richard England Art Gallery at Iona. We had 89 fitness class members prior to our building closing for the Public Health Emergency in March, 2020. 203 participants engaged in our Take Charge/Age Well Academy in FY20 and we also hosted approximately 125 guests to our Art Gallery through our various Art Reception events. Iona’s Active Wellness Program at St. Alban’s provides opportunities for socializing, life-long learning, and wellness classes. Activities include a nutritious lunch, exercise, fresh produce, nutrition education, and field trips. Our Active Wellness Program served 184

4c. (Code: ) (Expenses $1,077,837. including grants of $508,949.)
Iona’s Harry and Jeanette Weinberg Wellness & Arts Center: Iona’s Harry and Jeanette Weinberg Wellness & Arts Center is an award-winning, state-of-the-art adult day health program that provides holistic, individualized care and robust programming, including art therapies for older adults in a safe, medically-supervised and social community. Iona’s trained and experienced staff members care for and engage older adults living with Alzheimer’s or Parkinson’s disease, diabetes, stroke, and many other chronic conditions and/or physical and intellectual disabilities, while providing support and respite to their family caregivers. In FY20, Iona served 80 Wellness & Arts participants with 29,209 hours of care.

4d. Other program services (Describe on Schedule O.)
(Expenses $1,256,967. including grants of $157,300.)

4e. Total program service expenses $5,777,006.

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

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule P, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

Part VI Checklist of Required Schedules (continued)

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  
   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
      Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 
3a Did the organization have unrelated business gross income of $1,000 or more during the year?  
   b If "Yes," has it filed a Form 990-T for this year?  
   c If "No" to line 3b, provide an explanation on Schedule O 
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
   b If "Yes," enter the name of the foreign country    
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
   b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
   c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
   b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
7 Organizations that may receive deductible contributions under section 170(c).  
   a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  
   b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
   c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
   d If "Yes," indicate the number of Forms 8282 filed during the year  
   e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
   f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
   g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 
9 Sponsoring organizations maintaining donor advised funds.  
   a Did the sponsoring organization make any taxable distributions under section 4966?  
   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  
10 Section 501(c)(7) organizations. Enter:  
   a Initiation fees and capital contributions included on Part VIII, line 12  
   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
11 Section 501(c)(12) organizations. Enter:  
   a Gross income from members or shareholders  
   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
   b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  
   a Is the organization licensed to issue qualified health plans in more than one state?  
      Note: See the instructions for additional information the organization must report on Schedule O.  
   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
   c Enter the amount of reserves on hand  
14a Did the organization receive any payments for indoor tanning services during the tax year?  
   b If "Yes," has it filed a Form 720 to report these payments?  
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  
   If "Yes," see instructions and file Form 4720, Schedule N.  
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  
   If "Yes," complete Form 4720, Schedule O.
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year: **16**

   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b. Enter the number of voting members included on line 1a, above, who are independent: **16**

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? **No**

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? **No**

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **No**

5. Did the organization become aware during the year of a significant diversion of the organization's assets? **No**

6. Did the organization have members or stockholders? **No**

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? **No**

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **Yes**

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body? **No**

   b. Each committee with authority to act on behalf of the governing body? **No**

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 **Yes**

### Section B. Policies

10a. Did the organization have local chapters, branches, or affiliates? **No**

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? **No**

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **Yes**

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990. **Yes**

12a. Did the organization have a written conflict of interest policy? **Yes**

12b. If "No," go to line 13.

12c. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **Yes**

13. Did the organization have a written whistleblower policy? **Yes**

14. Did the organization have a written document retention and destruction policy? **Yes**

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 **Yes**

   b. Other officers or key employees of the organization **Yes**

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? **No**

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? **Yes**

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed **None**

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

   - [ ] 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. **None**

20. State the name, address, and telephone number of the person who possesses the organization’s books and records **Iona Finance Department - (202) 966-1055

4125 Albemarle Street, NW, Washington, DC 20016**
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”

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

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Rita Ross</td>
<td>4.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Paul Manca</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(3) Sam Kilpatrick</td>
<td>1.00</td>
<td>X X</td>
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<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Elaine Melmed</td>
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<td>X X</td>
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</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(5) Ruthann Bates</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
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</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(6) Paula Blair</td>
<td>1.00</td>
<td>X X</td>
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<tr>
<td>Director</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(7) Trevor Boothe</td>
<td>1.00</td>
<td>X X</td>
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</tr>
<tr>
<td>Director</td>
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<td></td>
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<tr>
<td>(8) L. Thompson Bowles, MD., Ph.D.</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Derrick Chin</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Jennifer Disharoon</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Corinne Dougherty</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Richard Lake</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) BB Otero</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Jeneen Ramos</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) Sharon L. Smith, CFP CIMA</td>
<td>1.00</td>
<td>X X</td>
<td>0.0.</td>
<td>0.0.</td>
<td>0.0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) Elena Tscherny</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) Sally S. White</td>
<td>40.00</td>
<td>X X</td>
<td>112,048.0.</td>
<td>0.0.</td>
<td>2,844.0.</td>
</tr>
<tr>
<td>Ex-Officio; Executive Dire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B)</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
<th>(C)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18)</td>
<td>Susan A. Messina</td>
<td>Deputy Director</td>
<td>40.00</td>
<td>X</td>
<td>102,375.</td>
<td>0.</td>
<td>2,597.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19)</td>
<td>Deborah Rubenstein</td>
<td>Director of Client Services</td>
<td>40.00</td>
<td>X</td>
<td>101,955.</td>
<td>0.</td>
<td>2,566.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal ................................. ➪ 316,378. 0. 8,007.  
c Total from continuation sheets to Part VII, Section A ................................. ➪ 0. 0. 0.  
d Total (add lines 1b and 1c) ................................. ➪ 316,378. 0. 8,007.  

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 ➪ 3  

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X  
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual 4 X  
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibley Memorial Hospital, 5255 Loughboro Road NW, Washington, DC 20016</td>
<td>Club Memory Program</td>
<td>364,764.</td>
<td></td>
</tr>
<tr>
<td>DNE &amp; Associates, PLLC 8747 Brook Road, Mclean, VA 22102</td>
<td>Accounting</td>
<td>191,910.</td>
<td></td>
</tr>
</tbody>
</table>

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 ➪ 3
## Part VIII Statement of Revenue

### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td>1e</td>
<td>3,099,805.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>2,955,527.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td>57,264.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Total, Add lines 1a-1f</td>
<td>h</td>
<td>6,055,332.</td>
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</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Participant fees/reimbursements</td>
<td>2a</td>
<td>1,057,512.</td>
<td>1,057,512.</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>All other program service revenue</td>
<td>2f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Total, Add lines 2a-2f</td>
<td>g</td>
<td>1,057,512.</td>
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</tr>
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</table>

### Other Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td>3</td>
<td>128,162.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>(i) Real</td>
<td>5a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>(ii) Personal</td>
<td>5b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td>6a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td>6b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Rental income or (loss)</td>
<td>6c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>Net rental income or (loss)</td>
<td>6d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td>2,058,790.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td>1,813,080.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gain or (loss)</td>
<td>7c</td>
<td>245,710.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net gain or (loss)</td>
<td>d</td>
<td>245,710.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $ contributions reported on line 1c). See Part IV, line 18</td>
<td>8a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: direct expenses</td>
<td>8b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Net income or (loss) from fundraising events</td>
<td>8c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses</td>
<td>9b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from gaming activities</td>
<td>9c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td>10b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>PPP Loan Forgiveness</td>
<td>11a</td>
<td>705,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>License Income</td>
<td>11b</td>
<td>146,033.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>Other Income</td>
<td>11c</td>
<td>12,094.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>All other revenue</td>
<td>11d</td>
<td>5,500.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total, Add lines 11a-11d</td>
<td>e</td>
<td>868,627.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td>12</td>
<td>8,355,343.</td>
<td>1,203,545.</td>
<td>5,500.</td>
</tr>
</tbody>
</table>
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Compensation of current officers, directors, trustees, and key employees</td>
<td>120,079</td>
<td>94,978</td>
<td>19,063</td>
<td>6,038</td>
</tr>
<tr>
<td><strong>6.</strong> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Other salaries and wages</td>
<td>3,791,145</td>
<td>2,998,687</td>
<td>601,838</td>
<td>190,620</td>
</tr>
<tr>
<td><strong>8.</strong> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>59,566</td>
<td>47,115</td>
<td>9,456</td>
<td>2,995</td>
</tr>
<tr>
<td><strong>9.</strong> Other employee benefits</td>
<td>201,953</td>
<td>159,739</td>
<td>32,059</td>
<td>10,155</td>
</tr>
<tr>
<td><strong>10.</strong> Payroll taxes</td>
<td>277,037</td>
<td>219,128</td>
<td>43,979</td>
<td>13,930</td>
</tr>
<tr>
<td><strong>11.</strong> Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Legal</td>
<td>8,179</td>
<td>8,179</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Accounting</td>
<td>39,422</td>
<td>39,422</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td>42,908</td>
<td>42,908</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,031,358</td>
<td>886,571</td>
<td>129,335</td>
<td>15,452</td>
</tr>
<tr>
<td><strong>12.</strong> Advertising and promotion</td>
<td>36,881</td>
<td>9,337</td>
<td>14,367</td>
<td>13,177</td>
</tr>
<tr>
<td><strong>13.</strong> Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Information technology</td>
<td>160,492</td>
<td>26,986</td>
<td>72,935</td>
<td>60,571</td>
</tr>
<tr>
<td><strong>15.</strong> Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> Occupancy</td>
<td>502,045</td>
<td>255,613</td>
<td>246,432</td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong> Travel</td>
<td>5,599</td>
<td>5,545</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td><strong>18.</strong> Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>50,167</td>
<td>14,597</td>
<td>6,817</td>
<td>28,753</td>
</tr>
<tr>
<td><strong>19.</strong> Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20.</strong> Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>21.</strong> Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22.</strong> Depreciation, depletion, and amortization</td>
<td>189,603</td>
<td>116,125</td>
<td>66,264</td>
<td>7,214</td>
</tr>
<tr>
<td><strong>23.</strong> Insurance</td>
<td>100,899</td>
<td>947</td>
<td>98,831</td>
<td>1,121</td>
</tr>
<tr>
<td><strong>24.</strong> 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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Program meals/ supplies</td>
<td>161,075</td>
<td>156,198</td>
<td>4,026</td>
<td>851</td>
</tr>
<tr>
<td>b. Dues and subscriptions</td>
<td>12,690</td>
<td>8,070</td>
<td>3,565</td>
<td>1,055</td>
</tr>
<tr>
<td>c. Bus operations</td>
<td>2,674</td>
<td>818</td>
<td>1,856</td>
<td></td>
</tr>
<tr>
<td>d. Indirect allocation</td>
<td>0</td>
<td>776,515</td>
<td>-839,455</td>
<td>62,940</td>
</tr>
<tr>
<td>e. All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25.</strong> Total functional expenses. Add lines 1 through 24e</td>
<td>6,864,512</td>
<td>5,777,006</td>
<td>672,580</td>
<td>414,926</td>
</tr>
<tr>
<td><strong>26.</strong> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check if Schedule O contains a response or note to any line in this Part IX. [X]
### Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>878,598</td>
<td>1,541,619</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,812,017</td>
<td>1,313,830</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>104,157</td>
<td>294,570</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prepaid expenses and deferred charges</td>
<td>61,211</td>
<td>68,918</td>
</tr>
<tr>
<td>9a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>8,705,393</td>
<td>5,488,837</td>
</tr>
<tr>
<td>9b</td>
<td>Less: accumulated depreciation</td>
<td>3,216,556</td>
<td>6,854,043</td>
</tr>
<tr>
<td>10a</td>
<td>Investments - publicly traded securities</td>
<td>470,886</td>
<td>429,764</td>
</tr>
<tr>
<td>10b</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Deferred revenue</td>
<td>750</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>0</td>
<td>1,002,332</td>
</tr>
<tr>
<td>23</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>191,717</td>
<td>1,694,229</td>
</tr>
</tbody>
</table>

### Organizations that follow FASB ASC 958

- Organizations that do not follow FASB ASC 958, check here ▶

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>6,582,967</td>
<td>8,232,046</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>5,978,102</td>
<td>6,065,306</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>12,561,069</td>
<td>14,297,352</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>12,752,786</td>
<td>15,991,581</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>8,355,343.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>6,864,512.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>1,490,831.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>12,561,069.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>245,452.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>14,297,352.</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>X (Accrual)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: Iona Senior Services

Employer identification number: 52-1039553

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 or 990-EZ).)

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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vii). (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 in 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).

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2,800,889</td>
<td>4,850,921</td>
<td>4,888,373</td>
<td>5,318,530</td>
<td>6,055,332</td>
<td>23,914,045</td>
</tr>
</tbody>
</table>

| Line 2 | Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf |  |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------|  |  |  |  |  |  |

| Line 3 | The value of services or facilities furnished by a governmental unit to the organization without charge |  |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------|  |  |  |  |  |  |

**Total. Add lines 1 through 3**

<table>
<thead>
<tr>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,800,889</td>
<td>4,850,921</td>
<td>4,888,373</td>
<td>5,318,530</td>
<td>6,055,332</td>
<td>23,914,045</td>
</tr>
</tbody>
</table>

**Line 5**

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

<table>
<thead>
<tr>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,784,170</td>
</tr>
</tbody>
</table>

**Public support. Subtract line 5 from line 4**

| (e) 2019 | 21,129,875 |

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line 7</th>
<th>Amounts from line 4</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts from line 4</td>
<td>2,800,889</td>
<td>4,850,921</td>
<td>4,888,373</td>
<td>5,318,530</td>
<td>6,055,332</td>
<td>23,914,045</td>
</tr>
</tbody>
</table>

| Line 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 88,058 | 110,250 | 111,847 | 126,667 | 128,162 | 564,984 |

| Line 9 | Net income from unrelated business activities, whether or not the business is regularly carried on |  |  |  |  |  |  |

| Line 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 178,807 | 171,632 | 171,793 | 141,654 | 863,127 | 1,527,013 |

**Total support. Add lines 7 through 10**

<table>
<thead>
<tr>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,006,042</td>
</tr>
</tbody>
</table>

| Line 12 | Gross receipts from related activities, etc. (see instructions) | 5,811,128 |

| Line 13 | First five 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

| Line 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 81.25 % |
| Line 15 | Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 82.27 % |

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total, Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10a, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years.</strong> 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 <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td>16</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td>18</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2019.** 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.

**19b 33 1/3% support tests - 2018.** 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.
Section A. All Supporting Organizations

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

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 
   b A family member of a person described in (a) above? 
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4 Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2 Enter 85% of line 1.</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7 Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Distributions to attentive supported organizations to which the organization is responsive</strong> (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2019
Schedule A, Part II, Line 10, Explanation for Other Income:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$178,807</td>
</tr>
<tr>
<td>2016</td>
<td>$171,632</td>
</tr>
<tr>
<td>2017</td>
<td>$171,793</td>
</tr>
<tr>
<td>2018</td>
<td>$141,654</td>
</tr>
<tr>
<td>2019</td>
<td>$863,127</td>
</tr>
</tbody>
</table>
### Name of the organization

Iona Senior Services

### Employer identification number

52-1039553

### Organization type (check one):

- [X] 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

### Filers of:

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

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

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

**General Rule**

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

**Special Rules**

- [X] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,021,000.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$240,000.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$2,996,811.</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Noncash Property

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of Gift</td>
<td>Use of Gift</td>
<td>Description of How Gift is Held</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 info. once.) $
## Supplemental Financial Statements

### Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   - Yes  
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - Yes  
   - No

### Part II

**Conservation Easements.**

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - 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.
   - a) Total number of conservation easements: 2a
   - b) Total acreage restricted by conservation easements: 2b
   - c) Number of conservation easements on a certified historic structure included in (a): 2c
   - d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register: 2d

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

1. 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.

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   - a) Revenue included on Form 990, Part VIII, line 1: $  
   - b) Assets included in Form 990, Part X: $
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange program
- 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance
b Contributions

c Net investment earnings, gains, and losses
512,242.

d Grants or scholarships

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 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>4,469,826.</td>
<td>1,528,948.</td>
<td>2,940,878.</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>1,459,252.</td>
<td>1,323,909.</td>
<td>135,343.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>54,300.</td>
<td>20,330.</td>
<td>33,970.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

5,488,837.

Schedule D (Form 990) 2019
### Part VII Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
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<td>(E)</td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Deferred rent and lease incentive liability</td>
<td>999,623.</td>
</tr>
<tr>
<td>(3) Security deposits</td>
<td>2,709.</td>
</tr>
</tbody>
</table>

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

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

Schedule D (Form 990) 2019
### Schedule D (Form 990) 2019
#### Iona Senior Services

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>8,805,110.</td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>245,452.</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>247,223.</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>492,675.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>8,312,435.</td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>42,908.</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>42,908.</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>8,355,343.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>7,068,827.</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>247,223.</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>247,223.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>6,821,604.</td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>42,908.</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>42,908.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>6,864,512.</td>
</tr>
</tbody>
</table>

#### 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:**

Iona's building endowment has been funded by donor-restricted contributions to be held in perpetuity, the earnings of which are to be used for building-related expenditures including operations, maintenance, repairs and replacements, and capital improvements.

Braxton I Warner Memorial endowment has been funded by donor-restricted contributions to be held in perpetuity, the earnings of which are to be used to establish a training fund to provide special training on an annual basis for the staff of Iona.

Caregiver Support endowment has been funded by donor-restricted...
contributions to be held in perpetuity, the earnings of which are to be used to provide scholarships and related support for needy senior citizens in the Washington, D.C. area to attend Iona Wellness and Arts Programs.

Jerome Jacobson Foundation endowment has been funded by donor-restricted contributions to be held in perpetuity, the earnings of which are to be used in support of Iona's programs and services.

Iona maintains a Board-designated endowment fund for support of Iona's programs.

Part X, Line 2:

Management has evaluated Iona's tax positions and concluded that its financial statements do not contain any uncertain tax positions.
**Part I: Types of Property**

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art · Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art · Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art · Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities · Publicly traded</td>
<td>X</td>
<td>6</td>
<td>57,264. FMV</td>
</tr>
<tr>
<td>10 Securities · Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities · Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities · Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution · Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution · Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate · Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate · Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate · Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archaeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ⚫ Yes ⚫ No

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ⚫ Yes ⚫ No

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ⚫ Yes ⚫ No

**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.

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

Schedule M (Form 990) 2019
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.
Form 990, Part III, Line 4a, Program Service Accomplishments:

Consultation, Care Management and Counseling: We also served a total of 132 clients with consultations and geriatric care management services.

In addition, Iona offers mental health counseling and support groups to help people better cope with caregiver stress, grief, loss, depression, chronic illness such as Parkinson’s, low vision or other disabilities, memory loss, and major life transitions. In FY20, we served 122 clients through our on-site support groups and also 63 clients with psychotherapy.

Form 990, Part III, Line 4b, Program Service Accomplishments:

participants in FY20.

Iona also coordinated the service and delivery of 43,170 meals to homebound older adults in FY20. In addition, 758 volunteers gave 7,496 hours of their time and talent in service to Iona’s mission. Our newest and widest reaching Around Town DC program also serves the DMV with wellness classes. With a lack of brick and mortar senior wellness centers in Wards 2 and 3 this program was developed and funded by DACL. In FY20 the program pivoted to offering all classes completely virtually serving 599 older adults city-wide.

Form 990, Part III, Line 4d, Other Program Services:

Corporate Eldercare: Iona provides confidential, comprehensive support
and resources to help employees through the challenges of caregiving.
The services Iona provides include full- or part-time onsite professional consulting by a licensed social worker; in-depth customized resources and referrals; educational seminars on caregiving and retirement; professionally-facilitated support groups; and articles for employees on aging/caregiving issues. Our Fannie Mae consultant had 599 client encounters in FY2020.

Expenses $ 0. including grants of $ 0. Revenue $ 157,300.

Advocacy: Iona hosts three advocacy groups that work to improve the quality of life for older adults and their families in Washington, DC.

The DC Coalition on Long-Term Care ("the Coalition") was founded in 1995 by concerned consumers, advocates, and health care providers to develop quality and affordable long-term care options for low-income DC older adults and persons with disabilities or chronic health care needs to age in place. The Coalition's current work is focused on wage improvement, health benefits, training, supervision, and opportunities for advancement of the necessary long-term care workforce, improvements in access to Medicaid benefits and more.

Expenses $ 129,459. including grants of $ 0. Revenue $ 0.

Downtown Cluster's Geriatric Daycare Center, Inc.: On October 1, 2019, Iona was awarded a new grant from the Department on Aging and Community Living to provide adult day health services, first through Downtown Cluster's Geriatric Daycare Center and then at Iona's new Washington Home Center in the Congress Heights Neighborhood of Ward 8 when it was completed towards the end of the fiscal year. As Iona's Center opened,
Downtown Cluster's closed and all participants were invited to join Iona's new Center.

Expenses $ 520,593. including grants of $ 0. Revenue $ 0.

Congress Heights Adult Day Health Center: In FY19 Iona's Executive Director, together with the Board of Directors announced that we would be building an Adult Day Health Center in the Congress Heights neighborhood of Ward 8. Work in FY2020 included a complete renovation of the space in time to open our doors to a small number of participants in-person in October 2020 while serving many more virtually until it is safe to come in person. Providing residents of Wards 7 and 8 access to adult day health care is one step in addressing the inequities that exist between NW and SE DC. With a focus on well-being and creativity, we lift spirits, build confidence, and stimulate cognitive function. At the same time, our approach reduces depression and hospitalizations. High quality adult day health care provides older family members a reason to get up in the morning, enjoy activities, and make new friends, all while under the care of compassionate nurses and other staff.

Expenses $ 606,915. including grants of $ 0. Revenue $ 0.

Information and Referral Helpline: In addition to the 2,800 older adults and family caregivers who are directly helped by Iona to cope with the complex challenges of aging, Iona reaches 44,000 people with information from its website and free Resource Guide. In fiscal year 2020, 4,321 calls to Iona's Helpline from 2,172 people were answered by expert staff comprised of social workers and nurses who connect people to resources at Iona and beyond.
Expenses $ 0. including grants of $ 0. Revenue $ 0.

Food Pantry Plus: Due to the pandemic many of our clients needed shelf-stable food and other household items such as toilet paper and cleaning products that they were otherwise unable to obtain. We expanded our small food pantry, moving it from a closet to our large fitness room which now resembles a mini market. Using volunteer delivery drivers we are able to serve clients citywide. The program was launched in March 2020. We made 591 deliveries to 211 clients in need between March and the end of our fiscal year on September 30th and the program is still going strong.

Expenses $ 0. including grants of $ 0. Revenue $ 0.

Form 990, Part VI, Section B, line 11b:
The 990 is reviewed by the Executive Director, Finance Director, and Chair of the Finance and Administrative Committee prior to filing. Iona submits the Form 990 to the organization's governing body before filing.

Form 990, Part VI, Section B, Line 12c:
Each member of the Board and certain staff members and volunteers complete the Conflict of Interest Reporting Form annually and submit it to the Executive Director, who shares all reports with the President of the Board for any appropriate action.

Form 990, Part VI, Section B, Line 15:
The Board of Directors determines the salary for the Executive Director. Compensation for all other employees is determined by the Executive Director and management staff based on comparable compensation rates for
similar organizations and positions, market data and the level of resources available for the position.

Form 990, Part VI, Section C, Line 18:
Iona makes its 990 available to the public upon request.

Form 990, Part VI, Section C, Line 19:
Iona's governing documents, conflict of interest policy, and financial statements are available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:
Contract services:

Program service expenses  886,571.
Management and general expenses  129,335.
Fundraising expenses  15,452.
Total expenses  1,031,358.

Total Other Fees on Form 990, Part IX, line 11g, Col A  1,031,358.

Form 990, Part XII, Line 2c:
Iona's Board of Directors is responsible for oversight of the audit including selection of the independent accountant. The process has not changed from prior years.