Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

2020 Open to Public Inspection

OMB No 1545-0047

В	Check if ap	plicable: C Name of organization		D Employe	r identification number
	Address ch	nange PITT COUNTY COUNCIL ON AGING, I	NC.	22470	
$\overline{\Box}$	Name chan	Doing business as		52-1	042008
\vdash		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial return			252-	<u>752-1717 </u>
	terminated	TAVDA	/EDIO OCO	0.2	
	Amended re		ELCO	G Gross rec	eipts \$ 2,529,689
\vdash		Pre	pared t / H(a) is this agr	nun return for s	ubordinates? Yes X No
Ш	Application	Cayton & 7	Associales, LLP	Jup rotum tot s	
		3304 GREY FOX TRAIL Certified Pu			
_		GREENVILLE NC 27858 Greenville.	North Carolina "No.	* attach a list.	See instructions
1	Tax-exem		7		
J	Website:		H(c) Group exe	motion numbe	r 🕨
K	Form of on		L Year of formation:		M State of legal domicile:
	art I	Summary			
•		triefly describe the organization's mission or most significant activities: THE PITT COUNTY COUNCIL ON AGING, INC. IS A NON-PR	ORIT AGRNCY W	ттн а	
Governance	200	COMMITMENT TO IMPROVE THE QUALITY OF LIFE FOR OLDE			
Ē	1 1	ADVOCACY, SERVICES, LIFE ENRICHMENT ACTIVITIES AND			
×	2 0	heck this box		note	**********
Ö	1 3 N	lumber of voting members of the governing body (Part VI, line 1a)	than 25% of its het as	3	20
Activities &		lumber of independent voting members of the governing body (Part VI, line 1b)			20
iţie		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	25
흃	1	otal number of volunteers (estimate if necessary)		6	0
₹		otal unrelated business revenue from Part VIII, column (C), line 12		26	
	1	let unrelated business taxable income from Form 990-T, Part I, line 11		7a	0
_	1 514	et difference dusiness taxable income from Portit 950-1, Part I, line 11	Prior Ye	. 7b	Current Year
	8 C	contributions and grants (Part VIII, line 1h)		5,176	2,304,677
2	9 P	rogram service revenue (Part VIII, line 2g)		1,073	172,000
Revenue	10 In	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,123	53,012
ď	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,	00/022
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,00	8,372	2,529,689
_		irants and similar amounts paid (Part IX, column (A), lines 1–3)		7, 7, -	0
		enefits paid to or for members (Part IX, column (A), line 4)	1213731		0
u)	45.0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47	6,104	459,308
Expenses	16aP	rofessional fundraising fees (Part IX, column (A), line 11e)		· / - · -	0
8	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ă	17 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93	7,767	1,037,408
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,871	1,496,716
	1	evenue less expenses. Subtract line 18 from line 12		4,501	1,032,973
5			Beginning of Cu		End of Year
Net Assets or	20 Te	otal assets (Part X, line 16)	2,90	5,911	3,875,010
\$0	21 To	otal liabilities (Part X, line 26)		8,082	124,208
A 2 3 3 3 5 5		et assets or fund balances. Subtract line 21 from line 20	2,71	7,829	3,750,802
	art II	Signature Block			
U	nder pena ue, correc	alties of perjury, I declare that I have examined this return, including accompanying schedules and ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	i statements, and to the b reparer has any knowleds	est of my kn je.	owledge and belief, it is
7 V 7		Well I Merilo			10/28/21
Sig	an l	Signature of officer		Date	10010
	re	BILL NEWILL C	HAIRMAN		
		Type or print name and title			··
_	-	Print/Type preparer's name Proparer's signature	Date	Check	if PTIN
Pai	id 🛭	RALPH B. WARD, CPA	10/2		U"
Pre	narar T	Firm's name CAYTON & ASSOCIATES, LLP		im's EIN	56-2212120
Use	Only	1696 E ARLINGTON BLVD.	2 2777 2016	BIRS EIN F	JU-221212U
	1	Firm's address GREENVILLE, NC 27858-7829	1.	lb.a.a.a	252-756-6266
Mar		6 discuss this return with the preparer shown above? See instructions		hone no.	
-		ork Reduction Act Notice, see the separate Instructions.			
DAA					Form 990 (2020)

Part III Statement of Program Se Check if Schedule O contai Briefly describe the organization's mission.	rvice Accomplishments ns a response or note to any line in this Part III	<u></u>
		X
THE PITT COUNTY COUNCIL COMMITMENT TO IMPROVE T	ON AGING, INC. IS A NON-PROFIT AGEN THE QUALITY OF LIFE FOR OLDER AMERICA TE ENRICHMENT ACTIVITIES AND FRIENDSH	NS THROUGH
prior Form 990 or 990-EZ?	nt program services during the year which were not listed on the	Yes X No
If "Yes," describe these new services on Sci Did the organization cease conducting, or m services? If "Yes," describe these changes on Schedu	ake significant changes in how it conducts, any program	Yes X No
4 Describe the organization's program service	accomplishments for each of its three largest program services, as measurganizations are required to report the amount of grants and allocations to	
COMMITTMENT TO IMPROVE	including grants of \$) (Reventor ON AGING, INC IS A NON-PROFIT AGENCY THE QUALITY OF LIFE FOR OLDER AMERICALIFE ENRICHMENT ACTIVITIES AND FRIENT	Y WITH A CANS THROUGH
Family and the second s		
	***************************************	***************************************

1 *************************************		
• • • • • • • • • • • • • • • • • • • •		
N/A		
c (Code:) (Expenses \$	including grants of \$) (Reven	ue \$
N/A		
***************************************		***************************************
- 3		*************************

4d Other program services (Describe on Sched	ulo O)	
(Expenses \$ 1,292,502 in		1
le Total program service expenses	1,292,502	
A		Form 990 (2020

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D. Part V 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 11b X Did the organization report an amount for investments---program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

Pa	artiv Checklist of Required Schedules (continued)			
22	Did the exemplation count many than \$5,000 of argula as allow explanate to be for demantic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	333 FEB 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22		<u> </u>
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		ĺ	
24-	employees? If "Yes," complete Schedule J	23	-	X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	.,
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	⊢
С				
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ —	
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	-		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	2002000000	29200009102	000000000
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	x
c		200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	·		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30				v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	·		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	~		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		$_{\mathtt{X}}$
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. []		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	h -		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	iff V Statements Regarding Other IRS Filings and Tax Compliance			_
north (A	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	And the state of t	ANNAGGGGGG	verver00000	~~~

1000	Otatements regarding Other Ind Finings and Tax Compitance (Conti	nueu)			_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	I		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	·		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1500-2000		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu	le O	*******************	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	4.53	rity over,	Metric .		
	a financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	İ	x
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	roman, v	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			Ì	
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			111		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r goods				
	and services provided to the payor?	*******		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	*******		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas		10000		
	required to file Form 8282?	25.3225	4-7-1-2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	OF THE PERSON OF			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file a		1,000,000	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi			7h		S0000-000-0
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by t	he			
_	sponsoring organization have excess business holdings at any time during the year?			8	description	*********
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?		*************	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		*******	9b	200000000	X-000-000-000
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	-مه ا	I			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a				
b	and the first and the first and a second first the second first the second	445				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	* 	40-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>			
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		-
u	Note: See the instructions for additional information the organization must report on Schedule O.	*******		13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of recorder on hand	13c	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	100	<u> </u>	14a	***************************************	х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School	lule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur			55.00		
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	*******	******************			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt incon	ne?	16	:01000000000	X
	If "Yes," complete Form 4720, Schedule O.					

	n 990 (2020) PITT COUNTY COUNCIL ON AGING, INC. 52-1042008 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	nh 7h	helow and	for a		⊃age 6
89.44	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of					ons
	Check if Schedule O contains a response or note to any line in this Part VI			1000	- 111	X
Sec	tion A. Governing Body and Management					_
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Yes	No
1a		1a	19			
	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.	44.	19			
2 2	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1b	17	-		
-	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct			2	 	X
•	supervision of officers, directors, trustees, or key employees to a management company or other person?			3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	20.22		5	_	X
6	Did the organization have members or stockholders?	renan		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	2.49				<u> </u>
	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by ti	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	0.00		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal R	<u>evenue Co</u>	de.)		
40-	Printer and the state of the st				Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					İ
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	de de de		10b		├
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990.	the 10	السار الاسار	11a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			420		v
b		to co	nflicte?	12a 12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10 00	illiota :	120		├─
•	describe in Schedule O how this was done			12c		
13	Did the organization have a written whietlehlower policy?			13		x
14	Did the organization have a written document retention and destruction policy?		111111111111111111111111111111111111111	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		ORGO FRANCS			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
0	organization's exempt status with respect to such arrangements?			16b		<u></u>
	tion 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 (Se	ction	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)					
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.	et ne	lion and			
		or ho	noy, allu			

GREENVILLE

State the name, address, and telephone number of the person who possesses the organization's books and records >

4551 COUNTY HOME ROAD

financial statements available to the public during the tax year.

NC 27834

252-752-1717

RICHARD ZECK

20

Form 990 (2020) PITT COUNTY COUNCIL ON AGING, INC. 52-1042008

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unic	Pos check ess pe	rson	than or is both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-21099-MISC)	organization and related organizations
(1) MICHAEL ABRAMOW	TZ			Г						
	0.00									
BOARD MEMBER	0.00	X			<u> </u>			0	0	0
(2) LEE ADAMS										
	0.00					Ιİ				
BOARD MEMBER	0.00	X		L.				0	0	0
(3) GREGG BATTON						1 1				
20	0.00	}								
BOARD MEMBER	0.00	X	L			Ш		0	0	0
(4) LYDIA BEST										
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(5) NICOLE BROWN										
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) JOSEPH CHROBAK										
	0.00					1				
BOARD MEMBER	0.00	X						0	0	0
(7) RAY FRANKS						П				
	0.00									
TREASURER	0.00	X		X				0	O	0
(8) ROSIE GRINDER										
	0.00									
DIRECTOR	0.00	X						0	0	0
(9) JACK HANSEL						П				
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(10) ALICE KEENE						П				
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) KELLY KURZ										_
	0.00	ı,								
BOARD MEMBER	0.00	X						0	0	0
					-					Econ 990 (2020)

Part VII Section A. Officers	s, Directors, Tru	Istee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	l Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related	of	x, uni ficer a	Pos check ess pe ind a c	rson	than o	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from retated organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional trustee	9er	employee	Highest compensated employee	ner			Telated Giganizations
(12) AL MULLER	0.00									
BOARD MEMBER (13) BILL NEWILL	0.00	X	-		\vdash	-		0	0	0
CHAIRMAN	0.00	x		x				o	o	0
(14) MARY PERKINS				<u> </u>					<u></u>	
	0.00	l								
60ARD MEMBER (15) CYNTHIA ROSS	0.00	Х	-	⊢	_			0	0	0
(20) CIMILLI RODD	0.00									
BOARD MEMBER	0.00	x						0	o	
(16) SHARON SCHLIC										
BOARD MEMBER	0.00	x						o		
(17) JOHN MINGES	0.00	1				\vdash			0	0
	0.00								·	
PAST CHAIRMAN (18) SUE TIDD	0.00	-	<u> </u>	X	_			0	0	0
(18) SUE TIDD	0.00									
SECRETARY	0.00			x				o	o	o
(19) CHRISTOPHER V	OODS									
UTOT OUR TOWN	0.00									
VICE CHAIRMAN 1b Subtotal	0.00			X		Щ		0	0	0
c Total from continuation shee	ets to Part VII, S	ecti	on A			395	•			
d Total (add lines 1b and 1c)	*****************	.,,	. 20.			300	<u> </u>			
2 Total number of individuals (in reportable compensation from	cluding but not li the organization	mite	d to 0	thos	e lis	ted a	bove	e) who received more than	\$100,000 of	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	tru:	stee,	, key	emp	loye	ee, or highest compensated	i	Yes No
4 For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation omplete Schedule J for suc	from the	
individual 5 Did any person listed on line 1:	a receive or acci	rue c	omp	ensi	ation	from	n an	y unrelated organization or	individual	4 X
for services rendered to the or	ganization? <i>If</i> "Y	es,"	com	olete	Sci	redui	e J	for such person		5 X
Section B. Independent Contracto 1 Complete this table for your five	e highest compe	ensa	ted i	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of	
compensation from the organiz	(A) business address	mpe	nsa	IIQN I	OF tr	ie ca	iena		in the organization's tax ye (B) ion of services	
Name and	ousiness address		-	-				Descript	ion of services	(C) Compensation
							-			
						-				
	<u>. </u>	_							-	
· · · · · · · · · · · · · · · · · · ·										
								· · · · · · · · · · · · · · · · · · ·		
2 Total number of independent or received more than \$100,000 or	ontractors (inclu-	ding from	but in the	not li oras	imite aniza	d to	thos	e listed above) who	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (D) Revenue excluded Unrelated function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 1,271,748 f All other contributions, gifts, grants, and similar amounts not included above 1f 1,032,929 Noncash contributions included in lines 1a-1f. 1g |\$ h Total. Add lines 1a-1f. 2,304,677 • **Business Code** OTHER PROGRAM INCOME 161,293 Program Service Revenue 161,293 CST SHR-CONGRE. NUTRITION 5,819 5,819 CST SHR-HM DEL. MEALS 4,863 4,863 CST SHR-TRANSPORTATION 25 25 f All other program service revenue g Total. Add lines 2a-2f • 172,000 Investment income (including dividends, interest, and other similar amounts) 53,012 53,012 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 86 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous C All other revenue Total. Add lines 11a-11d Total revenue. See instructions • 2,529,689 53,012 0 172,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. (D) Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 391,783 310,543 81,240 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits <u>5,537</u> 30,761 25,224 36,764 30,431 6,333 Payroll taxes Fees for services (nonemployees): Management b Legal Accounting 26,236 26,236 C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 Office expenses 3,386 3,386 13 Information technology 14 15 Royalties 16 Occupancy 49,753 34,827 14,926 6,321 6,059 17 Travel 262 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 48,182 48,182 22 20,349 18,314 23 2.035 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 Q.) NUTRITION PROGRAM 479,128 479,128 TRANSPORTATION 208,595 208,595 HOME REPAIRS 70,353 70,353 INFORMATION & REFFERAL 58,167 58,167 All other expenses 66,938 8,476 58,462 1,496,716 Total functional expenses. Add lines 1 through 24e 1,292,502 204,214 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) Beginning of year (C) Beginning of year (B) Beginning of year (C) Beginning of year (B) Beginning of year (C) Beginning	Pa	art)			and the Day A.W.			
1 Cash—non-interest-bearing 1 2 772,756 3 234,183 2 372,756 3 2 372,756 3 2 372,756 3 2 372,756 3 2 372,756 3 2 372,756 3 2 372,756 3 2 372,756 3 3 3 3 3 3 3 3 3			Check it Schedule O contains a response or	note to any ii	ne in this Part X			T
2 Savings and temporary cash investments 4.09,436 2 772,756 3 Pledges and grants receivable, net 76,750 3 234,183 4 4 4 4 4 4 4 4 4		1	Cash—non-interest-hearing			Degining of year	-	End of year
Pledges and grants receivable, net	- 1					400 436	_	772 756
4 Accounts receivable, net 5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans tracelvable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 686,627 1,545,953 10c 1,517,362 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Interpretation to the securities See Part V, line 11 15 Investments—publicly traded securities 16 Other assets. See Part V, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exampt bond liabilities 20 Tax-exampt bond liabilities 20 Tax-exampt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Cans and other payables to any current or former officer, director, trustsee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. (Including deforal income ats., payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. (Including deforal income ats., payables to related third parties, and other liabilities not follow FASB ASC 988, check here ▶ And Complete Inlus 27, 22, 32, and 33 27 Total eassets of fl								
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32 Total net assets or fund balances 2,717,829 32 3,750,802 33 Total liabilities and net assets/fund balances 2,905,911 33 3,875,010	§			0.7.7			-	
2 33 Total liabilities and net assets/fund balances 2.905.911 33 3.975.010	; 등		Total not access or fund balances			2,717.829		3.750.802
	z	33				2,905,911		3,875,010

orn	1990 (2020) PITT COUNTY COUNCIL ON AGING, INC. 52-1042008			Page 12
	rt XI Reconciliation of Net Assets			-
_	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,529	,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,496	,716
3	Revenue less expenses, Subtract line 2 from line 1	3	1,032	,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,717	,829
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		10.	
	32, column (B))	10	3,750	,802
Pa	int XII Financial Statements and Reporting	79.17.17	***	
	Check if Schedule O contains a response or note to any line in this Part XII			
	\$		Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			~~~
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			Form 9	90 (2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

20

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

PITT COUNTY COUNCIL ON AGING, INC.

Employer identification number 52-1042008

	al L I			Status. (All organizations				ns
The	orga			se it is: (For lines 1 through 12,		-		
1	\vdash			sociation of churches described			1)(A)(i).	
2	Н			(A)(ii). (Attach Schedule E (For				
3	Ш			ce organization described in se				
4	Ш	A medical re city, and stat		d in conjunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
5			tion operated for the benefit (b)(1)(A)(iv). (Complete Part	of a college or university owned	l or opera	ted by a g	overnmental unit described in	
6		A federal, sta	ate, or local government or g	povernmental unit described in s	section 1	70(b)(1)(A	s)(v).	
7		An organizat		substantial part of its support fr				:
8		A community	y trust described in section	170(b)(1)(A)(vI). (Complete Par	t II.)			
9	Ш	An agricultur or university university:	ral research organization des or a non-land-grant college	scribed in section 170(b)(1)(A)(of agriculture (see instructions).	(ix) operat Enter the	ed in conj name, ci	unction with a land-grant collecty, and state of the college or	ge
10	X	receipts from support from	n activities related to its exen gross investment income a	1) more than 33 1/3% of its sup npt functions, subject to certain nd unrelated business taxable it 0, 1975. See section 509(a)(2)	exception ncome (le	ns; and (2) ss section) no more than 331/3% of its 1 511 tax) from businesses	oss
11	\Box			exclusively to test for public saf				
12				exclusively for the benefit of, to				ses
		of one or mo	re publicly supported organia	zations described in section 50 hat describes the type of suppo	9(a)(1) or	section (509(a)(2). See section 509(a)(3).
	а	Type I. A	supporting organization op-	erated, supervised, or controlled wer to regularly appoint or elect	d by its su	pported o	rganization(s), typically by givis	
				omplete Part IV, Sections A a		y or the di	rectors of trastees of the	
	b			pervised or controlled in conne ting organization vested in the				ad.
		organiza	tion(s). You must complete	Part IV, Sections A and C.	odino por	JOHO LIIGE	control of mishage the support	50
	С	Type III 1	functionally integrated. A s	supporting organization operate structions). You must complete	d in conne Part IV.	ection with Sections	i, and functionally integrated wi	ith,
	d	Type III i	non-functionally integrated	d. A supporting organization open organization open organization generally must see	erated in d	connection	n with its supported organizatio	n(s)
				nust complete Part IV, Sectio				
	е	Check th functions	is box if the organization rec illy integrated, or Type til no	eived a written determination fr n-functionally integrated suppor	om the IR	S that it is	s a Type I, Type II, Type III	
	f	Enter the nur	mber of supported organizati	ons	Presenter			575576
	g	Provide the for	ollowing information about the	ne supported organization(s).				
(i		e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	ii ibu deloria)	instructions)
(A)								
						j		
(B)								
(C)					 			
(D)								
(E)								
ota	1							

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (e) 2020 (c) 2018 (d) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 14 % Public support percentage from 2019 Schedule A, Part II, line 14 15 15 % 33 1/3% support test-2020. 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 33 1/3% support test-2019. 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-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 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.)

_	il the organization falls to	guanty under the	tests listed be	low, picase co	inpicte i art ii.		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕒 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	976,720	1,195,552	1,049,729	1,915,176	2,304,677	7,441,854
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48	72	11,853	2,123	53, 012	67,108
3	Gross receipts from activities that are not an unrelated trade or business under section 513	250,349	109,692	342,663	91,073	172,000	965,777
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,227,117	1,305,316	1,404,245	2,008,372	2,529,689	8,474,739
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						8,474,739
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,227,117	1,305,316	1,404,245	2,008,372	2,529,689	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,007,007	1,303,310	1,404,245	2,000,372	2,323,003	8,474,739
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,227,117	1,305,316	1,404,245	2,008,372	2,529,689	8,474,739
14	First 5 years. If the Form 990 is for the org		cond, third, fourth,	or fifth tax year as	a section 501(c)((3)	
0	organization, check this box and stop here						macrici 🕨 📙
	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8,	column (f), divided	by line 13, column	· (f))			100.00%
16 Sac	Public support percentage from 2019 Sche tion D. Computation of Investment						100.00%
360 17	Investment income percentage for 2020 (lin			column (0)		47	
	Investment income percentage from 2019 S					17	
.0 19a	33 1/3% support tests—2020. If the organ			4. and line 15 is m	ore than 33 1/3%		<u> </u>
	17 is not more than 33 1/3%, check this bo						▶ X
b							······································
	line 18 is not more than 33 1/3%, check thi						▶ □
20	Private foundation. If the organization did					-	▶ □

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

	Yes	No
1		
2		
3a		177-12 11-12 1
3b		
3с		
4a		
4b		
4c		
5a		
5a		
5b		
5c		
BC		
6		
7		
8		
9a		
9b	2100000	
9c		
10a		
000000000000000000000000000000000000000		

Par	t IV Supporting Organizations (continued)			
		CECH WINT	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	11a		20.000000000000000000000000000000000000
ь	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
	detail in Part VI.	11c	200200000000000000000000000000000000000	30000000000
Secti	on B. Type I Supporting Organizations	1 1 1 1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 8000000000000000000000000000000000000		
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,			
2006	supervised, or controlled the supporting organization.	2		
secu	on C. Type II Supporting Organizations			
		200000000000000000000000000000000000000	Yes	<u>No</u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instri			
2	Activities Test. Answer lines 2a and 2b below.	Commence or or or or or or or or or or or or or	Yes	No
а	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.	_2a		
þ	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		constanti
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

	ule A (Form 990 or 990-EZ) 2020 PITT COUNTY COUNCIL ON AGING			008 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			00
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E.	
Sect	ion A Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	"	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of	Ť		
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(орионан)
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	-		· · · · · · · · · · · · · · · · · · ·
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		¥-
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	_	
	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	3		_
•	emergency temporary reduction (see instructions).			
7	Check here if the current year is the organization's first as a non-functionally integrated 1	6	Levenadia e e e e e e e e e e e e e e e e e e e	
•	(see instructions).	ypę II	supporting organization	
	(and man delicita).			

Pari	V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiza	tions (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt p	urposes					
2	Amounts paid to perform activity that directly furthers exempt purp	poses of supported					
	organizations, in excess of income from activity			J			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets			9-89			
5	Qualified set-aside amounts (prior IRS approval required-provide	e details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the org	anization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6						
0	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(III) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
ь	From 2016						
c	From 2017						
d	From 2018						
0	From 2019						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Carryover from 2015 not applied (see instructions)						
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D, line 7:						
а	Applied to underdistributions of prior years			•			
	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		19.				
6	Remaining underdistributions for 2020 Subtract lines 3h						
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
<u> </u>	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Enveys in still EVEV	• Proceedings of the Company of t	novinos su processo de la companie de la companie de la companie de la companie de la companie de la companie d				

	m 990 or 9 90-EZ) 2020	PITT	COUNTY	COUNCIL	ON AGINO	G, INC.	52-1042008	Page 8
Part VI	III, line 12; Part I B, lines 1 and 2;	nformation. V, Section A, Part IV, Sect	Provide the lines 1, 2, ion C, line	explanations 3b, 3c, 4b, 4d 1; Part IV, Se	required by c, 5a, 6, 9a, 9 ction D, lines	Part II, line 10 b, 9c, 11a, 11 2 and 3; Part	; Part II, line 17a or b, and 11c; Part IV IV, Section E, Ii nes and 8; and Part V	17b; Part Section 1c. 2a. 2b.
	lines 2, 5, and 6.	Also comple	te this part	for any additi	onal informat	ion. (See insti	ructions.)	
			A					***************

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	e of the organization			Employer identification number
-	PITT COUNTY COUNCIL ON A			52-1042008
Pa	art Dorganizations Maintaining Complete if the organization	Donor Advised Funds or C answered "Yes" on Form 990	other Similar Funds or A), Part IV, line 6.	accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year	ar)		
3		distriction of the state of the		
4	Aggregate value at end of year			
5	Did the organization inform all donors and don	or advisors in writing that the asset	s 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, donor	s, and donor advisors in writing tha		
	only for charitable purposes and not for the be	nefit of the donor or donor advisor,	or for any other purpose	
	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements.			
	Complete if the organization			
1	Purpose(s) of conservation easements held by		ply).	
	Preservation of land for public use (for exa	mple, recreation or education)	Preservation of a historically i	
	Protection of natural habitat	_	Preservation of a certified his	toric structure
•	Preservation of open space			
2		on held a qualified conservation con	tribution in the form of a conse	000000000000000000000000000000000000000
	easement on the last day of the tax year.			Held at the End of the Tax Year
a				'
b		nents		2b
C				2c
d			t on a	
	historic structure listed in the National Registe			2d
3	,	transferred, released, extinguished,	or terminated by the organizat	ion during the
	tax year >			
4	Number of states where property subject to co		termina.	
5	Does the organization have a written policy required the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written policy required to the same and organization have a written have a written and organization have a written		ection, handling of	
•	violations, and enforcement of the conservatio			Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, nandling of violations	, and enforcing conservation ea	sements during the year
7	Amount of evapones incurred in manifesian in			
•	Amount of expenses incurred in monitoring, in: \$ \\$	specting, nandling of violations, and	entorcing conservation easem	ents during the year
Q	144441111111111111111111111111111111111	line 2/d\ above estist, the require		
0	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	i line 2(d) above satisfy the requirer	nents of section 170(n)(4)(B)(I)	
9	In Part XIII, describe how the organization repo	resource and a second to be a		Yes No
•	balance sheet, and include, if applicable, the to			
	organization's accounting for conservation eas	ements.	ii s iiilaliolal statellielits tilat üt	sacribes (rie
Pa	art III Organizations Maintaining Complete if the organization a	Collections of Art, Historic	al Treasures, or Other S	Similar Assets.
4.0				
14	If the organization elected, as permitted under	PASB ASC 958, not to report in its	revenue statement and balance	sheet works
	of art, historical treasures, or other similar asse			ot public
h	service, provide in Part XIII the text of the footr If the organization elected, as permitted under			est wedge of
-	art, historical treasures, or other similar assets			
	provide the following amounts relating to these		i, or research in fultherance of	public service,
				.
	(ii) Assets included in Form 990 Part Y			
2	If the organization received or held works of an	historical treasures or other eimil		wide the
-	following amounts required to be reported under			vide trie
а	Revenue included on Form 990, Part VIII, line	4		. .
	Assets included in Form 990, Part X			
				TOTAL CONTRACTOR OF THE PARTY O

100	edule D (Form 990) 2020 PITT COL							Page 2
Pá	art III Organizations Maintaini						ets (conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records,	, check any of the fo	ollowing that r	nake significa	int use of its		
а	Public exhibition	d 🗌 L	oan or exchange pr	rogram				
þ	Scholarly research	e 🗌 O	ther					
C	Preservation for future generations	_	121011111111111111111111111111111111111					
4	Provide a description of the organization's	collections and explain I	how they further the	organization	's exempt pur	rpose in Part		
	XIII.		-	_				
5	During the year, did the organization solici	t or receive donations of	art, historical treas	ures, or other	similar			
	assets to be sold to raise funds rather than							res No
Pa	Escrow and Custodial A Complete if the organization 990, Part X, line 21.	rrangements.			11. 10. 11. 10. 10. 10. 10. 10. 10. 10.	ted an amo		
1a	Is the organization an agent, trustee, custo	odian or other intermedia	*					res No
b	If "Yes," explain the arrangement in Part X	III and complete the folk	owing table:					103
_			, , , , , , , , , , , , , , , , , , ,				Amou	nt
c	Beginning balance					1c		
•	Additions during the year					1e	-5a.m	
•	Distributions during the year							
20	Ending balance	F 000 D-4 V F 6						
	Did the organization include an amount on						L	res No
	If "Yes," explain the arrangement in Part X Endowment Funds.	III. Check here if the exp	lianation has been	provided on P	art XIII			
		an analysis of Wash.	C 000 D	and 11 (1in a	40			
	Complete if the organization							
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years b	ack (e) Fo	our years back
1a	Beginning of year balance			-				
b	Contributions				<u>_</u>			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the c		(line 1g, column (a))) held as:				
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a	Are there endowment funds not in the post	•	on that are held an	d administere	d for the			
	organization by:	or and organizati	017 11101 0110 11010 011		4 101 1110			Yes No
	(I) Uppellated assembled to a						20/11	
	400 m. 1 a b						000000	
ь	If "Yes" on line 3a(ii), are the related organ	izations listed as require	d on Cobodule D2				Sa(II)	'
4	Describe in Part XIII the intended uses of t						3b	-
103	# VI Land, Buildings, and Eq		ment lungs.					
	entropy and the second		an Farm 000 D	and N. / Black	14a Caa E	· 000 D		40
	Complete if the organization							
	Description of property	(a) Cost or other bas	100	r other basis	1 ''	umulated	(d) Boo	k value
		(investment)		ther)		ciation		
	Land			350,000		0.0.00.00.00.00.00.00.00.00.00	3	<u>50,000</u>
b	Buildings							
	Leasehold improvements							
	Equipment	36		4,666		3,072		1,594
0	Other			349,323	6	83,555	1,1	65,768
Fotal	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X	(, column (B), line :	10c.)		>	1.5	17,362

	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(p) Book Asine	(c) Method of va Cost or end-of-year r	
(1) Financial d				
	d equity interests			
2) Other				
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(0)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(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, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1) CASH-	CONSTRUCTION OF A NEW BUILDING	741,641	Cost of Biol-Or-year i	Harket Value
(2)	THE PURCH OF IS AIR BUILDING	1.271037		
(3)				
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)	741,641		
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	741,641		
(9) Fotal. (Column		· · · · · · · · · · · · · · · · · · ·		rt X, line 15.
(9) 「otal. <i>(Column</i>	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		rt X, line 15.
(9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line		(b) Book value
(9) Total. (Column Part IX (1)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Fotal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292, 121
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line		(b) Book value 292, 121
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121 292,121 90, Part X,
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121 292,121 90, Part X, (b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal ii (2) ACCRU	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Hability Income taxes ED PAYROLL & LIABILITIES	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121 292,121 90, Part X, (b) Book value 38,075
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal ii (2) ACCRU (3) DEFER	Other Assets. Complete if the organization answered "Yes" on (a) Description CONSTRUCTION IN PROGRES (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability ncome taxes	Form 990, Part IV, line	11d. See Form 990, Pa	(b) Book value 292,121 292,121 90, Part X, (b) Book value 38,075
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Sche	dule D (Form 990) 2020 PITT COUNTY COUNCIL ON A	GING, INC. 52-	1042008	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Reveni	ue per Return.	-
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements	22.00.00.20.00.00.00.00.00.00.00.00.00.0	3.0700333300 00 1 33	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_{2a}		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
			2e	
3	O blood Park On Survey Con A		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
•		45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
D	Other (Describe in Part XIII.)	40		
C	Add lines 4a and 4b			
- O	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	÷		
	Reconciliation of Expenses per Audited Financial	-	ises per Keturn.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 12a.	1.1	·
1			-cameraea	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
Ь	Prior year adjustments	2b		
C	Other losses			
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
ARARAMANA	rt XIII Supplemental Information.			
*****	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	10000		
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Part XIII Supplemental Information (continued)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number PITT COUNTY COUNCIL ON AGING, 52-1042008 INC. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS THE PITT COUNTY COUNCIL ON AGING, INC IS A NON-PROFIT AGENCY WITH A COMMITTMENT TO IMPROVE THE QUALITY OF LIFE FOR OLDER AMERICANS THROUGH ADVOCACY, SERVICES AND LIFE ENRICHMENT ACTIVITIES AND FRIENDSHIP. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS UPON REQUEST. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

PITT COUNTY COUNCIL ON AGING, INC.

OMB No. 1545-0172

Identifying number

52-1042008 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,590,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 48,182 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2020 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use only-see instructions) (e) Convention (f) Method (p) Depreciation deduction period service 19a 3-year property þ 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L MM Residential rental 27.5 yrs. S/L property ММ S/L 27.5 yrs. MM 39 yrs. S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 48,182 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs