EXTENDED TO NOVEMBER 15, 2023 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and endi	ing		
3 C	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	ARTS FOR THE AGING, INC.			
	Name change			52-19780	88
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone number	
]Final return/	15800 CRABBS BRANCH WAY, SUITE 300		301-255-	
	termin- ated ∃Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	615,435.
\vdash	Amend return Applica			H(a) Is this a group re	
	⊥tion pendin	F Name and address of principal officer. Officer.		for subordinates	—
			T 507	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: WWW.ARTSFORTHEAGING.ORG	527		list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other I	L Year o	of formation: 1900 N	State of legal domicile: MD
		Briefly describe the organization's mission or most significant activities: AFTA EN	1C 1 C	ותג סותדם אח	III.TC TN
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities: AFIA EM	DATIC	RO OTDEK AD	опто ти
nan	-				
veri		Check this box if the organization discontinued its operations or disposed of			15
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			15
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			
ţie		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ξį		Total number of volunteers (estimate if necessary)			0.
Ψ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		523,275.	504,143.
				43,345.	26,925.
ve		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		34,124.	20,321.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,580.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		600,744.	552,969.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00,7,220	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,557.	277,885.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Fotal fundraising expenses (Part IX, column (D), line 25) 68,503.	. –	•	
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		328,071.	310,456.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		626,628.	588,341.
		Revenue less expenses. Subtract line 18 from line 12		-25,884.	-35,372.
or Ses				ginning of Current Year	End of Year
Net Assets or Fund Balances	20 -	Total assets (Part X, line 16)		1,158,592.	1,026,606.
ASS J Ba		Fotal liabilities (Part X, line 26)		220,401.	218,020.
-uni		Net assets or fund balances. Subtract line 21 from line 20		938,191.	808,586.
	rt II	Signature Block			
Jnde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of my	knowledge and belief, it is
rue,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	
		CM MOM		5/25/20	23
Sigr		Signature of officer		Date	
Her	e þ	JAMINE TURSINI, DIRECTOR AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	- +	MICHAEL J. OCAMPO, CPA MICHAEL J. OCAMPO,	, C 0		P00367194
-		Firm's name GOLDMAN, CLEARFIELD & OCAMPO, LLP		Firm's EIN 5	3-0229586
Use	Only	Firm's address 6230 OLD DOBBIN LANE, SUITE 180			0 880 0000
		COLUMBIA, MD 21045		Phone no. 41	0-772-8090
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2022) ARTS FOR THE AGING, INC.	52-19/8088	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	ARTS FOR THE AGING IS A HUMAN SERVICE ORGANIZATION BASE	IN GREATER	_
	WASHINGTON D.C. THAT ENGAGES OLDER ADULTS AND CAREGIVERS		
	ABILITIES AND BACKGROUNDS IN HEALTH IMPROVEMENT AND LIFT		
	THROUGH REGULAR PARTICIPATION IN THE ARTS. OUR VISION IS		-
		, 10	
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	L <u>∡</u> No
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		505.)
	IN 2022, ARTS FOR THE AGING'S MULTIDISCIPLINARY, PARTIC	PATORY, AND	
	INCLUSIVE ARTS PROGRAMS: REACHED 20 CLIENT ORGANIZATIONS	S AT 40	
	LOCATIONS; ENGAGED 756 OLDER ADULTS, 148 PROFESSIONAL AI	ND FAMILY	
	CAREGIVERS, AND 35 STUDENTS; DELIVERED 50 HEART KITS (PI		
	PROJECTS) TO PEOPLE AT HOME TO BRIDGE THE DIGITAL DIVIDI		AMS
	WERE FACILITATED BY A FACULTY OF 28 PROFESSIONAL TEACHIN	=	OUR
	ATTENDANCE WAS 5,730 AT LIVE WORKSHOPS. WE INCREASED TH		
	PROGRAMS WE OFFERED BY 15%, FROM 300 IN THE PREVIOUS YEAR		ľ
	2022. CUMULATIVE IMPACT HOURS PER OLDER ADULT INCREASED		
	ZUZZ: COMODATIVE IMPACT HOOKS PER ODDER ADODI INCREASED	D1 196 10 1	4.0.
4b	(Code:) (Expenses \$	e \$)
4c	(0)	•	1
40	(Code:) (Expenses \$	e \$	
4d	Other program services (Describe on Schedule O.)		
. •	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 459,406.	J	
	Total program our viou expenses		

Form 990 (2022) ARTS FOR THE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	٠,		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) ARTS FOR THE AGING Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	۵		x
	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

022) ARTS FOR THE AGING, INC.

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

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	7		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	1			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country	<u> </u>			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB/		_		Х
5a	, , , , , , , , , , , , , , , , , , , ,		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		0a		- 25
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the navor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	–	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
Ŭ	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\overline{}$			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	F	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		103	140				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_		2		Х				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
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?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a								
<i>1</i> u	·							
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X				
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15						
		8a	х					
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD						
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	tion Dir onoto (mis section b requests information about politics not required by the internal revenue society		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b		Х				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.5.5						
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		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able				
. =	for public inspection. Indicate how you made these available. Check all that apply.		,					
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finai	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 301-255-0103							
	15800 CRABBS BRANCH WAY, SUITE 300, ROCKVILLE, MD 20855							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		(C	C)		nout	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an					from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or c	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trust	nal tru		loyee	edwo		1099-NEC)	·	and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) JANINE TURSINI	40.00	드	띡	10	3	Ξb	윤			
DIRECTOR AND CEO(EX-OFFICI		Х		Х				83,014.	0.	17,000.
(2) DONALD T. BLISS, ESQ	1.00									
DIRECTOR		Х						0.	0.	0.
(3) GABRIELA COMAN, ESQ	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) NANCY HAVLIK	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MICHELLE BAKER	1.00							_	_	_
CO-CHAIR DEVELOPMENT & COM		Х						0.	0.	0.
(6) RYAN WILSON, ESQ	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) JOYCE HAGEL-SILVERMAN	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(8) BRUCE MATTER, ESQ.	1.00	١								
GENERAL COUNSEL (EX-OFFICI	0.00	Х						0.	0.	0.
(9) DONALD WRIGHT	2.00	١						_		•
CHAIR	1 00	Х		X				0.	0.	0.
(10) ELINOR GINZLER	1.00	,,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(11) SCOTT SPAN	1.00	٠,,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(12) MELANIE JARRATT WOLFE	1.00	X						0.	0.	0.
CO-CHAIR DEVELOPMENT - COM (13) SVETLANA DIMOVSKI	1.00	^						0.	0.	0.
	1.00	X						0.	0.	0.
(14) DEBORAH RILEY	1.00	^						0.	0.	0.
CO-CHAIR DEVELOPMENT - COM	1.00	X						0.	0.	0.
(15) CATHERINE BELL	1.00							· ·	0.	
DIRECTOR	1.00	x						0.	0.	0.
(16) LISA CONSOLDANE	1.00					\vdash		•	<u> </u>	<u> </u>
DIRECTOR		x						0.	0.	0.
(17) JOSEPH JONES	1.00	ᢡ								
DIRECTOR		x						0.	0.	0.
			_			_				- 000

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e on ed
1b Subtotal c Total from continuation sheets to Part VI	I Section A							83,014.		0.	1	7,0	00.
d Total (add lines 1b and 1c) Total number of individuals (including but n								83,014. eceived more than \$100	,000 of reportabl	0.	1	7,0	00.
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	-				-						5		Х
Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С	(C Compe) nsatior	າ
Total number of independent contractors (i \$100,000 of compensation from the organization)	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than			990 <i>(c</i>	2005)

ARTS FOR THE AGING, INC. Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 207,577. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 296,566. similar amounts not included above 1f 2,185. 1g \$ g Noncash contributions included in lines 1a-1f 504,143. h Total. Add lines 1a-1f **Business Code** 26,925. 624310 26,925. 2 a FEES FOR SERVICE PROGR Program Service Revenue С f All other program service revenue 26,925. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,103. 19,103. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 63,684. **b** Less: cost or other basis Other Revenue 62,466. 7b and sales expenses 1,218. c Gain or (loss) ______7c 1,218. 1,218. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a CREDIT CARD REWARDS 900099 1,580. 1,580. b d All other revenue 1,580.

552,969.

28,505.

e Total. Add lines 11a-11d

Total revenue. See instructions

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 respon	•			X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,014.	83,012.	15,002.	2,000.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	143,802.	111,662.	21,474.	10,666.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.4.04=	44 00=		
9	Other employee benefits	14,367.	11,925.	2,155.	287.
10	Payroll taxes	19,702.	16,353.	2,955.	394.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	00.000	10 (5.4	0 206	
	Accounting	20,960.	18,654.	2,306.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	104 (50	120 200	1 220	F2 01F
	column (A), amount, list line 11g expenses on Sch 0.)	184,652.	130,308.	1,329.	53,015.
12	Advertising and promotion	9,788. 1,234.	8,711.	1,077.	25.
13	Office expenses	1,234.	1,024.	102.	43.
14	Information technology				
15	Royalties	26,747.	22,200.	4,012.	535.
16	Occupancy	1,119.	929.	168.	22.
17	Travel	1,119.	949•	100.	22•
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	277.			277.
19	Conferences, conventions, and meetings	4,126.	3,424.	619.	83.
20	Interest Payments to affiliates	7,140.	5,744.	010.	05.
21 22	Payments to affiliates Depreciation, depletion, and amortization	298.	247.	45.	6.
23		4,439.	3,684.	666.	89.
23 24	Other expenses. Itemize expenses not covered	1/1001	3,001.		
4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TECHNOLOGY	20,483.	17,001.	3,072.	410.
h	PRINTING	12,109.	10,051.	1,816.	242.
c	PROFESSIONAL DEVELOPMEN	12,078.	10,024.	1,812.	242.
d	MISCELLANEOUS	6,253.	5,190.	938.	125.
_	All other expenses	5,893.	5,007.	801.	85.
25	Total functional expenses. Add lines 1 through 24e	588,341.	459,406.	60,432.	68,503.
26	Joint costs. Complete this line only if the organization	•	,	•	· · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0000)

3

4

5

6 7

8

9

10c

11

12

13 14

15

17

18 19

20

21

22

23 24

25

26

27

28

339.

298.

633,552.

25,220.

70,401.

150,000.

220,401.

437,854.

500,337.

1,158,592.

24,575.

3

11

12

13

14

15

_iabilities

Net Assets or Fund Balances

99,020.

15,833.

345.

0.

565,116.

25,220.

68,020.

150,000.

218,020.

313,569.

495,017.

1,026,606.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 335,558. 302,744. Cash - non-interest-bearing 1 29,260. 18,328. 2 Savings and temporary cash investments 109,790.

32,089.

32,089.

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 Loans and other receivables from other disqualified persons (as defined

Pledges and grants receivable, net

Accounts receivable, net

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net Inventories for sale or use

Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a

b Less: accumulated depreciation 10b Investments - publicly traded securities Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11

16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable

19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25

Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions

Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Total liabilities and net assets/fund balances

30 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances

29 30 31

938,191. 808,586. 32 1,158,592. 1,026,606. 33

Form 990 (2022)

1 0111	1000 (2022)			ı u	90 : -
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,1	
5	Net unrealized gains (losses) on investments	5	-6	6,2	<u>39.</u>
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	-2	7,9	94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	80	8,5	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e 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 reviewe	d 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 separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization

ARTS FOR THE AGING, INC.

Employer identification number 52-1978088

OMB No. 1545-0047

Inspection

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

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4,) = 0.10	(10) 20 10	(0) = 0 = 0	(4) 202 :	(5) = 5 = 1	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	481,722.	404,879.	508,819.	523,176.	504,143.	2422739.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	481,722.	404,879.	508,819.	523,176.	504,143.	2422739.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0400000
	Public support. Subtract line 5 from line 4.						2422739.
	etion B. Total Support	() 22/2	#20040	() 0000	() 222 (() 0000	
	ndar year (or fiscal year beginning in)	(a) 2018 481,722.	(b) 2019 404,879.	(c) 2020 508,819.	(d) 2021 523,176.	(e) 2022 504,143.	(f) Total 2422739.
	Amounts from line 4	401,722.	404,079.	300,019.	343,170.	304,143.	2422739•
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	30,569.	20,539.	17,510.	34,124.	20,321.	123,063.
•	and income from similar sources	30,303.	20,333.	17,510.	34,124.	20,321.	123,003.
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					1,580.	1,580.
11	Total support. Add lines 7 through 10					_,	2547382.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	104,628.
	First 5 years. If the Form 990 is for the						<u> </u>
	organization, check this box and stor				, 		
Sed	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	95.11 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	94.72 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			Ш
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	_			-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	s 🗀

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						<u> </u>
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						<u></u>
Section C. Computation of Pub						
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))			%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, ch	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization is involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	Illy integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			
			_	

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

ARTS FOR THE AGING, INC. 52-1978088 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

ARTS FOR THE AGING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NANCY PEERY MARRIOTT FOUNDATION 7272 WISCONSIN AVENUE, 10TH FLOOR BETHESDA, MD 20814	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JOHN EDWARD FOWLER MEMORIAL FOUNDATION PO BOX 370 OAKTON, VA 22124	\$15,000.	Person X Payroll
			•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ARTS & HUMANITIES COUNCIL OF MONTGOMERY COUNTY 801 ELLSWORTH DRIVE SILVER SPRING, MD 20910	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	MORRIS & GWENDOLYN CAFRITZ FDN 1825 K STREET, NW, SUITE 410 WASHINGTON, DC 20006	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CLARK-WINCHCOLE FOUNDATION 7501 WISCONSIN AVENUE, SUITE 710 E BETHESDA, MD 20814	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	MARYLAND STATE ARTS COUNCIL 175 W. OSTEND STREET, SUITE E BALTIMORE, MD 21230	* 78,892.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ARTS FOR THE AGING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	BEVERLY A SPYROPOULOS 13350 NEW HAMPSHIRE AVE SILVER SPRING, MD 20904	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 MONTGOMERY COUNTY DEPARTMENT OF	Total contributions	Type of contribution
8	HOUSING AND COMMUNITY AFFAIRS 1401 ROCKVILLE PIKE, FLOOR 4 ROCKVILLE, MD 20852	\$ 26,685.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE SPARKJOY FOUNDATION 136 E. SOUTH TEMPLE, SUITE 2425 SALT LAKE CITY, UT 84111	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Trumo, addi C33, dila Eif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

ARTS FOR THE AGING, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

ARTS FOR THE AGING, INC.

Part III				c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ch	through (e) and the following line en	ntry. For orga	inizations		
	Use duplicate copies of Part III if additional s	pace is needed.	less for the y	cai. (Effect this line, office.)		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I		., -				
			-			
-						
		(e) Transfer of g	π			
	Transferee's name, address, ar	nd ZIP + 4	Rela	ationship of transferor to transferee		
				_		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(,	(-,		(5,		
			-			
-						
		(e) Transfer of g	ft			
	Transferee's name, address, an	nd ZIP + 4	Rela	ationship of transferor to transferee		
Γ						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	(b) Fulpose of gift	(c) Ose of gift		(u) Description of now gift is field		
			-			
			-	_		
	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Dumana of with	(a) Has of sift		(d) Description of how sift is held		
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			-			
			— -			
		(e) Transfer of g	ft			
	Transferee's name, address, ar	nd 7ID ± 4	Pole	ationship of transferor to transferee		
	manoreree o manne, auureoo, ar	M 411° T T	nela			

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 of the organization

ARTS FOR THE AGING, INC.

Employer identification number 52-1978088

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	1	
	Preservation of land for public use (for example, recreating	on or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a o	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included in (c) acquired at	•		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by the orga	anization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, ar	nd enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	·		
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	J		
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, ,		
	of art, historical treasures, or other similar assets held for publ			ance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public of	exhibition, education, or	r research in furtheran	ce of public service,
	provide the following amounts relating to these items:			_
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			ı, provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X			\$

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, d	or Othe	r Similar A	ssets(conti	nued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following tha	t make si	ignificant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain	how they further t	he organizati	on's exer	mpt purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or oth	er similar	assets		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			Yes	□ No
Pa	t IV Escrow and Custodial Arrang	•	te if the organizatio	n answered '	'Yes" on	Form 990, Parl	IV, line 9, o	r
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia							X No
	on Form 990, Part X?						Yes	L <u>A</u> ∟ No
D	If "Yes," explain the arrangement in Part XIII a	na complete the fol	lowing table:				Amoun	.+
	5						Amoun	<u> </u>
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f O-	Ending balance							
	Did the organization include an amount on Fo					τy?	Yes	No
	If "Yes," explain the arrangement in Part XIII. or V Endowment Funds. Complete if					0		
rai	Lindowinient i dinds. Complete ii	(a) Current year	(b) Prior year			d) Three years b	ack (a) Fou	r veare hack
4.	Parimina of war halana	906,147.	812,798.		3,102.	-		
_	Beginning of year balance	900,147.	012,790.	750	5,102.	623,1	21.	635,301.
b	Contributions	-73,912.	93,349.	5.	1 606	124 0	01	12 100
	Net investment earnings, gains, and losses	-/3,912.	93,349.	34	1,696.	134,9	01.	-12,180.
	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
	Administrative expenses	832,235.	006 147	01/	700	750 1	0.0	C02 101
_	End of year balance		906,147.		2,798.	758,1	02.	623,121.
2	Provide the estimated percentage of the curre	ent year end balance		a)) neid as:				
_	Board designated or quasi-endowment	0/	_%					
b	Permanent endowment	%						
С	Term endowment	=						
•	The percentages on lines 2a, 2b, and 2c should be a sh	•						
Зa	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	na aaministe	erea for th	ie	1	Yes No
	organization by:						2-(:)	X
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
							3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wittent turius.					
ı u	Complete if the organization answered		. Part IV. line 11a. S	See Form 990). Part X.	line 10.		
	Description of property	(a) Cost or ot	<u> </u>	or other		cumulated	(d) Boo	k value
	becomption of property	basis (investm		(other)		reciation	(4) 500	it value
	Land	<u> </u>	,	` '				
	Buildings							
	Leasehold improvements							
d	Equipment		3	0,603.		30,603.		0.
	Other			1,486.		1,486.		0.
	I. Add lines 1a through 1e. (Column (d) must eq		X, column (B), line 1					0.

Schedule D (Form 990) 2022 ARTS FOR TH	E AGING, INC.	52	-1978088 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) VARIOUS	565,116.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	565,116.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	E 000 5 1 11 / 11		_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

	edule D (Form 990) 2022 ARTS FOR THE AGING, INC.				978088 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		Revenue per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total revenue, gains, and other support per audited financial statements			1	466,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	5 , ,		-66,239.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-20,483.		
е	Add lines 2a through 2d			2e	-86,722.
3	Subtract line 2e from line 1			3	552,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	552,969.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	595,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
C					
	Other losses		7,511.	-	
d	Other (Describe in Part XIII.)	•	·	-	7,511.
	Add lines 2a through 2d			2e	588,341.
3	Subtract line 2e from line 1			3	300,341.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	, , ,				
b	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	588,341.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
IN-	-KIND DONATIONS				7,511.
BOO	OK/TAX DIFFERENCE IN SALE OF SECURITIES				-27,994.
TO	TAL TO SCHEDULE D, PART XI, LINE 2D				-20,483.
זמס	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
T. WI	VI VII' DIME TO - OTHER WOODIMENID:				
ТЪТ	VIND EVDENCEC				7 511
Τ1/	-KIND EXPENSES				7,511.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

	R THE AGING, INC.				52-19/6	000
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations X Mail solicitations X Internet and email solicitations C Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individua eart VII) or entity in connection with positions or entities (fundraisers) pursuit	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?			(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CAPACITY PARTNERS, INC		Yes	No			
4701 SANGAMORE ROAD, STE 150,	GRANT WRITING	163	Х	395,077.	60,040.	335,037.
F-1-1				395,077.	60,040.	235 027
3 List all states in which the organization or licensing. MD VA DC	on is registered or licensed to solicit	contrib	utions			335,037. egistration
MD, VA, DC						

52-1978088 Page 2 Schedule G (Form 990) 2022 ARTS FOR THE AGING, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

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

b If "No," explain:

b If "Yes," explain:

Sch	edule G (Form 990) 2022 ARTS FOR THE AGING, INC. 52-1	978	088	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	ا ء٥ء ا	l	0/
	ı The organization's facility o An outside facility	13a 13b		<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
	Name			
	Address			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Audiess			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	,	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v);	rt III. liv	200 0	0h 10h
ı u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	165 5,	90, 100,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.s:		
<u>(I</u>) NAME OF FUNDRAISER: CAPACITY PARTNERS, INC.			
<u>(I</u>) ADDRESS OF FUNDRAISER:			
47	01 SANGAMORE ROAD, STE 150, BETHESDA, MD 20816			
	· · · · · · · · · · · · · · · · · · ·			

Schedule G	(Form 990)	ARTS FO	R THE	AGING,	INC.		52-1978088	Page 4
Part IV	(Form 990) Supplemental Infor	mation (contin	ued)					
		<u> </u>				 		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

ARTS FOR THE AGING, INC.

Employer identification number 52-1978088

	Complete if the c	organizatio	n ansv	vered "Yes" on F	Form 9	990, Pa	art IV,	line 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40)b.			
1			(b) F	Relationship bety	veen o	disqual	ified	_						(d)	Corre	cted?
(a) Nan	ne of disqualified p	erson	` ´	person and or	ganiza	ation		(0	:) De	escription of tran	sactio	n		Ye	-	No
														+		
														_		
														+	_	
														+	_	
														-	_	
														_	_	
2 Enter t	the amount of tax is	ncurred by	the o	rganization man	agers	or disc	qualifie	ed persons du	ring	the year under						
sectio	n 4958											\$				
3 Enter t	the amount of tax,	if any, on I	ine 2, a	above, reimburs	ed by	the or	ganiza	ition				\$				
Part II	Loans to and	l/or Fror	n Int	erested Pers	sons											
	Complete if the c	rganizatio	n ansv	vered "Yes" on I	Form 9	990-EZ	. Part	V. line 38a or I	Forn	n 990. Part IV. lin	e 26:	or if th	e orga	nizatio	on	
	reported an amo	-					,	.,		,,	,					
(a)) Name of	(b) Relatio		(c) Purpose		an to or	le	e) Original	(f	Balance due	(g)	In	(h) App by boa	oroved	(i) W	ritten
	ested person	with organ		of loan	fron	n the zation?		cipal amount	'') Dalarice due	defa		by boa	ard or	agree	ment?
	·					_					V	NIa				
					То	From					Yes	No	Yes	No	Yes	No
Total								\$	<u> </u>							
Part III	Grants or As			afiting Inter												
Fait III				_												
	Complete if the c		n ansv	vered "Yes" on I	orm s	990, Pa										
(a) Na	ame of interested p	person	(b) Relationship			(c) Amount of		(d) Type				Purp		·
				interested pers		a		assistance		assistan	ce		ć	assista	ınce	
				the organiza	ation i											
				•												
												\dashv				
												\dashv				
			+									+				
			\perp													

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

Schedule L (Form 990) 2022

Part IV	Business Transactions Involving Interested	Persons.
		D = + 11/ 15-

Complete if the organization answered	d "Yes" on Form 990, Part	IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between person and the organization		(c) Amount of transaction	(d) Description of transaction	organiz rever	
NANCY HAVI.TK	BOARD MEMBER	AND AL	12 329.	RECEIVED MO	Yes	No X
Part V Supplemental Information. Provide additional information for resp	oonses to questions on Sc	hedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS	INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: NANCY	HAVLIK					
(B) RELATIONSHIP BETWEEN	INTERESTED PE	RSON ANI	ORGANIZAT	'ION:		
BOARD MEMBER AND ALSO CON	TRACTED TEACH	ING ART	ST FOR AFT	'A		
(D) DESCRIPTION OF TRANSAC	CTION: RECEIV	ED MONTE	LY PAYMENT	'S FOR CONDU	CTIN	G
AFTA WORKSHOPS						
NANCY HAVLIK BOARD MEMBER AND AL 12,329.RECEIVED MO X DEBORAH RILEY BOARD MEMBER AND AL 4,722.RECEIVED MO X Provide additional information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: NANCY HAVLIK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER AND ALSO CONTRACTED TEACHING ARTIST FOR AFTA (D) DESCRIPTION OF TRANSACTION: RECEIVED MONTHLY PAYMENTS FOR CONDUCTING AFTA WORKSHOPS (A) NAME OF PERSON: DEBORAH RILEY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER AND ALSO CONTRACTED TEACHING ARTIST FOR AFTA (D) DESCRIPTION OF TRANSACTION: RECEIVED MONTHLY PAYMENTS FOR CONDUCTING BOARD MEMBER AND ALSO CONTRACTED TEACHING ARTIST FOR AFTA (D) DESCRIPTION OF TRANSACTION: RECEIVED MONTHLY PAYMENTS FOR CONDUCTING						
(B) RELATIONSHIP BETWEEN	INTERESTED PE	RSON ANI	ORGANIZAT	'ION:		
BOARD MEMBER AND ALSO CONT	TRACTED TEACH	ING ART	ST FOR AFT	'A		
(D) DESCRIPTION OF TRANSAG	CTION: RECEIV	ED MONTE	LY PAYMENT	'S FOR CONDU	CTIN	G
AFTA WORKSHOPS						

SCHEDULE O (Form 990)

Internal Revenue Service

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ARTS FOR THE AGING, INC.

Employer identification number 52-1978088

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

DEMONSTRATE EXCELLENCE IN MULTIDISCIPLINARY, PARTICIPATORY, AND

INCLUSIVE ARTS PROGRAMMING. PROGRAMS ARE FACILITATED BY OUR TRAINED

FACULTY OF TEACHING ARTISTS WITH DIVERSE BACKGROUNDS AND ARTS

DISCIPLINES, AND DESIGNED TO INSPIRE EMPATHY AND RESPECT, FOSTER

COMMUNICATION AND BELONGING, AND PROMOTE SOCIAL CONNECTION ENHANCE

SOCIALIZATION. PROGRAMS TAKE PLACE WITH CLIENTS THAT ARE COMMUNITY AND

RESIDENTIAL CARE SETTINGS, AND IN COLLABORATION WITH CULTURAL ARTS AND

COMMUNITY PARTNERS. PROGRAMS ARE FEE BASED WITH FINANCIAL AID FOR

CLIENTS AND PARTNERS THAT WOULDN'T OTHERWISE HAVE ACCESS TO BEST

PRACTICE CREATIVE AGING PROGRAMS AND TRAININGS.

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

THE FEDERAL FORM 990 IS REVIEWED BY AFTA'S DIRECTOR AND CEO AND ALSO THE BOARD FINANCE COMMITTEE PRIOR TO DISTRIBUTION TO THE FULL BOARD. SUCH REVIEW TAKES PLACE UPON RECEIPT OF THE DRAFT FORM 990 RECEIVED FROM THE INDEPENDENT ACCOUNTING FIRM, BGCKO LLP, WHO CONDUCTS AFTA'S FINANCIAL STATEMENT REVIEW AND INVOLVES COMPARISON OF FINANCIAL DATA IN THE FORM 990 WITH THE REVIEWED FINANCIAL STATEMENTS AND REVIEW OF ALL NARRATIVE INFORMATION FOR ACCURACY AND COMPLETENESS. A COPY OF FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF AFTA'S BOARD OF TRUSTEES PRIOR TO FILING FOR REVIEW AND COMMENT BY THE BOARD.

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

EACH MEMBER OF THE BOARD OF TRUSTEES IS ANNUALLY ASKED TO REVIEW AND SIGN

THE CONFLICT OF INTEREST POLICY. IF A CONFLICT OR POTENTIAL CONFLICT IS

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization ARTS FOR THE AGING, INC.	Employer identification number 52-1978088
IDENTIFIED, THE BOARD WILL ADDRESS THE SITUATION ON A CAS	SE BY CASE BASIS.
FORM 990, PART VI, SECTION B, LINE 15A:	
CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD	OF DIRECTORS
BEFORE ANY ADJUSTMENTS ARE PUT INTO AFFECT.	
FORM 990, PART VI, SECTION C, LINE 19:	
AFTA'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE A	AVAILABLE UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	17,781.
MANAGEMENT AND GENERAL EXPENSES	1,329.
FUNDRAISING EXPENSES	53,015.
TOTAL EXPENSES	72,125.
ARTIST FEES:	
PROGRAM SERVICE EXPENSES	112,527.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	112,527.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	184,652.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DIFFERENCE IN SALE OF SECURITIES	-27,994.
FORM 990, PART XI, LINE 2C	
222212 10 20 22	Schedule () (Form 990) 2029

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 52-1978088 ARTS FOR THE AGING, INC. THE PROCESS OF HAVING A COMMITTEE ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE REVIEW OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	DESK, CABINET, CHAIR	06/17/08	SL	3.00		16	1,486.				1,486.	1,486.		0.	1,486.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,486.				1,486.	1,486.		0.	1,486.
	MACHINERY & EQUIPMENT														
1	DIGITAL CAMERA	12/19/01	SL	3.00		16	1,429.				1,429.	1,429.		0.	1,429.
2	VIDEO CAMERA	01/16/02	SL	3.00		16	3,176.				3,176.	3,176.		0.	3,176.
3	EQUIPMENT	03/01/02	SL	3.00		16	17,623.				17,623.	17,623.		0.	17,623.
6	LAPTOPS	10/31/18	SL	3.00		16	8,375.				8,375.	8,375.		0.	8,375.
7	(D)COMPUTERS	04/30/19	SL	3.00		16	2,685.				2,685.	2,387.		298.	2,685.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						33,288.				33,288.	32,990.		298.	33,288.
	* GRAND TOTAL 990 PAGE 10 DEPR						34,774.				34,774.	34,476.		298.	34,774.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						34,774.			0.	34,774.	34,476.			34,774.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						2,685.			0.	2,685.	2,387.			2,685.
	ENDING BALANCE						32,089.			0.	32,089.	32,089.			32,089.
	ENDING ACCUM DEPR LESS DISPOSITIONS											32,089.			