Extended to November 15, 2022

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2024
ZUZ I
Open to Public Inspection
Inspection

A	For the	e 2021 calendar year, or tax year beginning and	ending			
	Check if applicab	C Name of organization		D Employer identifie	cation number	
	Addre chang Name	COUNCIL ON AGING OF GREATER NASHVILLE				
	chang	e Doing business as		62-18671		
	return _Final _return	PO Boy 158300	Room/suite	E Telephone number 615-353-	7122 mber 3-4235 607,908. up return ates?	
	termir ated			G Gross receipts \$	607,908.	
	Amen return	NASHVILLE, IN 3/2I3		H(a) Is this a group re		
	Application	F Name and address of principal officer: CHRISTOPHER PURI		for subordinates	? Yes X No	
_	pendi	95 WHITE BRIDGE ROAD, SUITE 250, NASHVI	LLE,	H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions	
J	Websi	te: > www.councilonaging-midtn.org		H(c) Group exemptio		
		organization: Corporation Trust X Association Other	L Year	of formation: 2001 N	A State of legal domicile: TN	
Pa		Summary				
a	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	INFORMATION	TO THE	
Governance	,	GENERAL PUBLIC REGARDING RESOURCES AVAILA				
ern:	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos				
Ŏ.	3					
ত প্		Number of independent voting members of the governing body (Part VI, line 1b)				
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)				
Σ		Total number of volunteers (estimate if necessary)				
Act		Total unrelated business revenue from Part VIII, column (C), line 12				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······			
		O a 1 % Carry and a cast (D a 1) (III Page 41)	-	Prior Year 610,002.		
Revenue	8	Contributions and grants (Part VIII, line 1h)				
	9	Program service revenue (Part VIII, line 2g)		2,536.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,864.		
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		616,402.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
		Benefits paid to or for members (Part IX, column (A), line 4)		334,659.		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	4		
X	47 D	Total fundraising expenses (Part IX, column (D), line 25)	_	213,773.	218 841.	
	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		548,432.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		67,970.		
	19	Nevertue less expenses. Subtract line to nontline 12	Do	ginning of Current Year		
Net Assets or	20	Total assets (Part X, line 16)	De	358,004.		
ASS	21	Total liabilities (Part X, line 16)		81,560.		
let /	22	Net assets or fund balances. Subtract line 21 from line 20		276,444.		
Pa	irt II	Signature Block				
		Ities 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	
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			•	
Sigi	n	Signature of officer		Date		
Her		CHRISTOPHER PURI, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's, signature] 	Date Check	X PTIN	
Paid		Print/Type preparer's name Rachel K. Johnson Preparer's signature Rachel K. Johnson, CPA Dig	te: 2022.08.31 16.36	thel K. Johnson, CPA if self-employe	P01559498	
Prep	атег	Firm's name Kraft & Company, PLLC		Firm's EIN	62-1002003	
	Only	Firm's address 114 29th Avenue South				
_		Nashville, TN 37212		Phone no. (6		
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No	
1220	01 12 0	1 HA For Panerwork Reduction Act Notice see the senarate instruction	ne		Form 990 (2021)	

(Code:) (Expenses \$	including grants of \$) (Reve	enue \$
8				
x				
7				
Other prog	ram services (Describe on Sch	nedule O.)		
(Expenses \$		including grants of \$) (Revenue \$))
Total progr	am service expenses	563,169.		
	147			Form 990 (2021
02 12-09-21				

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		X
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		X
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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	15.0		9.0
	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	المما		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1111		
1Za		12a		х
h	Schedule D, Parts XI and XII	IZU		
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	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	ا رم ا		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_

Form 990 (2021) COUNCIL ON AGING OF GREATER NASHVILLE

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			
	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
24 a	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		<u>X</u>
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	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			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			12.31
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b	_	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	T T		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			i a
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		P _ 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	ALC: NO	-

Form 990 (2021) COUNCIL ON AGING OF GREATER NASHVILLE

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		12.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		In	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		107	
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 required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	75	157	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-67	113	
11	Section 501(c)(12) organizations. Enter:	-37	B.A.	
a	Gross income from members or shareholders	-	THE	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
4.5	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	216	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		TEN.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	-11	S.E.	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	JE 5		
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1		
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
ม 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.		200	THE
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Se li		

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			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing	150					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1.7					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18		5 3	1			
2							
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a							
, u	more members of the governing body?	7a		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- T					
		7b		Х			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		9 -				
8		8a	х	***************************************			
a		8b	X				
ь		0.0					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X			
202	organization's mailing address? // "Yes." provide the names and addresses on Schedule O	_ 9_					
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No			
40-	Did the exemination have lead charters branches as affiliates?	10a	163	X			
	Did the organization have local chapters, branches, or affiliates?	IUa					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110	-	-22			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	IZU					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х				
40	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	A	Х			
14	Did the organization have a written document retention and destruction policy?	14					
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?	4-		х			
	The organization's CEO, Executive Director, or top management official	15a	_	X			
b	Other officers or key employees of the organization	15b		Λ			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		х			
	taxable entity during the year?	16a		_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
-	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed TN						
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) a	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	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						
	GRACE SMITH - 615-353-4235			_			
	SO WHITTE BRIDGE ROAD STE ZOO NASHVILLE TN 1/205						

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than on box, unless person is both a officer and a director/truster				than	опе 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-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTOPHER PURI PRESIDENT	20.00			х				0.	0.	0.
(2) NANCY CONWAY TREASURER	20.00			x				0.	0.	0.
(3) MATT SHAW	20.00									
VICE PRESIDENT				Х				0.	0.	0.
		c .								
g										

									NASHVILLE	62-18	3671:	22	Pa	ge 8
Pai	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Average Average Average Average							3		(I Estin	F)	di		
		hours per week (list any hours for	box	, unte cer ar	ss pe	rson i	is boti or/trus	h an stee)	compensation from the organization	compensation from related organizations (W-2/1099-MIS	s c			ion
		related organizations below line)	eg.	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizat and relat organizati		d
_							L							
								_						
_														
											_			
											_			
														_
-														_
-41	0.144.1							L	0.		0.			0.
c	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						A A	0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer,	director, truste	ee. k	ev e	empl	ove	e. or	hial	hest compensated emp	ovee on		Y	es	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	ıch individual						••••				3	0.1	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" coi	mple	ete S	Sche	dule	Jf	or such individual			4	+	X
	rendered to the organization? // "Yes." com											5		X
1	Complete this table for your five highest cor the organization, Report compensation for t	-	-								ensatio	n from		
	(A) Name and business			NE					(B) Description of s		Con	(C) npensa	ation	
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lim	nited	to 1	thos 0		ted	above) who received mo	ore than				2041

			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			Officer if Octoodie O Contains a respons	of note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a		REAL PROPERTY.			
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ල් වූ			Fundraising events 1c					
ξ¥			Related organizations 1d					
2 =							in a particle	
Si.			Government grants (contributions) 1e					
흕		f	All other contributions, gifts, grants, and	607 144				
듗뇦			similar amounts not included above 1f	607,144.		Sell of WhiteHe		
투절		g	Noncash contributions included in lines 1a-1f		605 144			
Od	_	<u>h</u>	Total. Add lines 1a-1f		607,144.			
				Business Code				
8	2	а						
ξ"		b						
Sal		C						
ar a		d						
p,œ		e						
Program Service Revenue		f	All other program service revenue					
			Total. Add lines 2a-2f			ere und describe		
\neg	3		Investment income (including dividends, inte					
	•		other similar amounts)		764.	764.		
	4		Income from investment of tax-exempt bond					
- 1	5	ı	Royalties(i) Real	(ii) Personal				
				(II) Fersonal			N. S. V. S. S.	
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		C	Rental income or (loss) 6c					
		d						
- 1	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a		EST HIT KIN		KIN SEE THE	
		b	Less: cost or other basis					
- e			and sales expenses					
<u> </u>		С	Gain or (loss) 7c					
Revenue			Net gain or (loss)	•				
<u> </u>	Ω		Gross income from fundraising events (not					
Other	0	a	in the stime of			15/11		
٦			contributions reported on line 1c). See					
				_				F1034,42
			Part IV, line 18 Less: direct expenses					
- 1				0				
	_		Net income or (loss) from fundraising events	P			E COLUMN	
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses9	bl		BUTTERN TE IT DE		
- 1			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					1 - 1 - 1 - 1
			and allowances10	a	THE HARRY OF THE			
		b	Less: cost of goods sold	ь	20 70 21 4			
		C	Net income or (loss) from sales of inventory					
				Business Code	REVERSE A			
Miscellaneous Revenue	11	а						
ine Ple		b						
ela Ke		c						
BSS			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue, See instructions		607,908.	764.	0.	0.
	-14		TOTAL TOTAL CONTINUE CONTINUE		00.7000	, , ,		

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			197	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			12 12 15 15 15 15 15 15	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			32 Carolina 7 3	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	293,454.	293,454.		
7	Other salaries and wages	433,434.	433,434.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,425.	28,425.		
10		22,449.	22,449.		
11	Payroll taxes Fees for services (nonemployees):	22,443.	22,445.		
''a	Management	3,979.	3,979.		
b	Legal	3,3,30	3/3/30		
c		6,000.	6,000.		
d	Lobbying	7.000			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
Ī	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	36,797.	36,797.		
17	Travel	526.	526.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,049.	3,049.		
23	Insurance	3,043.	3,043.		The second second
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) MARKETING	67,764.	67,764.		
b	PRINTING, PUBLICATIONS	39,610.	39,610.		
c	WEBSITE	32,792.	32,792.		
d	MEETING EXPENSES	8,706.	8,706.		
	All other expenses	19,618.	19,618.		
25	Total functional expenses. Add lines 1 through 24e	563,169.	563,169.	0.	0.
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)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 292,986. 262,736. 1 Cash - non-interest-bearing 41,489. 42,607. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 2,418. 47,926. 4 4 Accounts receivable, net 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 3,013. 3,013. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 6,804. basis. Complete Part VI of Schedule D ______ 10a 6,804. 0. 0. b Less: accumulated depreciation _______10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,840. 2,840. 15 15 Other assets. See Part IV, line 11 343,864. 358,004. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 13,835. 5,181. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 17,500. 0. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 67,725. 25 of Schedule D 22,681. 81,560. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 276,444. 321,183. 27 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 📖 and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 321,183. 276,444. 32 32 Total net assets or fund balances

Total liabilities and net assets/fund balances

343,864. Form **990** (2021)

358,004.

33

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				08. 59.		
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3				$\frac{39.}{44.}$		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3	21	,18	33.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
			_	- 1	es	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 Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:		1		į -			
	X Separate basis Consolidated basis Both consolidated and separate basis				61			
b	Were the organization's financial statements audited by an independent accountant?			b	_	<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	12					
	consolidated basis, or both:		170		2			
	Separate basis Consolidated basis Both consolidated and separate basis				FILE	100		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_	<u>X</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	it					
	Act and OMB Circular A-133?			la	_	_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	ᆜ			
			Fo	_{rm} 9	90 (2	2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COUNCIL ON AGING OF GREATER NASHVILLE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 62-1867122

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 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 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

ranonany miogration, o	, , ,						
f Enter the number of supported							
g Provide the following information	n about the supporte	ed organization(s).					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the orga in your doverni	anization listed	(v) Amount of monetary	(vi) Amount of other	
organization		I Idescribed on lines 1-10		support (see instru		support (see instructions)	
-		above (300 instructions)					
-							
Total							

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

organization(s). You must complete Part IV, Sections A and C.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		11.1.2.2			31 8.1	
	membership fees received. (Do not						
	include any "unusual grants.")	468,197.	360,880.	430,433.	610,002.	607,144.	2476656.
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	468,197.	360,880.	430,433.	610,002.	607,144.	2476656.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					1.0	
	supported organization) included						
	on line 1 that exceeds 2% of the					77.553	
	amount shown on line 11,	en see a full	THE WHITE	STORY I IS			
	column (f)						
6	Public support. Subtract line 5 from line 4.						2476656.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	468,197.	360,880.	430,433.	610,002.	607,144.	2476656.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	168.	356.	1,151.	2,539.	764.	4,978.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2481634.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	10,746.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.80 %
	Public support percentage from 2020					15	99.78 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•	***************************************			
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th				•		
	organization meets the facts-and-circu						₽⊟
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 COUNCIL ON AGING OF GREATER NA 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Amounts included on lines 1, 2, and		1				
16	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						ľ
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					-	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				1 = 1 (4)	EXTRESE ES	
	1/5		21,0010	1 1 0010	4 11 0000	1 1 0004	(O Tabal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6				-	-	
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						
	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.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3) organizatio	n,
	check this box and stop here						>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the			on line 14, and line	15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar						▶
b	33 1/3% support tests - 2020. If the	-					nd
	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organizatio		-				

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 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
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Pai	rt IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		_
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		233	
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			_
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	Plas	853	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1/13	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		- 274	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		_
360	tion of Type it Supporting Organizations		Yes	No
	Mare a majority of the experimetion's dispetors of trustoes during the toy year also a majority of the dispetors		162	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
			23.5	100
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tion D. All Type III Supporting Organizations	-		
	Ten 217th Type in eappering enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			HA
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		E.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		15,2	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement.	211		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2 1		
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	74		1 - 3
.,	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Support			, <u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	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		
ect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
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	hart the Hand	
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	TL EN HOLES			
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021			4	
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
į	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			5-1	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:			-	
	Excess from 2017			-	
	Excess from 2018			-	
	Excess from 2019			-	
	Excess from 2020				
<u>e</u>	Excess from 2021	THE REPORT OF THE RESERVE			

Schedule A (Form 990) 2021

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

COUNCIL ON AGING OF GREATER NASHVILLE

Employer identification number 62-1867122

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iar Funds or A	ccounts. Complete if the
		(a) Donor advised fu	nds	(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 held in	donor advised fun	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant f	unds can be used o	only
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education) 🔲 Pr	eservation of a hist	orically important land area
	Protection of natural habitat	Pr	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a hi	storic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termi	nated by the organ	ization during the tax
	year >			
4	Number of states where property subject to conservation ease	ement is located 🕨		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and er	nforcing conservation	on easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforci	ng conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fina	ncial statements th	at describes the
D.	organization's accounting for conservation easements.	A.A. I Bakawa at Turner	Other C	Smiles Access
Pai	t III Organizations Maintaining Collections of		res, or Other S	oimilar 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			nce 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	exhibition, education, or res	earch in furtherance	e 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-			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

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Pai	rt III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, accession	, and other record	s, check	any of the	following tha	t make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	c		Loan or exc	hange progr	am				
b	Scholarly research	e		Other						_
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	n how th	ey further th	ne organizatio	on's exem _l	ot purpose in F	art XIII.		
5	During the year, did the organization solicit or re	eceive donations	of art, hi	storical treas	sures, or oth	er similar a	ssets	_		
	to be sold to raise funds rather than to be main							Yes		No
Par	rt IV Escrow and Custodial Arrange		ete if the	e organizatio	n answered	"Yes" on F	orm 990, Part	IV, line 9, or	r	
	reported an amount on Form 990, Part >									
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	llowing t	able:						_
								Amour	it	_
	Beginning balance						1c			_
d	Additions during the year						1d			
e	Distributions during the year						1e			_
f	Ending balance						1f			
	Did the organization include an amount on Forr						?	Yes		No
	If "Yes," explain the arrangement in Part XIII. Cl									_
Par							1) Three years b	ank (a) Fou	r years ba	ack
		(a) Current year	(D) F	Prior year	(c) Two yea	ITS DACK () Tillee years D	20K (e) 10u	years be	JUN
	Beginning of year balance									_
	Contributions							+-		_
C	Net investment earnings, gains, and losses				-					_
d	Grants or scholarships				-					_
e	Other expenditures for facilities									
	and programs				-	-				_
f	Administrative expenses							_		_
g	End of year balance		n: 4							_
2	Provide the estimated percentage of the curren	•		g, column (a))) neid as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Term endowment	1.4000/								
0	The percentages on lines 2a, 2b, and 2c should			مامما مسمة	al administa	vad far tha	i-stion			
за	Are there endowment funds not in the possessi	on of the organiza	ition ina	t are neto ar	ia administer	rea for the	organization	Ĭ	Yes 1	No
	by:							3a(i)	100 1	
	(i) Unrelated organizations									_
L	(ii) Related organizations									_
	Describe in Part XIII the intended uses of the or	•			• • • • • • • • • • • • • • • • • • • •		***************************************			_
4 Par	t VI Land, Buildings, and Equipmen		willenti	urius.						
	Complete if the organization answered "		. Part IV	/. line 11a. S	ee Form 990). Part X. lir	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d) Boc	k value	_
	pescription or property	basis (investr		1 5.7	(other)		eciation	(4) 200		
12	Land		,		` '					_
	Buildings									_
	Leasehold improvements									_
	Equipment									_
	Other				6,804.		6,804.			0.

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

Schedule D (Form 990) 2021

	ddie B (Fellin 550) 2021 GG TIGE G	1101110 01 011011		
Par	t VII Investments - Other Securities.	F 000 D-+ IV line	11h Cas Form 000 Bort V line 10	
(a) [Complete if the organization answered "Yes" Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	Lofvear market value
		(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
	nancial derivatives			
	losely held equity interests			
(3) 0				
(A)		 		
(C)		 		
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	t VIII Investments - Program Related.	L		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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.)			
Par				
	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)				
Par	(Column (b) must equal Form 990, Part X, col. (B) line t X Other Liabilities.	9 15.)		
r ai	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
4	(a) Description of liability	0111 01111 330, 1 alt 14, line	110 01 111. 000 1 0111 000, 1 art X, 1110 20.	(b) Book value
1.				(2)
(1)				
(2)				
(3)				
(5)				
(6)			11 - 11	
(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

Pai	T XI Reconciliation of Revenue per Audited Financial Sta			
_	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		p: '	
b	Donated services and use of facilities		613	
C	Recoveries of prior year grants		1-3	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ii i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial St		es per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	î î		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	it i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1			
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 TXIII Supplemental Information.	8.)	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	il,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 TXIII Supplemental Information.	8.) 4; Part IV, lines 1b and 2b; Pa	5	1,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	il,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	Ί,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	:1,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	1,
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	1,
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5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line 1 TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b; Pa	5	:1,
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SCHEDULE O (Form 990)

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.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COUNCIL ON AGING OF GREATER NASHVILLE

Employer identification number 62-1867122

Form 990, Part VI, Section B, line 11b:
REVIEW OF 990 AT BOARD MEETING.
Form 990, Part VI, Section B, Line 12c:
ORGANIZATION REGULARLY MONITORS AND ENFORCES THE COMPLIANCE OF THE CONFLICT
OF INTEREST POLICY.
Form 990, Part VI, Section C, Line 19:
UPON REQUEST

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	Beginnir Accumula Depreciat
	Program Services											
1	EQUIPMENT * 990 Page 10 Total Program	01/01/07	200DB	5.00	нх	17	6,804.				6,804.	6,80
	Services				Ш		6,804.				6,804.	6,80
	* Grand Total 990 Page 10 Depr						6,804.				6,804.	6,80
						L S	TURES OF T					1, 21
		100				100						
		100					161-					

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Cc