

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

Form header section containing organization name (SOUTHWESTERN CT AGENCY ON AGING, INC.), EIN (06-0916407), address (1000 LAFAYETTE BOULEVARD, BRIDGEPORT, CT 06604), and principal officer (MARIE ALLEN).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 17,140,201), expenses (Total: 16,789,461), and net assets (Total: 9,231,179).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (MARIE ALLEN), preparer name (GARRETT M. HIGGINS), and firm information (PKF O'CONNOR DAVIES ADVISORY, LLC).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SWCAA IS THE TRUSTED SOURCE OF ADVOCACY, INFORMATION, AND ACCESS TO CARE FOR OLDER AND VULNERABLE ADULTS THAT PROVIDES RESOURCES TO STRENGTHEN THE REGIONAL AGING NETWORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,850,111. including grants of \$ 0.) (Revenue \$ 6,740,129.) CARE MANAGEMENT: SWCAA IS CONTRACTED BY THE DEPARTMENT OF SOCIAL SERVICES (DSS) TO PROVIDE CARE MANAGEMENT SERVICES TO INDIVIDUALS ENROLLED IN THE CONNECTICUT HOME CARE PROGRAMS. THIS MEDICAID WAIVER SUPPORTS OLDER ADULTS AND YOUNGER PERSONS WITH DISABILITIES TO REMAIN IN THEIR HOME AND FOREGO PREMATURE INSTITUTIONAL PLACEMENT. SWCAA'S SOCIAL SERVICE PROFESSIONALS ARE RESPONSIBLE TO ASSESS THE APPLICANT'S FINANCIAL AND FUNCTIONAL ELIGIBILITY FOR THE PROGRAM. THE ASSESSMENT INFORMATION IS SUBMITTED TO THE DSS FOR APPROVAL. ONCE APPROVED, SWCAA DEVELOPS A CARE PLAN BY AUTHORIZING SERVICES FROM MEDICAID PROVIDERS THAT WILL SUPPORT THE INDEPENDENCE AND IMPROVE THE QUALITY OF LIFE FOR CLIENTS. CLIENTS ARE MONITORED AND CARE PLAN AUTHORIZATIONS ARE ADJUSTED BASED ON EMERGENT CHANGES OR NEEDS. MANDATORY HOME VISITS AND

4b (Code:) (Expenses \$ 5,850,111. including grants of \$ 0.) (Revenue \$ 2,675,327.) TRANSITION: SWCAA IS DESIGNATED BY THE DEPARTMENT OF SOCIAL SERVICES TO ASSIST INDIVIDUALS WISHING TO TRANSITION OUT OF NURSING FACILITATES BACK TO THE COMMUNITY. THE SOCIAL SERVICE PROFESSIONALS WORK WITH NURSING HOME RESIDENTS TO OVERCOME BARRIERS THAT WOULD PREVENT THE INDIVIDUAL FROM RETURNING HOME. WORKING CLOSELY IN A TEAM THAT INCLUDES TRANSITION AND HOUSING COORDINATORS, THE SOCIAL SERVICE PROFESSIONALS DEVELOP A PLAN TO FIND APPROPRIATE HOUSING, IDENTIFY NECESSARY IN-HOME SUPPORTS AND INITIATE OTHER FORMAL AND IN-FORMAL SERVICES TO SUPPORT THE INDIVIDUAL. STAFF STAY WITH THE INDIVIDUAL FOR ONE YEAR POST TRANSITION TO SUPPORT THE CLIENT IN HIS OR HER NEW ENVIRONMENT.

4c (Code:) (Expenses \$ 3,874,461. including grants of \$ 3,874,461.) (Revenue \$ 0.) GRANTS: SWCAA'S ANNUAL REQUEST FOR PROPOSALS INVITES NONPROFIT AGENCIES SERVING OLDER ADULTS TO APPLY FOR OLDER AMERICANS ACT (OAA) FUNDING ADMINISTERED BY SWCAA. EVERY THREE YEARS, A ROBUST AREA PLAN IS DEVELOPED TO INCLUDE A NEEDS ASSESSMENT FOR OLDER ADULTS IN SOUTHWESTERN CONNECTICUT. THE IDENTIFIED NEEDS FORM THE FOUNDATION FOR EVALUATING THE APPLICATIONS FOR FUNDING. SWCAA ACTIVELY RECRUITS AND PROVIDES TECHNICAL ASSISTANCE TO NONPROFITS TO ASSIST THEM IN APPLYING FOR FUNDS THROUGH THE OAA. THE INVITATION TO APPLY INCLUDES PUBLIC NOTICE IN THE NEWSPAPER, PROMOTION ON THE WEBSITE AND FACEBOOK, AND POSTCARDS SENT TO NONPROFITS, MASS EMAILS TO ORGANIZATIONS WITHIN SWCAA'S DISTRIBUTION LIST AND THE DISTRIBUTION LISTS OF OTHER MEMBER ORGANIZATIONS SUCH AS THE UNITED WAY. APPLICATION MATERIALS ARE POSTED

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

4e Total program service expenses 15,574,683.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RACHAEL HARVEY - (203) 333-9288
1000 LAFAYETTE BOULEVARD, BRIDGEPORT, CT 06604

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIE ALLEN PRESIDENT / CEO	40.00			X			164,755.	0.	45,309.	
(2) MARY DONNELLY DIRECTOR, CARE MANAGEMENT	40.00				X		130,938.	0.	23,593.	
(3) CYNTHIA MAJERSKY DIRECTOR, COMMUNITY OPTIONS	40.00				X		113,075.	0.	72,375.	
(4) STEPHANIE MINCEY SYSTEMS ADMINISTRATOR	40.00				X		112,033.	0.	37,727.	
(5) RACHAEL HARVEY FINANCE DIRECTOR	40.00			X			92,654.	0.	0.	
(6) A. MARJOLIJN BAXENDALE CHAIRMAN THRU 09/30/25	2.00	X		X			0.	0.	0.	
(7) JEANETTE BOGDAN VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) KATE MAXHAM VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(9) ELLEN ABEND TREASURER	2.00	X		X			0.	0.	0.	
(10) SUE BRANNELLY MARTIN SECRETARY	2.00	X		X			0.	0.	0.	
(11) KATHLEEN BORDELON DIRECTOR THRU 09/30/25	1.00	X					0.	0.	0.	
(12) JULIE DEMARCO DIRECTOR JOINED 10/01/24	1.00	X					0.	0.	0.	
(13) LIZA ESTEVEZ DIRECTOR	1.00	X					0.	0.	0.	
(14) TERRY GIEGENGACK DIRECTOR JOINED 10/01/24	1.00	X					0.	0.	0.	
(15) CARL GLAD, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
(16) STEPHEN GRAMPS DIRECTOR THRU 09/30/25	1.00	X					0.	0.	0.	
(17) PAMELA HOFFMAN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN MARIE HYNES, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(19) RANDIE KATZ DIRECTOR JOINED 10/01/24	1.00	X						0.	0.	0.
(20) KEVIN KELLY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(24) STEPHANIE PAULMENO DIRECTOR THRU 09/30/25	1.00	X						0.	0.	0.
(25) STEPHANIE ROSS DIRECTOR	1.00	X						0.	0.	0.
(26) ASHA SCHER DIRECTOR JOINED 10/01/24	1.00	X						0.	0.	0.
(27) DONNA SPELLMAN DIRECTOR JOINED 10/01/24	1.00	X						0.	0.	0.
(28) PENNY YOUNG DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								613,455.	0.	179,004.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								613,455.	0.	179,004.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAGE 70 INC. 1114 OLDHAM FOREST XING, CARY, NC 27513	TECHNICAL PROJECT MANAGEMENT	245,625.
COMPASS MSP 67 PROSPECT AVE STE 202, HARTFORD, CT 06106	IT MANAGED SERVICES PROVIDER	220,400.
DEEP WHY DESIGN LLC 203 WASHINGTON STREET #222, SALEM, MA 01970	SALESFORCE CONSULTANTS	120,105.
CLIFTONLARSONALLEN LLP, P.O. BOX 829709, PHILADELPHIA, PA 19182-9709	FINANCE CONSULTANTS	107,927.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,393,705.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	56,721.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,450,426.			
Program Service Revenue	2 a HOME CARE SERVICES	Business Code					
		621610	6,740,129.	6,740,129.			
	b VA SWCAA ASSESSMENTS	621610	2,666,258.	2,666,258.			
	c OTHER PROGRAM SERVICES	621610	9,069.	9,069.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,415,456.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		59,951.			59,951.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	72,912.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	66,648.				
c Gain or (loss)	7c	6,264.					
d Net gain or (loss)			6,264.		6,264.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a IT SYSTEM DEVELOPMENT	Business Code					
		900099	205,244.		205,244.		
	b OTHER REVENUE	900099	2,860.	0.		2,860.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			208,104.				
12 Total revenue. See instructions			17,140,201.	9,415,456.	205,244.	69,075.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,803,658.	3,803,658.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,803.	70,803.		
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	309,524.	61,237.	248,287.	
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	6,471,547.	5,977,268.	494,279.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	203,407.	191,531.	11,876.	
9 Other employee benefits	954,871.	866,520.	88,351.	
10 Payroll taxes	514,663.	460,029.	54,634.	
11 Fees for services (nonemployees):				
a Management				
b Legal	494.		494.	
c Accounting	31,737.		31,737.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,092.		17,092.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	558,900.	506,527.	52,373.	
12 Advertising and promotion				
13 Office expenses	216,146.	193,237.	22,909.	
14 Information technology	626,457.	501,166.	125,291.	
15 Royalties				
16 Occupancy	346,842.	294,816.	52,026.	
17 Travel	72,649.	64,937.	7,712.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,331.	12,810.	1,521.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,333.	18,175.	2,158.	
23 Insurance	30,127.	26,929.	3,198.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VETERAN ADMINISTRATION	2,458,915.	2,458,915.		
b OTHER PROGRAM EXPENSES	54,569.	54,569.		
c BAD DEBT EXPENSE	4,822.	4,822.		
d _____				
e All other expenses _____	7,574.	6,734.	840.	
25 Total functional expenses. Add lines 1 through 24e	16,789,461.	15,574,683.	1,214,778.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,501,967.	2	3,597,618.
	3 Pledges and grants receivable, net	2,083,328.	3	105,855.
	4 Accounts receivable, net	1,437,391.	4	1,714,825.
	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		5	
	6 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	156,532.	9	137,493.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 591,482.		
	b Less: accumulated depreciation	10b 582,189.		
	11 Investments - publicly traded securities	29,626.	10c	9,293.
	12 Investments - other securities. See Part IV, line 11	1,418,298.	11	2,052,738.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	550,075.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,177,217.	15	1,613,357.	
		16	9,231,179.	
Liabilities	17 Accounts payable and accrued expenses	592,661.	17	565,427.
	18 Grants payable		18	
	19 Deferred revenue	1,312,546.	19	2,099,136.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	796,956.	25	1,686,672.
	26 Total liabilities. Add lines 17 through 25	2,702,163.	26	4,351,235.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,475,054.	27	4,879,944.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,475,054.	32	4,879,944.
	33 Total liabilities and net assets/fund balances	7,177,217.	33	9,231,179.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,140,201.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,789,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	350,740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,475,054.
5	Net unrealized gains (losses) on investments	5	54,150.
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	4,879,944.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7401938.	7338589.	7899194.	7485944.	7450426.	37576091.
2 Tax revenues levied for the organization'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	7401938.	7338589.	7899194.	7485944.	7450426.	37576091.
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)						
6 Public support. Subtract line 5 from line 4.						37576091.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7401938.	7338589.	7899194.	7485944.	7450426.	37576091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,649.	50,175.	62,279.	74,816.	59,951.	277,870.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					14,477.	14,477.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,580.	5,021.	4,059.	9,585.		34,245.
11 Total support. Add lines 7 through 10						37902683.
12 Gross receipts from related activities, etc. (see instructions)					12	38,863,893.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.21 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2021 AMOUNT: \$ 5,021.

2022 AMOUNT: \$ 4,059.

2023 AMOUNT: \$ 9,585.

REFUNDS

2020 AMOUNT: \$ 15,580.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SOUTHWESTERN CT AGENCY ON AGING, INC.

Employer identification number

06-0916407

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SOUTHWESTERN CT AGENCY ON AGING, INC.	Employer identification number 06-0916407
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,111,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,945,211.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,079,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>648,758.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>297,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>173,679.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN CT AGENCY ON AGING, INC.	Employer identification number 06-0916407
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization SOUTHWESTERN CT AGENCY ON AGING, INC.	Employer identification number 06-0916407
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

SOUTHWESTERN CT AGENCY ON AGING, INC.

Employer identification number

06-0916407

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b 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					

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		53,457.	53,457.	0.
d Equipment		538,025.	528,732.	9,293.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,293.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	27,876.
(2) OTHER ASSETS	152,104.
(3) SENIOR HOUSING ASSISTANCE FUND	33,976.
(4) ALZHEIMER'S RESPITE FUND	3,994.
(5) OPERATING LEASE ASSET	1,395,407.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,613,357.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GRANTEEES AND CONTRACTORS	239,471.
(3) OPERATING LEASE LIABILITY	1,447,201.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,686,672.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,177,259.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 54,150.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	54,150.
3	Subtract line 2e from line 1		3	17,123,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 17,092.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	17,092.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,140,201.

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

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

1	Total expenses and losses per audited financial statements		1	16,772,369.
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	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	16,772,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 17,092.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	17,092.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	16,789,461.

Part XIII Supplemental Information

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

PART X, LINE 2:

SWCAA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE SWCAA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE SWCAA IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAX JURISDICTIONS FOR PERIODS PRIOR TO 2022.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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 **SOUTHWESTERN CT AGENCY ON AGING, INC.** Employer identification number **06-0916407**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RW SOLUTIONS, INC. 200 MYRTLE STREET NEW BRITAIN, CT 06053	87-4478882	501 (C) (3)	1,633,869.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
CATHOLIC CHARITIES 238 JEWETT AVENUE BRIDGEPORT, CT 06606	06-0653053	501 (C) (3)	1,385,068.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
SILVERSOURCE 1100 SUMMER STREET, SUITE 201 STAMFORD, CT 06905	06-0646916	501 (C) (3)	49,180.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
FAMILY CENTERS 40 ARCH STREET GREENWICH, CT 06830	06-0646656	501 (C) (3)	44,412.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
ELDERHOUSE 7 LEWIS STREET NORWALK, CT 06851	06-0963343	501 (C) (3)	40,757.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
FAMILY & CHILDREN'S AGENCY 9 MOTT AVE., 4TH FLOOR NORWALK, CT 06850	06-0970985	501 (C) (3)	39,935.	0.			ELDERLY NUTRITION / HOME CARE SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOZAIC SENIOR LIFE 4200 PARK AVENUE BRIDGEPORT, CT 06604	06-0846991	501 (C) (3)	38,690.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
STAMFORD SENIOR CENTER INC. 888 WASHINGTON BLVD., 2ND FLOOR STAMFORD, CT 06901	06-1456561	501 (C) (3)	37,945.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
MONITOR MY HEALTH 1000 LAFAYETTE BLVD., STE 1100 BRIDGEPORT, CT 06604	81-4498882	501 (C) (3)	36,346.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
HALL NEIGHBORHOOD HOUSE 52 GEORGE E PIPKIN'S WAY BRIDGEPORT, CT 06608	06-0676851	501 (C) (3)	34,304.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
CITY OF BRIDGEPORT 999 BROAD STREET BRIDGEPORT, CT 06604	63-6001209	CITY OF BRIDGEPO	32,818.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
TOWN OF MONROE 235 CUTLER'S FARM ROAD MONROE, CT 06468	06-6002038	TOWN OF MONROE	30,095.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
GREENWICH ADC RIVERHOUSE 125 RIVER ROAD EXTENSION COS COB, CT 06807	22-2894544	501 (C) (3)	29,551.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
CONNECTICUT LEGAL SERVICES INC. 1000 LAFAYETTE BLVD., 9TH FLOOR BRIDGEPORT, CT 06604	06-0955461	501 (C) (3)	27,609.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE BRIDGEPORT, CT 06604	86-1274088	501 (C) (3)	27,378.	0.			DENTAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWALK SENIOR CENTER INC. 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501 (C) (3)	26,333.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
STERLING HOUSE COMMUNITY CENTER 2282 MAIN STREET STAMFORD, CT 06615	06-0665192	501 (C) (3)	23,598.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
COMMUNITY HEALTH CENTER INC. 635 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	501 (C) (3)	23,146.	0.			LEGAL SERVICES
TOWN OF STRATFORD SENIOR SERVICES 1000 W BROAD STREET STRATFORD, CT 06615	06-6002103	TOWN OF STRATFOR	23,023.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
OVER 60 CLUB 628 MAIN STREET STAMFORD, CT 06901	45-5398824	501 (C) (3)	20,000.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
WHEEL IT FORWARD 48 UNION STREET STAMFORD, CT 06906	13-3848582	501 (C) (3)	17,267.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
CONNECTICUT FAIR HOUSING CENTER 60 POPIELUSZKO CT HARTFORD, CT 06106	06-1453727	501 (C) (3)	12,368.	0.			LEGAL SERVICES
WESTPORT CENTER FOR SENIOR ACTIVITIES - 21 IMPERIAL AVENUE - WESTPORT, CT 06880	06-0002128	TOWN OF WESTPORT	11,637.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
SCHOKE JEWISH FAMILY SERVICES OF FAIRFIELD COUNTY - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-1130830	501 (C) (3)	11,511.	0.			ELDERLY NUTRITION / HOME CARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF TRUMBULL HUMAN SERVICES 23 PRISCILLA PLACE TRUMBULL, CT 06611	06-6002110	TOWN OF TRUMBULL	10,820.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
FAIRFIELD UNIVERSITY SCHOOL OF NURSING - 1073 N. BENSON ROAD - FAIRFIELD, CT 06824	06-0646623	501 (C) (3)	9,816.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
BRIDGE HOUSE INC. 880 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	13-0522302	501 (C) (3)	9,178.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
JEWISH FAMILY SERVICES OF GREENWICH - 1 HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590	501 (C) (3)	8,633.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
FAIRFIELD COUNTY HOUSE 1 DEN ROAD STAMFORD, CT 06902	45-4166197	501 (C) (3)	7,887.	0.			ELDERLY NUTRITION / HOME CARE SERVICES
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT, CT 06604	06-1101081	501 (C) (3)	7,219.	0.			ELDERLY NUTRITION / HOME CARE SERVICES

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NATIONAL FAMILY CAREGIVER AND SUPPLEMENTAL PROGRAM	77	70,803.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATION GRANTS:

SWCAA'S ANNUAL REQUEST FOR PROPOSALS INVITES NONPROFIT AGENCIES SERVING OLDER ADULTS TO APPLY FOR OLDER AMERICANS ACT FUNDING ADMINISTERED BY SWCAA. EVERY THREE YEARS, A ROBUST AREA PLAN IS WRITTEN TO INCLUDE A NEEDS ASSESSMENT FOR OLDER ADULTS IN SOUTHWESTERN CONNECTICUT. THE IDENTIFIED NEEDS FORM THE FOUNDATION FOR EVALUATING THE APPLICATIONS FOR FUNDING. THE INVITATION TO APPLY INCLUDES PUBLIC NOTICE IN THE NEWSPAPER, PROMOTION ON THE WEBSITE AND FACEBOOK, AND A MASS EMAIL ANNOUNCEMENT TO NON-PROFIT ORGANIZATIONS WITHIN SWCAA'S DISTRIBUTION LIST. APPLICATION MATERIALS ARE POSTED ON THE SWCAA WEBSITE ALONG WITH OTHER RESOURCES TO GUIDE THE APPLICANT. ALL APPLICATIONS RECEIVED BY THE DEADLINE ARE SUBJECT TO REVIEW BY THE GRANTS MANAGER FOR MINIMAL REQUIREMENTS. SWCAA BOARD OF DIRECTORS AND ADVISORY COUNCIL EVALUATE APPLICATIONS USING A STANDARDIZED EVALUATION TOOL. AWARDS ARE MADE BASED ON THE EXISTING LEVEL OF FUNDS, THE ANTICIPATED ABILITY OF THE APPLICANT TO MEET THE IDENTIFIED NEEDS AND THE APPLICANT'S ABILITY TO COMPLY WITH ALL REQUIREMENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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 **SOUTHWESTERN CT AGENCY ON AGING, INC.** Employer identification number **06-0916407**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIE ALLEN PRESIDENT / CEO	(i)	164,755.	0.	0.	8,322.	36,987.	210,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY DONNELLY DIRECTOR, CARE MANAGEMENT	(i)	130,938.	0.	0.	6,631.	16,962.	154,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA MAJERSKY DIRECTOR, COMMUNITY OPTIONS	(i)	113,075.	0.	0.	6,134.	66,241.	185,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

INDIVIDUALS INCLUDED IN PART VII, SECTION A, LINE 1A RECEIVED A DISCRETIONARY BONUS DURING CALENDAR YEAR 2024, WHICH WAS INCLUDED IN THEIR 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHWESTERN CT AGENCY ON AGING, INC.

Employer identification number

06-0916407

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

ADULTS THAT PROVIDES RESOURCES TO STRENGTHEN THE REGIONAL AGING NETWORK. SWCAA ENVISIONS A COMMUNITY WHERE ALL ADULTS HAVE ACCESS TO THE LONG TERM CARE SUPPORTS AND SERVICES THAT HELP THEM THRIVE AND LIVE WITH DIGNITY IN THE SETTING OF THEIR CHOICE.

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

MONTHLY MONITORING ARE DOCUMENTED IN A CLIENT MANAGEMENT SYSTEM. SWCAA IS REIMBURSED BASED ON THE CENSUS AND COMPLETION OF REQUIRED ACTIVITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ON THE SWCAA WEBSITE ALONG WITH OTHER RESOURCES TO GUIDE THE APPLICANT. ALL APPLICATIONS RECEIVED BY DEADLINE ARE REVIEWED BY THE GRANTS MANAGER FOR MINIMAL REQUIREMENTS AND COMPLIANCE WITH STATE AND FEDERAL REGULATIONS. SWCAA BOARD OF DIRECTORS AND ADVISORY COUNCIL EVALUATE APPLICATIONS USING A STANDARDIZED EVALUATION TOOL. AWARDS ARE MADE BASED ON THE EXISTING LEVEL OF FUNDS, THE ANTICIPATED ABILITY OF THE APPLICANT TO MEET THE IDENTIFIED NEEDS AND THE APPLICANT'S ABILITY TO COMPLY WITH ALL REQUIREMENTS.

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

SWCAA REVIEWS THE FORM 990, WHICH AN OUTSIDE ACCOUNTING FIRM PREPARES. AFTER FORM 990 HAS BEEN PREPARED, IT IS PRESENTED TO AND REVIEWED BY THE FINANCE & AUDIT COMMITTEE. CHANGES, EDITS, OR CONCERNS ARE DISCUSSED AT THE FINANCE COMMITTEE MEETING, WITH MEMBERS OF THE AUDIT FIRM AVAILABLE TO ADDRESS THEM. AFTER THE FINANCE COMMITTEE APPROVES THE DRAFT, THE FINANCE CHAIR PRESENTS A COPY TO THE BOARD FOR APPROVAL. THE BOARD RECEIVES THE DRAFT ONE WEEK BEFORE THE FINANCE CHAIR'S PRESENTATION. THE BOARD DISCUSSES/EDITS AND APPROVES THE 990. THE AUDIT FIRM THEN SUBMITS IT TO THE INTERNAL REVENUE SERVICE.

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

ALL BOARD MEMBERS AND STAFF MEMBERS WILL BE ASKED TO SIGN AN ANNUAL DECLARATORY STATEMENT WHICH DISCLOSES EMPLOYMENT OR PARTICIPATION IN ALL OTHER ORGANIZATIONS, BOARDS AND COMMISSIONS ON WHICH THEY CURRENTLY SERVE. A SIGNATURE ACKNOWLEDGING RECEIPT OF AND ACCEPTANCE OF THE ETHICS POLICY IS ALSO REQUIRED AND DECLARES THEIR INTENT TO AVOID PARTICIPATION IN DISCUSSION OR IN VOTING ON ANY ISSUE AFFECTING ONE OF THOSE BOARDS OR COMMISSIONS OR THAT DOES NOT SERVE THE BEST INTEREST OF THE SOUTHWESTERN CT AGENCY ON AGING.

BOARD MEMBERS, EMPLOYEES AND OFFICERS OF PRIVATE AGENCIES OR OTHER COMMUNITY AGENCIES OR OF ANY MUNICIPAL OR GOVERNMENT BODY MAY SERVE ON THE BOARD OF DIRECTORS; BUT MAY NOT VOTE OR PARTICIPATE IN DISCUSSION OF MATTERS RELATED TO THE FINANCIAL OR CONTRACTUAL AFFAIRS OF THEIR AGENCY OR BODY.

ALL VOTES TAKEN BY THE BOARD MEMBERS ARE REVIEWED AND ANYONE HAVING A POTENTIAL CONFLICT OF INTEREST IS RECUSED.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SOUTHWESTERN CT AGENCY ON AGING, INC.	Employer identification number 06-0916407
---	--

PRESIDENT/CEO COMPENSATION - THE PRESIDENT/CEO RECEIVED THE SAME COST-OF-LIVING INCREASE AS ALL OTHER STAFF MEMBERS. THE COST-OF-LIVING INCREASE IS RECOMMENDED BY THE FINANCE COMMITTEE AND VOTED ON AS PART OF THE BOARD'S BUDGET APPROVAL PROCESS IN SEPTEMBER OF EACH YEAR FOR THE FISCAL YEAR BEGINNING OCTOBER 1. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS PREVIOUSLY EVALUATED BY THE PERSONNEL COMMITTEE, WHICH REVIEWED COMPARABILITY DATA FROM OTHER AREA AGENCIES ON AGING AND NONPROFIT LEADER SALARIES. A FORMAL RECOMMENDATION WENT FROM THE PERSONNEL COMMITTEE TO THE FINANCE COMMITTEE AND WAS APPROVED BY THE FULL BOARD. THIS APPROVAL IS DOCUMENTED IN A PERSONNEL MEMO FROM THE BOARD CHAIR, AND THE BOARD'S APPROVAL IS DOCUMENTED IN THE BOARD MINUTES.

DIRECTOR OF CARE MANAGEMENT, OPERATIONS DIRECTOR, FINANCE DIRECTOR, AND COMMUNITY OPTIONS DIRECTOR - SALARIES WERE ESTABLISHED UPON HIRE USING COMPARABILITY AND HISTORICAL SALARY DATA. IN SUBSEQUENT YEARS, THESE POSITIONS RECEIVED THE SAME COST-OF-LIVING INCREASE AS ALL OTHER STAFF MEMBERS. THE COST-OF-LIVING INCREASE IS RECOMMENDED BY THE FINANCE COMMITTEE AND VOTED ON AS PART OF THE BOARD'S BUDGET APPROVAL PROCESS IN SEPTEMBER OF EACH YEAR FOR THE FISCAL YEAR BEGINNING OCTOBER 1.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO POSTED ON THE GUIDESTAR.

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A FINANCE & AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for									
A	2019	3,389,529.										
B	2020	3,000,826.										
C	2021	4,312,277.										
D	2022	4,723,679.										
E	2023	4,229,613.										
F	2024	3,709,102.										
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning OCT 1, 2024, and ending SEP 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section A-F including organization name (SOUTHWESTERN CT AGENCY ON AGING, INC.), address (1000 LAFAYETTE BOULEVARD, BRIDGEPORT, CT 06604), and book value (9,231,179).

Form header section G-L including organization type (501(c) corporation), filing status, and books in care of (RACHAEL HARVEY).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 13,908 to 11,617.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 2,440 to 2,440.

Table for Part III: Tax and Payments. Rows 1a-4 showing credits and total tax amount of 2,440.

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	2,225.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	2,225.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	133.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 5	9	348.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	540000		
	Available post-2017 NOL carryover		
	\$ 61,835.		
	\$		
	\$		
	\$		
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	PRESIDENT / CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	03/25/26		P00543209
	Firm's name	PKF O'CONNOR DAVIES ADVISORY, LLC		Firm's EIN	33-1374517
	Firm's address	100 GREAT MEADOW ROAD WETHERSFIELD, CT 06109		Phone no.	860-257-1870

FORM 990-T		LATE PAYMENT INTEREST			STATEMENT 1		
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
EXTENSION PAYMENT	02/15/26	-2,225.	-2,225.		2		
TAX DUE	02/17/26	2,440.	215.	.0700	34	1.	
DATE FILED	03/23/26		216.				
TOTAL LATE PAYMENT INTEREST						1.	

FORM 990-T		LATE PAYMENT PENALTY			STATEMENT 2	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	02/17/26	215.	215.	2	2.	
DATE FILED	03/23/26		215.			
TOTAL LATE PAYMENT PENALTY						2.

FORM 990-T		CONTRIBUTIONS		STATEMENT 3	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT		
50% CASH ONLY	N/A		3,710,393.		
TOTAL TO FORM 990-T, PART I, LINE 4				3,710,393.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2019 3,389,529
 FOR TAX YEAR 2020 3,000,826
 FOR TAX YEAR 2021 4,312,277
 FOR TAX YEAR 2022 4,723,679
 FOR TAX YEAR 2023 4,229,613

TOTAL CARRYOVER 19,655,924
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 3,710,393

TOTAL CONTRIBUTIONS AVAILABLE 23,366,317
 TAXABLE INCOME LIMITATION AS ADJUSTED 1,291

EXCESS CONTRIBUTIONS 23,365,026
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 23,365,026

ALLOWABLE CONTRIBUTIONS DEDUCTION 1,291

TOTAL CONTRIBUTION DEDUCTION 1,291

FORM 990-T

INTEREST AND PENALTIES

STATEMENT 5

TAX FROM FORM 990-T, PART IV	215.
UNDERPAYMENT PENALTY	133.
LATE PAYMENT INTEREST	1.
LATE PAYMENT PENALTY	2.
	<hr/>
TOTAL AMOUNT DUE	351.
	<hr/> <hr/>

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOUTHWESTERN CT AGENCY ON AGING, INC.	B Employer identification number 06-0916407
C Unrelated business activity code (see instructions) 540000	D Sequence: 1 of 1

E Describe the unrelated trade or business **IT SYSTEM DEVELOPMENT**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) STMT 6		12 205,244.		205,244.
13 Total. Combine lines 3 through 12		13 205,244.		205,244.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)					
2 Salaries and wages				2	66,491.
3 Repairs and maintenance				3	
4 Bad debts				4	
5 Interest (attach statement). See instructions				5	
6 Taxes and licenses				6	7,707.
7 Depreciation (attach Form 4562). See instructions		7			
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9 Depletion				9	
10 Contributions to deferred compensation plans				10	3,315.
11 Employee benefit programs				11	4,763.
12 Excess exempt expenses (Part VIII)				12	
13 Excess readership costs (Part IX)				13	
14 Other deductions (attach statement) SEE STATEMENT 7				14	53,430.
15 Total deductions. Add lines 1 through 14				15	135,706.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16	69,538.
17 Deduction for net operating loss. See instructions STMT 8 STMT 10				17	55,630.
18 Unrelated business taxable income. Subtract line 17 from line 16				18	13,908.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
SOURCE CODE IT MAINTENANCE SERVICES		64,084.
SALE OF GRANTEE GATEWAY		141,160.
TOTAL TO SCHEDULE A, PART I, LINE 12		205,244.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
TAX PREP FEES		2,200.
PROFESSIONAL SERVICES		51,230.
TOTAL TO SCHEDULE A, PART II, LINE 14		53,430.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 8
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
61,835.	55,630.	6,205.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/22	11,945.	0.	11,945.	11,945.
09/30/23	24,757.	0.	24,757.	24,757.
09/30/24	25,133.	0.	25,133.	25,133.
NOL CARRYOVER AVAILABLE THIS YEAR			61,835.	61,835.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 10

TAXABLE INCOME FROM ALL ENTITIES	69,538.
THIS ENTITIES PORTION OF TAXABLE INCOME	69,538.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	69,538.
80% INCOME LIMITATION	55,630.
POST-2017 AVAILABLE	61,835.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	55,630.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name SOUTHWESTERN CT AGENCY ON AGING, INC.	Employer identification number 06-0916407
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	2,440.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	2,440.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,440.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/25	03/15/25	06/15/25	09/15/25
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	610.	610.	610.	610.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		610.	1,220.	1,830.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		610.	1,220.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	610.	610.	610.	610.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			133.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

