

	_	P	UBLIC DISCLOSURE COPY - STATE REGISTRA Return of Organization Exempt Fron		1 OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		s) 2022
			Do not enter social security numbers on this form as it may		Open to Public
Interr	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late lar year, or tax year beginning JUL 1 , 2022 and ending		Inspection
<u>A</u>	or th	e 2022 calenc	JUN 30, 2023		
Ba	Check if	le.		D Employer identific	ation number
_	Addre		OR ADVOCATES FOR GENERATIONAL EQUITY		
	 Name		usiness as	45-359920	58
	_chang Initial return		r and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return	1819	SW FIFTH AVENUE 287	971-717-0	
	termir ated	0	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	412,330.
	Amen return	PORT	LAND, OR 97201	H(a) Is this a group re	turn
	Applic tion pendi		nd address of principal officer: STEPHEN HIGGS	for subordinates	? Yes X No
	-	SAME	AS C ABOVE	H(b) Are all subordinates in	
		empt status: [list. See instructions
	Nebsi		WEARESAGE.ORG X Corporation Trust Association Other L	H(c) Group exemption Year of formation: 2012	
	art I				State of legal domiche. OK
	1		be the organization's mission or most significant activities: SAGE INS	PIRES PEOPLE C	VER FIFTY
Ce		TO GIVE	FORWARD WITH THEIR TIME, MONEY AND VO	DICE SO THAT Y	OUNGER AND
Governance	2	Check this bo			
ver	3	Number of vo		3	10
ğ	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)		10
s S	5		of individuals employed in calendar year 2022 (Part V, line 2a)		5
itie			of volunteers (estimate if necessary)		150
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)	422,957.	361,700.
Revenue	9	•	ice revenue (Part VIII, line 2g)	2,995.	2,812.
Ş	10		come (Part VIII, column (A), lines 3, 4, and 7d)		8,473.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	426,473.	372,985.
			milar amounts paid (Part IX, column (A), lines 1-3)	28,463.	16,596. 0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	<u>140,787.</u> 0.
ens	108	Total fundraio	ing expenses (Part IX, column (D), line 25) 9,903.		0.
Expenses	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	139,973.	101,938.
	1 ''		es Add lines 13-17 (must equal Part IX, column (A), line 25)	336,971.	259,321.
	19		expenses. Subtract line 18 from line 12	89,502.	113,664.
- La				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	387,415.	507,526.
Ass	21	-	s (Part X, line 26)	5,142.	5,552.
Net	22		fund balances. Subtract line 21 from line 20	382,273.	501,974.
	art II	Signatur			
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	oarer has any knowledge.	

Sign	Signature of officer	Date								
Here	STEPHEN HIGGS, EXECUTIVE	DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date							
Paid	SANG AHN			self-employed P00540880						
Preparer	Firm's name MCDONALD JACOBS, P.C.			Firm's EIN 93-0900579						
Use Only	Firm's address 121 SW SALMON ST., STE 1100									
	PORTLAND, OR 9720	4		Phone no. (503) 227-0581						
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	SENIOR ADVOCATES FOR GENERATIONAL EQUITY
	990 (2022) SAGE 45-3599268 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SAGE SPARKS THE IMAGINATION AND COMMITMENT OF PEOPLE OVER 50 WHO
	BELIEVE IN GENERATIONAL EQUITY: EACH GENERATION HAS THE RESPONSIBILITY
	TO GIVE FORWARD AND IMPROVE THE QUALITY OF LIFE FOR THE NEXT. TO
	ACCOMPLISH OUR WORK, WE RAISE AWARENESS ABOUT MAJOR CHALLENGES FACING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 115,187. including grants of \$ 16,596.) (Revenue \$ 2,812.)
4a	(Code:) (Expenses \$ID, 187. including grants of \$ID, 596.) (Revenue \$Z, 812.) LEADERSHIP & EDUCATION. SAGE LED EFFORTS TO INSPIRE, TRAIN, AND SUPPORT
	OLDER ADULTS TO GIVE FORWARD SO THAT YOUNGER AND FUTURE GENERATIONS CAN
	THRIVE. FOR EXAMPLE, WE HOSTED SEVEN DISCUSSIONS AND WORKSHOPS TO
	HIGHLIGHT PATHWAYS TO GIVE FORWARD AND THE WORK OF OUR PARTNERS. THESE
	EVENTS FOCUSED ON TOPICS SUCH AS THE HEALTH BENEFITS OF VOLUNTEERING,
	THE ROLE OLDER ADULTS PLAY AS VOLUNTEERS, AND THE SOURCES OF POLITICAL
	POWER. WE EXPANDED OUR OFFERINGS TO CENTRAL OREGON AND ESTABLISHED
	PARTNERSHIPS WITH ORGANIZATIONS THAT OFFER SERVICE ROLES IN EDUCATION,
	THE ENVIRONMENT, AND ECONOMIC OPPORTUNITY. WE ENGAGED OUR YOUNG LEADERS
	ADVISORY BOARD TO DEVELOP A NEW, INTERGENERATIONAL OFFERING CALLED
	SERVICE ACROSS GENERATIONS. WE HELPED THE GREEN TEAMS OF SIX SENIOR
	RESIDENTIAL COMMUNITIES BETTER NETWORK AND SUPPORT ONE ANOTHER. WE
4b	(Code:) (Expenses \$109,187. including grants of \$) (Revenue \$)
	SAGE TEAMS. SAGE LED FOUR TEAMS TO ADDRESS CHALLENGES AND OPPORTUNITIES
	IN OUR THREE FOCUS AREAS: EDUCATION, THE ENVIRONMENT, AND ECONOMIC
	OPPORTUNITY. OUR MENTORING AND TUTORING PROGRAMS ENGAGED OLDER ADULTS
	AS VOLUNTEERS TO HELP MIDDLE SCHOOL STUDENTS DEVELOP READING
	PROFICIENCY IN ENGLISH. OUR VISION 2030 TEAM TAUGHT LESSONS TO HELP
	STUDENTS LEARN ABOUT OUR REGION'S CLIMATE GOALS AND ORGANIZED THREE
	SCHOOL-WIDE CLIMATE SOLUTIONS FAIRS. THROUGH OUR CITIZEN PROJECT, WE
	OFFERED ELEVEN EVENTS ON BRIDGING POLITICAL AND OTHER DIVIDES, AND
	HOSTED A STATEWIDE CONVENING FOR ORGANIZATIONS THAT WORK TO BRING PEOPLE TOGETHER ACROSS DIFFERENCES TO SOLVE PROBLEMS. OUR FOURTH TEAM,
	EVS FOR ALL, OFFERED EIGHT WORKSHOPS TO HELP OLDER ADULTS LEARN ABOUT
	ELECTRIC VEHICLES AND WE SUPPORTED TWO ELECTRIC VEHICLE CAR SHARE
40	(Code:) (Expenses \$5,977. including grants of \$) (Revenue \$)
	VISITING SAGE. WE DEVELOPED OUR EIGHTH VISITING SAGE EVENT FEATURING
	DAVID BROOKS ON THE FUTURE OF COMMUNITY. THIS EVENT TOOK PLACE IN
	SEPTEMBER OF 2023 (OUR NEXT FISCAL YEAR). THE EVENT FOCUSED ON
	AMERICA'S CRISIS OF CONNECTION AND THE NEED TO SHIFT OUR CULTURE TO
	VALUE DEEP RELATIONSHIPS AND COMMUNITY SUCCESS OVER A NARROW FOCUS ON
	PERSONAL ACHIEVEMENT. THE EVENT ALSO FEATURED TWO LEADERS FROM WEAVE:
	THE SOCIAL FABRIC PROJECT OF THE ASPEN INSTITUTE. SPEAKERS SHARED
	STORIES AND INSIGHTS ON HOW WE CAN BETTER KNOW EACH OTHER, TRUST EACH
	OTHER, AND BREAK DOWN BARRIERS BETWEEN US.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 230,351.
40	Total program service expenses 230,351. Form 990 (2022)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
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Part IV Checklist of Required Schedules

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
232003	3 12-13-22			(2022)

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	<u>24a</u>		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	256		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
c 	If "Yes," complete Schedule R, Part V, line 2	. 36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	L
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	L3	res	
na b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
u c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		
C	(gambling) winnings to prize winners?	. 1c		
23200/	(gambing) withings to prize withold.		990	(2022)
	Δ	. 011		<u>,</u> /

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Form	990 (2022) SAGE 45-359	<u>9268</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	х	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	··		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b		4 a		
a	If "Yes," enter the name of the foreign country	-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		<u> </u>
9 h	If the organization received a contribution of quanted intellectual property, did the organization meroritocos as required in the organization file a Form 1098-C2			<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
~	sponsoring organization have excess business holdings at any time during the year?	0		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		-
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			<u> </u>
				<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			
232005	i 12-13-22	Form	1 990	(2022)

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	ction A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
па		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 10			
a A	Enter the number of voting members included on line 1a, above, who are independent 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		- 23
5	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?		v	
a		15a	X X	
b	, , , , , , , , , , , , , , , , , , , ,	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
Ŀ.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed OR			
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)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	s orny)	avana	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
19				
19	statements available to the public during the tax year.			
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN HIGGS – 971–717–6570			
	State the name, address, and telephone number of the person who possesses the organization's books and records			

SENIOR A	DVOCATES	FOR	GENERATIONAL	EQUITY

Form 990 (2022)

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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.

SAGE

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

(A) Name and title	(B) Average hours per		not c , unle:	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director igo	Institutional trustee	nd a di	irecto	Highest compensated 1,1	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) STEPHEN HIGGS	40.00							00 004	0	0 600
EXECUTIVE DIRECTOR	10.00			X				89,604.	0.	2,688.
(2) S. WARD GREENE	10.00			37					0	0
PRESIDENT AND DIRECTOR	2 00	Х		X				0.	0.	0.
(3) NEAL NAIGUS	2.00	77							0	0
SECRETARY AND DIRECTOR	1 0 0	Х		X				0.	0.	0.
(4) JEFF GUDMAN	1.00								0	0
TREASURER (5) JOE DABEK	4.00			X				0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0
(6) WILLIAM HOWE	5.00	Δ	-					U •	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(7) BEN MANNY	4.00	^						0.	0.	0.
DIRECTOR	4.00	x						0.	0.	0.
(8) CRYSTAL MOUZON	0.80	Δ							0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(9) RICK NITTI	2.00							Ŭ.		
DIRECTOR	2000	х						0.	0.	0.
(10) SHEILA PANYAM	2.00									
DIRECTOR		х						0.	0.	0.
(11) STEPHANIE SMITH	1.00									
DIRECTOR		х						0.	0.	0.
(12) MARCUS WOOD	1.00									
DIRECTOR		х						0.	Ο.	0.
232007 12-13-22		I						1		Form 990 (2022)

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Form 990 (2022)

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a		S F	OR	G	EN	ER	Αſ	TIONAL EQUITY	45-35		068	р	age 8
Form 990 (2022) SAGE Part VII Section A. Officers, Direct			205	and	Hic	nhos	+ 0	ompensated Employee		1992	200	P	age O
(A) Name and title	(B) Average hours per week	(do r box,	not cl unles	(C Posi heck r ss per) ition more son is		one 1 an	(D) Reportable compensation from	<u>(continued)</u> (E) Reportable compensation from related	I	am	(F) timate iount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	com fro orga anc	orner oensa om th anizat I relat nizati	e ion ed
		-											
		-											
1b Subtotal c Total from continuation sheets	to Part VII. Section A							89,604.		0.	2	2,6	88. 0.
d Total (add lines 1b and 1c)					·····			89,604.		0.	2	2,6	88.
2 Total number of individuals (includ compensation from the organizati	-	ose l	iste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any form	er officer, director, trust	ee, ke	ev e	emple	ove	e, or	hic	hest compensated empl	oyee on	ſ		Yes	No
line 1a? <i>If</i> "Yes," complete Sched 4 For any individual listed on line 1a	ule J for such individual										3		Х
and related organizations greater											4		х
5 Did any person listed on line 1a re rendered to the organization? <i>If</i> "											5		х
Section B. Independent Contractors	res, complete scheduk	= J 10	n su	ich p	Jerso	011 .					•		
1 Complete this table for your five h the organization. Report compens	•	-								ensat	ion fro	m	
	(A) business address	NO						(B) Description of s		C	(C omper		n
2 Total number of independent con	tractors (including but no	ot lim	nited	d to t	:hos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from t					0						Form 9	990 ()	2022)

			2022) SAGE				45-3599	268 Page 9
Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(5)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
, Gifts, Grants nilar Amounts	•		Membership dues 1b					
٦Ğ			Fundraising events 1c					
ifts ar A			Related organizations 1d					
nila Dila			Government grants (contributions) 1e	42,891.				
ŝ			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	318,809.				
d of		g	Noncash contributions included in lines 1a-1f					
Contributions, Gift and Other Similar		h	Total. Add lines 1a-1f		361,700.			
				Business Code				
ø	2	а	PROGRAM EVENTS	900099	2,562.	2,562.		
Program Service Revenue		b	PROGRAM PARTICIPATION	900099	250.	250.		
Se		с						
am eve		d						
iĝo H		е						
۲,		f	All other program service revenue					
		g	Total. Add lines 2a-2f		2,812.			
	3		Investment income (including dividends, intere		C 0.2 F			C 000
	_		other similar amounts)		6,837.			6,837.
	4		Income from investment of tax-exempt bond p	1				
	5		Royalties	(ii) Personal				
	~			(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 40 , 981 .					
		h	Less: cost or other basis					
Ð		~	and sales expenses					
evenue		с	Gain or (loss) 7c 1,636.					
Rev			Net gain or (loss)	1	1,636.			1,636.
er			Gross income from fundraising events (not					
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10k	-				
		С	Net income or (loss) from sales of inventory	Business Code				
sn	44	_		Business Coue				
neo Ule	11	a b						
cellaneo evenue		и С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12	-	Total revenue. See instructions		372,985.	2,812.	0.	8,473.
23200		13-			-		•	Form 990 (2022)

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Form 990 (2022)

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).

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	Check if Schedule O contains a response	e or note to any line in t	his Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,596.	16,596.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	92,292.	79,774.	7,908.	4,610.
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	37,170.	32,128.	3,185.	1,857.
8	Pension plan accruals and contributions (include			Т	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	11,325.	9,789.	970.	566.
1	Fees for services (nonemployees):				
а	Management	- 1 -			
b	Legal	545.	263.	233.	49.
	Accounting	5,532.	2,669.	2,362.	501.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	C 000	2 226	0 607	
	column (A), amount, list line 11g expenses on Sch 0.)	6,293.	3,036.	2,687.	570.
	Advertising and promotion	F F1C	2 801		1 850
	Office expenses	5,516.	3,701.	65.	1,750.
	Information technology				
15	Royalties				
16	Occupancy	0 407	0 104	202	
		2,427.	2,104.	323.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,334.		1,334.	
23		1,354.		I, JJ4.	
	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 0.)	80 201	80 201		
	DIRECT PROGRAM EXPENSES	80,291.	80,291.		
b					
c					
d					
	All other expenses	259,321.	230,351.	19,067.	9,903.
	Total functional expenses. Add lines 1 through 24e	4,5,341.	20,001.	19,007.	3,303.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

SENIOR ADVOCATES FOR GENERATIONAL E	QUITY
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Form	990 ((2022) SAGE			45-3	3599268 Page 11
	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		288,584.	2	243,393.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		98,831.	11	264,133.
	12	Investments - other securities. See Part IV, line 1	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	387,415.	16	507,526.
	17	Accounts payable and accrued expenses		5,142.	17	5,552.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
iabi		controlled entity or family member of any of the	se persons		22	
	23	Secured mortgages and notes payable to unrela	E		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
				F 140	25	
	26		T	5,142.	26	5,552.
s		Organizations that follow FASB ASC 958, che	eck here X			
JCe		and complete lines 27, 28, 32, and 33.		371,060.		254 966
alaı	27	Net assets without donor restrictions		11,213.	27	<u>254,866.</u> 247,108.
а В	28			11,213.	28	247,100.
ň		Organizations that do not follow FASB ASC 9	58, check here			
ъ Т		and complete lines 29 through 33.			00	
jts (29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec	Г		30	
et A	31	Retained earnings, endowment, accumulated in	Γ	382,273.	31	501,974.
ž	32			387,415.	32 33	507,526.
	33	Total liabilities and net assets/fund balances		JU/,41J•	აა	507,520.

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SENIOR	ADVOCATES	FOR	GENERATIONAL	EQUITY
SAGE				

Form	1990 (2022) SAGE	45-3	599268	Page 12
	rt XI Reconciliation of Net Assets	15 5	555200	Fage •=
	Check if Schedule O contains a response or note to any line in this Part XI			
		Τ	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	372	,985.
2	Total expenses (must equal Part IX, column (A), line 25)	2	259	,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	113	,664.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,273.
5	Net unrealized gains (losses) on investments	5	6	,037.
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	501	,974.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
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?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2022)

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(Form 99	f the Treasury	Co	omplete if the organ 494 At	rity Status an ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru orm 990-E2	anization o st. Z.	or a section		OMB No. 1545-0047
Name of	the organizati		OR ADVOCAT	ES FOR GENERA	ATIONA	AL EQU	JITY		identification number
Dort I	Docon	SAGE	Charity Status	(All					5-3599268
Part I				(All organizations must c			ee instructior	IS.	
1 2 2 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A church, con A school des A hospital or	nvention of chi cribed in sect i a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
6 7 X 8 9	A federal, sta An organizati section 170(A community An agricultura	te, or local gov on that norma b)(1)(A)(vi). (C trust describe al research org	Ily receives a substan omplete Part II.) ed in section 170(b)(ganization described	nental unit described in sintial part of its support fr (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i ulture (see instructions).	rom a gove t II.) i x) operate	ernmental i ed in conju	unit or from tl Inction with a	land-grant	college
10	activities relation	ted to its exem Inrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	and (2) no i	more than	33 1/3% of it	s support fi	rom gross investment
11 12 a b	An organizati An organizati more publicly lines 12a thro Type I. A s the suppor organizatio Type II. A s control or r organizatio	on organized a on organized a r supported orgo ough 12d that of upporting orga ted organizatio n. You must o supporting orgo nanagement o n(s). You mus	and operated exclusi ganizations describe describes the type of anization operated, su on(s) the power to rec complete Part IV, Se anization supervised f the supporting orga t complete Part IV,	or controlled in connect anization vested in the sa Sections A and C.	perform the r section s and comp by its supp majority o tion with its ame person	ne functior 509(a)(2). Delete lines ported orga f the direc s supporte ns that co	ns of, or to ca See section 12e, 12f, and anization(s), t tors or truste of organization htrol or mana	509(a)(3). (1 12g. ypically by ses of the su es of the su n(s), by hav ge the supp	Check the box on giving upporting ving ported
c d	its support Type III no that is not f	ed organization n-functionally functionally int	n(s) (see instructions) r integrated. A supp egrated. The organiz	g organization operated). You must complete I porting organization oper ation generally must sat nplete Part IV, Sections	Part IV, Se ated in cor isfy a distri	ctions A, nnection w bution rec	D, and E. /ith its suppo juirement and	rted organiz	zation(s)
e		-		written determination from nally integrated supporting			Туре I, Туре	II, Type III	·
	er the number	••	•						
	vide the follow (i) Name of supp organizatior	orted	about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governii Yes	nization listed ng document? No	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)
Total									

Schedule A (Form 990) 2022

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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.)

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Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	140,262.	374,764.	403,648.	422,957.	361,700.	1703331.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	140,262.	374,764.	403,648.	422,957.	361,700.	1703331.
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)						703,822.
	Public support. Subtract line 5 from line 4.						999,509.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	140,262.	374,764.	403,648.	422,957.	361,700.	1703331.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	133.	109.	389.	521.	6,837.	7,989.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1711320.
12	,		,			12	37,461.
13	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stor	o here					
	ction C. Computation of Publi		-				F0 41
	Public support percentage for 2022 (I					14	58.41 %
	Public support percentage from 2021					15	57.92 %
16a	a 33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
1	33 1/3% support test - 2021. If the o	-					
47	and stop here. The organization qual						
1/8	a 10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
	meets the facts and circumstances te	•	• •		•	Za and line 15 is :	
1	o 10% -facts-and-circumstances test	0					10% 01
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization		-		• •		
10	Fivate roundation. If the organizatio	T GIU HOL CHECK A		a, 100, 17a, 01 170	, ONEON UNS DUX A		(Form 990) 2022

SENIOR ADVOCATES FOR GENERATIONAL EQUID

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Schedule A (Form 990) 2022

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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

	ie eabbeit						
Calendar year (or fisca	al year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, co	ontributions, and						
membership fe	es received. (Do not						
include any "ur	usual grants.")						
2 Gross receipts	from admissions,						
	old or services per- ities furnished in						
,	t is related to the						
	ax-exempt purpose						
3 Gross receipts	from activities that						
are not an unre	lated trade or bus-						
iness under see	tion 513						
4 Tax revenues le	evied for the organ-						
ization's benefi	t and either paid to						
or expended or	n its behalf						
5 The value of se	rvices or facilities						
furnished by a	governmental unit to						
the organization	n without charge						
6 Total. Add line	s 1 through 5						
7a Amounts inclue	led on lines 1, 2, and						
3 received from	disqualified persons						
b Amounts included or from other than disg							
exceed the greater o	f \$5,000 or 1% of the						
	r the year						
c Add lines 7a ar	id 7b						
8 Public support	(Subtract line 7c from line 6.)						
Section B. Tota		1	1		Т	1	
Calendar year (or fisca	,	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	line 6						
10a Gross income f	rom interest, nents received on						
securities loans	s, rents, royalties,						
	m similar sources						
b Unrelated busine							
`	taxes) from businesses						
acquired after Ju							
	nd 10b m unrelated business						
	cluded on line 10b,						
whether or not	the business is						
regularly carrie							
12 Other income. or loss from the	e sale of capital						
	in Part VI.)						
	dd lines 9, 10c, 11, and 12.)						
-	f the Form 990 is for th	•					
Section C Corr	and stop here	c Support Por	contago				·····
	•			(1)			
	percentage for 2022 (I					15	<u>%</u>
	percentage from 2021 putation of Inves					16	%
	•			ing 10 golumn (f))		17	0/
	ome percentage for 20					17	<u>%</u>
	ome percentage from						%
	ort tests - 2022. If the					- 41	
	/3%, check this box ar ort tests - 2021. If the	-	•				
		•					·
	ore than 33 1/3%, che I tion. If the organizatic						
20 Private rounda 232023 12-09-22	avni in the organizatio	A GIG HOL CHECK &	50A OH IIHE 14, 19	a, or 190, check l	INS DUX AND SEE IN		e A (Form 990) 2022
202020 12-09-22			15			Schedul	5 A (I OIII 330) 2022

Schedule A (Form 990) 2022 SAGE

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1

2

3a

3b

3c

4a

4b

Yes No

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Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2022

No

Yes No

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
		а	
b		b	1
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	-	
	detail in Part VI.	с	
Sec	tion B. Type I Supporting Organizations	,	
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, ot rustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	1	

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

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

12450501 781409 7985

2022.05090 SENIOR ADVOCATES FOR GENE 7985___1

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	SENIOR ADVOCATES FOR GEN	IERAT		
	edule A (Form 990) 2022 SAGE			45-3599268 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 SAGE			4	5-3599268	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	1	
Secti	on D - Distributions				Current Yea	r
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 20	-
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	SENIOR SAGE	ADVOCATES	FOR	GENERATIONA	L EQUITY	45-3599268 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	nation. Pro 2, 3b, 3c, 4b, ines 2 and 3; I	4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir	c, 11a, 1 nes 1c, 2	1b, and 11c; Part IV, Se 2a, 2b, 3a, and 3b; Part '	ction B, lines 1 /, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
232028 12-09-2	2						Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

45-3599268

	SAGE
Organization	type (check one):

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

SENIOR ADVOCATES FOR GENERATIONAL EQUITY

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

Name of organization SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE

Employer identification number

45-3599268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)	
	rganization R ADVOCATES FOR GENERATIONAL EQUITY	
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 cont
7		

		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10 </u>		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$37,891.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

2022.05090 SENIOR ADVOCATES FOR GENE 7985___1

12450501 781409 7985

Page **2**

Employer identification number

(d)

Type of contribution

45-3599268

(c)

Total contributions

	(Form 990) (2022)		Page 3
Name of or	-		Employer identification number
SAGE	ADVOCATES FOR GENERATIONAL EQUITY		45-3599268
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	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	
223453 11-15-	22		Schedule B (Form 990) (2022)

223453 11-15-22

	B (Form 990) (2022)				Page 4
	organization PR ADVOCATES FOR GENERAT			Employer identifica	ation number
SAGE	R ADVOCATES FOR GENERAT.	LONAL EQUITY		45-359926	58
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line through (e) and the following line that the following line through the through the following line through the following l	entry. For organiza	(8), or (10) that total more than \$1,0 ions	
(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, a	nd ZIP + 4	Relatio	nship 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, a	nd ZIP + 4	Relatio	nship of transferor to transferee	•
			1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship 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, a	nd ZIP + 4	Relatio	nship of transferor to transferee	9
223454 11-1	I 5-22			Schedule B (Form 990) (2022)

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SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	e Tax Under section {	501(c) and section 5	27	2022
Department of the Treasury Internal Revenue Service	-	if the organization is described to www.irs.gov/Form990 for in			D-EZ.	Open to Public Inspection
		Form 990, Part IV, line 3, or For		ne 46 (Political Camp	aign Acti	ivities), then
		plete Parts I-A and B. Do not com	•	De vest commiste Dev		
 Section 501(c) (other Section 527 organization 		1(c)(3)) organizations: Complete F	ans I-A and C below.	Do not complete Par	L I-B.	
•	•	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lir	ne 47 (Lobbying Acti	vities), th	ien
		nave filed Form 5768 (election und				
	•	nave NOT filed Form 5768 (electio	•			•
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization		ADVOCATES FOR GEN	ERATIONAL E	QUITY		er identification number
Dout I A Commi	SAGE	ani-ation is avainat unde	r an ation E01(a) a	un in a constitut FC		45-3599268
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) c	or is a section 52	a organ	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	campaign activities ir	n Part IV.		
2 Political campaign					\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	oto if the ora	anization is exempt unde	r solution $501(a)(a)$	2/		
-		-	. , .	-	¢	
		incurred by the organization unde incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in					04(-)(0)	
		anization is exempt unde				-
		by the filing organization for sect ization's funds contributed to othe			\$	
	0 0		0		\$	
		. Add lines 1 and 2. Enter here an			···· • <u> </u>	
		1120-POL for this year?				Yes No
		ployer identification number (EIN) ion listed, enter the amount paid				
		omptly and directly delivered to a				
		additional space is needed, provid				5 5
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid f filing organizatic funds. If none, ent	on's co er-0	(e) Amount of political pontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Demonstrate Device 1		see the Instructions for Form 99	0.000 57			edule C (Form 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

	AGE				599268 Page 2
Part II-A Complete if the organ section 501(h)).	nization is exem	pt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organizatio	on belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share of	of excess lobbying e	xpenditures).			
B Check if the filing organizatio	, ,	. ,	visions apply.		
Limits	on Lobbying Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (a	rassroots lobbving)			
b Total lobbying expenditures to influer					
c Total lobbying expenditures (add line				0.	
d Other exempt purpose expenditures				259,321.	
e Total exempt purpose expenditures				259,321.	
f Lobbying nontaxable amount. Enter t				51,864.	
If the amount on line 1e, column (a) or (bying nontaxable am		51,0010	
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000,0		0 plus 15% of the exce	222 Over \$500.000		
Over \$1,000,000 but not over \$1,500		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,00		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	JUU.			
g Grassroots nontaxable amount (enter	r 25% of line 1f			12,966.	
h Subtract line 1g from line 1a. If zero c	,			0.	
i Subtract line 1f from line 1c. If zero o	, , , , ,			0.	
i If there is an amount other than zero		ino 11 did tho organiza			
reporting section 4911 tax for this ye		<i>,</i> 0		Г	Yes No
		raging Period Under			
(Some organizations that	t made a section 50		nave to complete all o	of the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	39,498.	57,413.	64,873.	51,864.	213,648.
b Lobbying ceiling amount (150% of line 2a, column(e))					320,472.
c Total lobbying expenditures					
d Grassroots nontaxable amount	9,875.	14,353.	16,218.	12,966.	53,412.
e Grassroots ceiling amount	·				
(150% of line 2d, column (e))					80,118.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (F	orm 990) 2022	SAGE						45-359	99268
Part II-B	Complete if the	organization is	exempt under	section	501(c)(3)	and has	NOT filed	l Form 57	768
	(election under	section 501(h)).							

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(I	b)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				93, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
С					
с З	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		. 3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess	. 3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ess olitical	. 3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess olitical			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an	d Individual	ls in the Ŭni [.]	ted States		OMB No. 1545-0047		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. LUL Department of the Treasury Attach to Form 990. Open to P									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection									
Name of the organization SENIOR ADVOCATES FOR GENERATIONAL EQUITY Employer identification number SAGE 45-3599268									
Part I General Information on Grants a									
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 X No									
2 Describe in Part IV the organization's pr									
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
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		
THE WATER BOX 1819 SW FIFTH AVENUE NO. 287 PORTLAND, OR 97201			16,027.	0.			FISCAL SPONSORSHIP		

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

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

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

Schedule I (Form 990) 2022

1.

Schedule I (Form 990) 2022

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

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

45-3599268

Page 2

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



45-3599268

SENIOR ADVOCATES FOR GENERATIONAL EQUITY

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

FUTURE GENERATIONS CAN THRIVE.

SAGE

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

THE FUTURE IN EDUCATION, THE ENVIRONMENT, AND THE ECONOMY (THE 3 ES)

CONNECT PEOPLE TO RESOURCES AND OPPORTUNITIES TO GET INVOLVED AND

TRAIN AND SUPPORT PEOPLE TO ACTIVELY ENGAGE IN SOCIAL CAUSES AND

NONPROFIT ORGANIZATIONS. WE WORK ACROSS GENERATIONS BECAUSE WE NEED

EACH OTHER AND THE FUTURE NEEDS ALL THE ADVOCATES IT CAN GET.

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

SPONSORED A PROJECT OF ONE OF OUR LEGACY FELLOWS TO PROMOTE AN

INNOVATIVE WATER QUALITY TREATMENT TECHNOLOGY. THROUGHOUT THE YEAR, WE

CONTINUED TO OFFER PERSONALIZED ADVICE AND COACHING TO HELP OLDER

ADULTS FIND MEANINGFUL SERVICE AND ADVOCACY ROLES IN THEIR COMMUNITIES.

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

PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 3:

COMPOSITION OF EXECUTIVE COMMITTEE: WARD GREENE (BOARD PRESIDENT), KRISTEN GRAUER (BOARD MEMBER), JOHN DAGGETT (BOARD MEMBER), AND STEVE HIGGS (EXECUTIVE DIRECTOR). STEVE HIGGS IS ON STAFF AND IS NOT ON THE BOARD OF DIRECTORS. COMMITTEE'S PURPOSE IS AS FOLLOWS: (1)PRIORITIZE ISSUES FOR THE FULL BOARD TO ADDRESS TO ADVANCE SAGE'S MISSION AND TO STRENGTHEN OUR (2) RECEIVE BRIEF, WRITTEN UPDATES FROM THE CHAIRS OF OTHER ORGANIZATION; LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Name of the organization	SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE								Employer identification number 45-3599268		
COMMITTEES PRI		EXECUT	IVE C	DMMITI	EE MEET	TINGS	то .	ADDRES			
TO FRAME TOPIC	CS FOR	QUARTE	RLY B	DARD M	EETINGS	5, (3) RE	COMMEN	D FORI	MATION	AND
SUNSETTING OF	COMMI	TTEES S	O THE	Y REMA	IN RELE	EVANT	AND	EFFEC	rive,	AND (4	4)
HELP STAFF ADI	ORESS (CHALLEN	GES O	R OPPC	RTUNITI	IES.					

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

THE FORM 990 IS PREPARED BY THE EXTERNAL ACCOUNTING FIRM. IT IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DISTRIBUTED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. AFTER FILING, IT IS POSTED ON THE WEB SITE.

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

BOARD MEMBERS ARE ASKED ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST.

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

THE ORGANIZATION HAS ON RECORD COMPARABLE SALARY INFORMATION FOR CURRENT

STAFF POSITIONS IN NONPROFIT SECTOR. THE PROCESS WAS LAST UNDERTAKEN FOR

EXECUTIVE DIRECTOR IN 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, ORGANIZATIONAL POLICIES, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

232212 10-28-22