

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing organization name (NATIONAL COUNCIL ON AGING, INC.), EIN (13-1932384), address (251 18TH ST S, ARLINGTON, VA 22202), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

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

Signature block section with fields for officer signature (DONNA WHITT), preparer name (SARA SMITH), date (05/02/22), and firm information (RSM US LLP).

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  NATIONAL COUNCIL ON AGING, INC.	Taxpayer identification number (TIN)  13-1932384
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 251 18TH ST S, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA WHITT, CHIEF FINANCIAL OFFICER

- The books are in the care of ▶ 251 18TH ST S, NO. 500 - ARLINGTON, VA 22202  
Telephone No. ▶ 571-527-4001 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 16, 2022    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     JUL 1, 2020    , and ending     JUN 30, 2021    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NATIONAL COUNCIL ON AGING (NCOA) IS A NONPROFIT SERVICE AND ADVOCACY ORGANIZATION HEADQUARTERED IN ARLINGTON, VA. OUR MISSION IS TO IMPROVE THE LIVES OF MILLIONS OF OLDER ADULTS, ESPECIALLY THOSE WHO ARE STRUGGLING. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 33,799,694. including grants of \$ 26,751,225. ) (Revenue \$ ) WORKFORCE DEVELOPMENT: SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' PARTICIPATION IN MEANINGFUL AND REWARDING PAID EMPLOYMENT.

4b (Code: ) (Expenses \$ 13,459,206. including grants of \$ 6,737,647. ) (Revenue \$ ) ACCESS TO BENEFITS: SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' ACCESS TO PUBLIC AND PRIVATE BENEFITS AND RESOURCES THAT IMPROVE THE QUALITY OF THEIR LIVES IN COMMUNITIES NATIONWIDE.

4c (Code: ) (Expenses \$ 2,133,567. including grants of \$ 5,000. ) (Revenue \$ ) HEALTHY AGING PROGRAMS: SUPPORTING THE EXPANSION AND SUSTAINABILITY OF EVIDENCE-BASED HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS IN THE COMMUNITY AND ONLINE THROUGH COLLABORATION WITH NATIONAL, STATE, AND COMMUNITY PARTNERS. OUR GOAL IS TO HELP OLDER ADULTS LIVE LONGER AND HEALTHIER LIVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,468,843. including grants of \$ 335,205. ) (Revenue \$ 935,073. )

4e Total program service expenses 54,861,310.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DONNA WHITT, CHIEF FINANCIAL OFFICER - 571-527-4001 251 18TH ST S, NO. 500, ARLINGTON, VA 22202

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD BEDLIN VICE PRESIDENT	37.50					X	276,291.	0.	44,567.	
(2) KENNETH BRACHT VP AND CMBDO TIL 7/2021	37.50					X	262,635.	0.	46,092.	
(3) SAEED ABU ELNAJ VP AND CIO TIL 1/2021	37.50					X	264,768.	0.	17,630.	
(4) DONNA WHITT SENIOR VP AND CFO	37.50			X			265,286.	0.	16,117.	
(5) JOSHUA HODGES VP AND CCO	37.50				X		248,341.	0.	23,727.	
(6) DIANNA CAMPBELL VICE PRESIDENT TIL 11/2020	37.50					X	257,707.	0.	15,818.	
(7) KRISTEN KIEFER VP AND CAO	37.50					X	212,891.	0.	21,312.	
(8) ANNA M. CHAVEZ INTERIM PRESIDENT & CEO TIL 5/2020	37.50					X	148,751.	0.	9,710.	
(9) JAMES FIRMAN PRESIDENT & CEO TIL 4/2020	37.50					X	117,102.	0.	19,540.	
(10) RAMSEY ALWIN PRESIDENT & CEO	37.50			X			104,849.	0.	9,837.	
(11) JAMES R. KNICKMAN CHAIR TIL 6/30/21	1.00	X		X			0.	0.	0.	
(12) KATHY J. GREENLEE CHAIR AS OF 6/30/21	1.00	X		X			0.	0.	0.	
(13) SUNDER D. JOSHI TREASURER AND SECRETARY	1.00	X		X			0.	0.	0.	
(14) PHIL BUCHANAN DIRECTOR	1.00	X					0.	0.	0.	
(15) HEATHER DUPRE DIRECTOR	1.00	X					0.	0.	0.	
(16) LYNN FIELDS HARRIS DIRECTOR TIL 11/2020	1.00	X					0.	0.	0.	
(17) DEDE PRIEST DIRECTOR TIL 12/2020	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUNE SIMMONS DIRECTOR	1.00	X					0.	0.	0.	
(19) JEFFREY A. SONNENFELD DIRECTOR TIL 12/2020	1.00	X					0.	0.	0.	
(20) SOMAVA SAHA DIRECTOR	1.00	X					0.	0.	0.	
(21) FAYE WATTLETON DIRECTOR TIL 12/2020	1.00	X					0.	0.	0.	
(22) CONNIE WEAVER DIRECTOR	1.00	X					0.	0.	0.	
(23) PETER ZIEBELMAN DIRECTOR	1.00	X					0.	0.	0.	
(24) DAVID MARKIEWICZ DIRECTOR	1.00	X					0.	0.	0.	
(25) ELIZABETH S. PALMER DIRECTOR	1.00	X					0.	0.	0.	
(26) MARTHA PELAEZ DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							2,158,621.	0.	224,350.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,158,621.	0.	224,350.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **41**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIZURI PO BOX 1263, CARMARILLO, CA 93010	CONSULTING	1,403,340.
CODE AND THEORY, LLC 285 FULTON STREET, NEW YORK, NY 10007	CONSULTING	730,561.
RISE INTERACTIVE MEDIA AND ANALYTICS, LLC ONE SOUTH WACKER DRIVE, CHICAGO, IL 60606	MARKETING	547,936.
JAYNE SOMES-SCHLOESSER 1132 GREENWAY ROAD, ALEXANDRIA, VA 22308	CONSULTING	360,383.
INNOVATIVE FINANCIAL SOLUTIONS, 36500 CORPORATE DR, FARMINGTON HILLS, MI 48331	CONSULTING	252,040.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHERYL E. WOODSON DIRECTOR	1.00	X						0.	0.	0.
(28) CAROL ZERNIAL DIRECTOR TIL 10/2020	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	130,295.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	49,337,708.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,825,421.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			53,293,424.			
Program Service Revenue	<b>2 a</b> RETIREMENT ED PROGRAMS	<b>Business Code</b>	900099	935,073.	935,073.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			935,073.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			79,506.		79,506.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			54,308,003.	935,073.	0.	79,506.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	33,829,077.	33,829,077.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,003,439.	781,695.	187,916.	33,828.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,090,091.	6,213,547.	1,590,270.	286,274.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	435,480.	364,417.	60,222.	10,841.
<b>9</b> Other employee benefits .....	879,381.	735,881.	121,608.	21,892.
<b>10</b> Payroll taxes .....	668,499.	512,411.	132,276.	23,812.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	77,807.	60,027.	17,780.	
<b>c</b> Accounting .....	88,695.		88,695.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	55,000.		55,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,949,460.	4,720,777.	995,504.	233,179.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	530,139.	458,382.	41,564.	30,193.
<b>14</b> Information technology .....	1,052,402.	973,938.	52,946.	25,518.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	908,580.	683,769.	182,582.	42,229.
<b>17</b> Travel .....	15,159.	14,094.	1,065.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	286,355.	279,960.	6,200.	195.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	121,647.	112,577.	6,120.	2,950.
<b>23</b> Insurance .....	61,176.	20,392.	40,784.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TRAINING - ENROLLEE	4,085,559.	4,085,559.		
<b>b</b> OTHER COSTS	1,028,570.	1,014,460.	7,401.	6,709.
<b>c</b> UNALLOWABLE	894.	347.		547.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	59,167,410.	54,861,310.	3,587,933.	718,167.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,461,768.	<b>1</b>	2,982,411.
	<b>2</b> Savings and temporary cash investments .....	135,513.	<b>2</b>	196,728.
	<b>3</b> Pledges and grants receivable, net .....	7,414,159.	<b>3</b>	4,232,279.
	<b>4</b> Accounts receivable, net .....	1,856.	<b>4</b>	13,113.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	37,530.	<b>8</b>	6,425.
	<b>9</b> Prepaid expenses and deferred charges .....	318,077.	<b>9</b>	188,323.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,243,120.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,690,576.	652,426.	<b>10c</b> 552,544.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,634,594.	<b>12</b>	2,685,182.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,469.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,660,392.	<b>16</b>	10,857,005.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,573,462.	<b>17</b>	4,213,071.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,276,486.	<b>25</b>	4,010,607.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,849,948.	<b>26</b>	8,223,678.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-412,176.	<b>27</b>	-1,040,087.
	<b>28</b> Net assets with donor restrictions .....	7,222,620.	<b>28</b>	3,673,414.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,810,444.	<b>32</b>	2,633,327.
<b>33</b> Total liabilities and net assets/fund balances .....	16,660,392.	<b>33</b>	10,857,005.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,308,003.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,167,410.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,859,407.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,810,444.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-5,469.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	687,759.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,633,327.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Table with 2 columns: Name of the organization (NATIONAL COUNCIL ON AGING, INC.) and Employer identification number (13-1932384)

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [x] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions).
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
11 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations [ ]
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	44,018,373.	61,787,580.	54,645,207.	56,852,958.	53,293,424.	270,597,542.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	44,018,373.	61,787,580.	54,645,207.	56,852,958.	53,293,424.	270,597,542.
<b>5</b> 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) .....						5,598,901.
<b>6 Public support.</b> Subtract line 5 from line 4.						264,998,641.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	44,018,373.	61,787,580.	54,645,207.	56,852,958.	53,293,424.	270,597,542.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	62,276.	77,714.	103,600.	79,325.	79,506.	402,421.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						270,999,963.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	13,526,270.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.79 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	98.08 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

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

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# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  NATIONAL COUNCIL ON AGING, INC.	Employer identification number  13-1932384
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 34,111,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,226,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,856,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  NATIONAL COUNCIL ON AGING, INC.	Employer identification number  13-1932384
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  NATIONAL COUNCIL ON AGING, INC.	Employer identification number  13-1932384
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">NATIONAL COUNCIL ON AGING, INC.</p>	Employer identification number <p style="text-align: center;">13-1932384</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	874.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	16,612.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	17,486.													
<b>d</b>	Other exempt purpose expenditures	59,149,775.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	59,167,261.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	20,608.	22,003.	19,863.	17,486.	79,960.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	1,030.	1,100.	993.	874.	3,997.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**Part IV Supplemental Information**

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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: NATIONAL COUNCIL ON AGING, INC. Employer identification number: 13-1932384

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for line 2(a-d) held at the end of the tax year, and Yes/No questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding art and historical treasures, including instructions for reporting revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,076,411.	1,576,793.	499,618.
d Equipment		159,665.	159,665.	0.
e Other		1,007,044.	954,118.	52,926.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				552,544.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) FJC AGENCY LOAN FUND	2,685,182.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,685,182.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COSTS	3,156,744.
(3) DEFERRED RENT	853,863.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,010,607.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	54,253,003.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	54,253,003.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	55,000.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	55,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	54,308,003.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	59,112,410.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	59,112,410.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	55,000.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	55,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	59,167,410.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, THE ORGANIZATION IS TAXED

ONLY ON ITS UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES WAS

REQUIRED FOR FISCAL YEARS 2021 AND 2020. THE ORGANIZATION IS CLASSIFIED AS

OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO

LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR

YEARS BEFORE 2018.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization NATIONAL COUNCIL ON AGING, INC. Employer identification number 13-1932384

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109	85-0262072	501(C)(3)	60,000.	0.			SUPPORT
ADVANCING STATES 241 18TH STREET SOUTH, SUITE 403 ARLINGTON, VA 22202	39-6095459	501(C)(3)	205,000.	0.			SUPPORT
AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT LLC - 1 LONG WHARF DRIVE SUITE 1L - NEW HAVEN, CT 06511	06-0915531	501(C)(3)	20,000.	0.			SUPPORT
AGEOPTIONS 1048 LAKE STREET, SUITE 300 OAK PARK, IL 60301	36-2806193	501(C)(3)	80,000.	0.			SUPPORT
AGESMART COMMUNITY RESOURCES 2365 COUNTRY ROAD BELLEVILLE, IL 62221	37-0986597	501(C)(3)	60,000.	0.			SUPPORT
AGING BEST 1121 BUSINESS LOOP 70E FL 2A COLUMBIA, MO 65201	43-1015163	501(C)(3)	20,000.	0.			SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 150.
- 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) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMO AREA COUNCIL OF GOVERNMENTS 8700 TESORO DR., #700 SAN ANTONIO, TX 78217	74-1557491	501(C)(3)	60,000.	0.			SUPPORT
ALIVIO MEDICAL CENTER, INC. 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	60,000.	0.			SUPPORT
ANCHORAGE SENIOR ACTIVITY CENTER 1300 EAST 19TH AVE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	60,000.	0.			SUPPORT
AREA AGENCY ON AGING OF PALM BEACH, TREASURE COAST INC. - 4400 N. CONGRESS AVENUE - WEST PALM BEACH, FL 33407	65-0087858	501(C)(3)	120,000.	0.			SUPPORT
AREA OFFICE ON AGING OF NORTHWESTERN OH - 2155 ARLINGTON AVENUE - TOLEDO, OH 43609	34-1310295	501(C)(3)	20,000.	0.			SUPPORT
AREAWIDE COUNCIL ON AGING 5300 HIATUS ROAD SUNRISE, FL 33351	59-1529419	501(C)(3)	20,000.	0.			SUPPORT
ASIAN SERVICES IN ACTION 3631 PERKINS AVESUITE 2A-W CLEVELAND, OH 44114	34-1798850	501(C)(3)	60,000.	0.			SUPPORT
ASTER AGING, INC 45 W UNIVERSITY DRIVE SUITE A MESA, AZ 85201	94-2596075	501(C)(3)	55,000.	0.			SUPPORT
ATLANTA COMMUNITY FOOD 3400 N DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	80,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE SUITE 160 PHOENIX , AZ 85012	94-2545356	501(C)(3)	20,000.	0.			SUPPORT
BEAR RIVER ASSOCIATION OF GOVT. 170 NORTH MAIN STREET LOGAN, UT 84321	87-0299562	501(C)(3)	60,000.	0.			SUPPORT
BENEFITS DATA TRUST 1500 MARKET STREET SUITE 2800 PHILADELPHIA , PA 19102	20-3455598	501(C)(3)	140,000.	0.			SUPPORT
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. - JOHNSON COUNTY COURTHOUSE, 3RD FLOOR - PAINTSVILLE, KY 41240	61-0653946	501(C)(3)	459,680.	0.			SUPPORT
BLOUNT COUNTY COMMUNITY ACTION AGENCY - 3509 TUCKALEECHEE PIKE - MARYVILLE, TN 37803	62-1561673	501(C)(3)	50,000.	0.			SUPPORT
BOSTON SENIOR HOME CARE 89 SOUTH STREET SUITE 501 BOSTON, MA 02111	04-2546251	501(C)(3)	20,000.	0.			SUPPORT
CAPIUSA 3702 EAST LAKE ST. MINNEAPOLIS , MN 55406	41-1417198	501(C)(3)	71,050.	0.			SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC CHARITIES OF HAWAII 1822 KE'EAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	50,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES OF NORTHERN NEVADA - 500 EAST 4TH STREET - RENO, NV 89512	88-0339754	501(C)(3)	65,000.	0.			SUPPORT
CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, INC. - 841 BROADWAY, SUITE 301 - NEW YORK, NY 10003	13-2984549	501(C)(3)	61,500.	0.			SUPPORT
CENTRO CULTURAL DE WASHINGTON COUNTY - 1110 N ADAIR ST. PO BOX 708 - CORNELIUS, OR 97113	93-0606729	501(C)(3)	20,000.	0.			SUPPORT
CHINESE COMMUNITY CENTER, INC. 9800 TOWN PARK DRIVE HOUSTON, TX 77036	76-0067885	501(C)(3)	60,000.	0.			SUPPORT
CHINESE INFORMATION & SERVICES CENTER - 611 SOUTH LANE ST. - SEATTLE, WA 98104	23-7438529	501(C)(3)	120,000.	0.			SUPPORT
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SERMAN STREET SUITE 250 - DENVER, CO 80203	84-1493585	501(C)(3)	82,500.	0.			SUPPORT
COMMUNITY CATALYST, INC ONE FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	04-3355127	501(C)(3)	20,108.	0.			SUPPORT
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC. - 3011 N. MICHIGAN STREET - PITTSBURG, KS 66762-2546	75-3002264	501(C)(3)	60,000.	0.			SUPPORT
COMMUNITY HEALTH CLINICS, INC PO BOX 9211 16TH AVENUE NORTH NAMPA, ID 83653	82-0300537	501(C)(3)	70,000.	0.			SUPPORT

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

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COMMUNITY HEALTHNET, INC 1021 WEST 5TH AVENUE GARY, IN 46402	35-2048141	501(C)(3)	23,000.	0.			SUPPORT
COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC./LIVE ON NY - 49 WEST 45TH STREET, 7TH FLOOR - NEW YORK, NY 10036	13-2967277	501(C)(3)	60,000.	0.			SUPPORT
COUNCIL ON AGING FOR SOUTHEASTERN VT, INC. - 38 PLEASANT STREET - SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	60,000.	0.			SUPPORT
COUNTY OF BERGEN (NJ) ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	22-6002426	STATE/CITY	50,000.	0.			SUPPORT
COUNTY OF ERIE (NY) 95 FRANKLIN STREET BUFFALO, NY 14202	16-6002558	STATE/CITY	62,500.	0.			SUPPORT
COUNTY OF STEUBEN (NY) 3 EAST PULTENEY SQUARE BATH, NY 14810	16-6002567	STATE/CITY	60,000.	0.			SUPPORT
COUNTY OF VENTURA (CA) 646 COUNTY SQUARE DRIVE VENTURA, CA 93003	95-6000944	STATE/CITY	50,000.	0.			SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)(3)	604,774.	0.			SUPPORT
CUMAC ECHO, INC PO BOX 2721 223 ELLISON STREET PATERSON, NJ 07509	22-2657737	501(C)(3)	30,000.	0.			SUPPORT

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DALLAS COUNTY (TX) 2377 N. STEMMONS FREEWAY DALLAS, TX 75207	75-6000905	STATE/CITY	20,000.	0.			SUPPORT
DIRECTION HOMES, LLC 88 EAST BROAD STREET SUITE 870 COLUMBUS, OH 43215	45-4556668	501(C)(3)	13,645.	0.			SUPPORT
DISTRICT THREE GOVERNMENT 4453 LEE HIGHWAY MARION, VA 24354	54-0957186	501(C)(3)	110,000.	0.			SUPPORT
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	60,000.	0.			SUPPORT
EAST VALLEY ADULT RESOURCES 247 NORTH MACDONALD MESA, AZ 85201	94-2596075	501(C)(3)	10,000.	0.			SUPPORT
ECUMENICAL SOCIAL ACTION COMMITTEE INC. - 434 JAMAICAWAY PO BOX 301749 - JAMAICA PLAIN, MA 02130	04-2455301	501(C)(3)	60,000.	0.			SUPPORT
ELDER LAW OF MICHIGAN, INC. 3815 W. ST. JOSEPH, STE. C-200 LANSING, MI 48917	38-2960530	501(C)(3)	80,000.	0.			SUPPORT
ELDERBRIDGE AGENCY ON AGING 22 N GEORGIA AVE. SUITE 216 MASON CITY, IA 50401	42-1155559	501(C)(3)	60,000.	0.			SUPPORT
ELDERSOURCE 4160 WOODCOCK DRIVE 2ND FLOOR JACKSONVILLE, FL 32207	59-1569867	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)



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FAMILY ELDERCARE, INC 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	70,000.	0.			SUPPORT
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	55,000.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SAN MATEO COUNTY - 24 2ND AVE. - SAN MATEO, CA 94401	94-1186169	STATE/CITY	1,197,648.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SF 10101 GOUGH STREET SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	902,844.	0.			SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	140,000.	0.			SUPPORT
FEEDING WISCONSIN INC 2850 DAIRY DRIVE MADISON, WI 53718	47-4823466	501(C)(3)	20,000.	0.			SUPPORT
FEEDMORE WESTERN NEW YORK, INC 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	22-2470820	501(C)(3)	20,000.	0.			SUPPORT
FIVE COUNTY ASSOCIATION OF GOVT. 1070 WEST 1600 SOUTH BLDG B ST. GEORGE, UT 84770	87-0304025	501(C)(3)	62,500.	0.			SUPPORT
GEORGIA LEGAL SERVICES PROGRAM, INC. - 104 MARIETTA STREET, SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	60,000.	0.			SUPPORT

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GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	20,000.	0.			SUPPORT
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	20,000.	0.			SUPPORT
GREATER WI AGENCY ON AGING RESOURCES, INC. - 1414 MACARTHUR RD., STE A - MADISON, WI 53714	39-1204540	501(C)(3)	49,280.	0.			SUPPORT
GREEN RIVER AREA DEVELOPMENT DISTRICT - 300 GRADD WAY - OWENSBORO, KY 42301	61-0706096	501(C)(3)	60,000.	0.			SUPPORT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	60,000.	0.			SUPPORT
HOPES COMMUNITY ACTION PARTNERSHIP, INC. - 301 GARDEN STREET - HOBOKEN, NJ 07030	22-1801849	501(C)(3)	80,000.	0.			SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	20,000.	0.			SUPPORT
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC - 32 S. TRACY AVE. - BOZEMAN, MT 59715	81-0350886	501(C)(3)	20,000.	0.			SUPPORT
INNOVATIONS FOR AGING,LLC 1265 GREY FOX ROAD SUITE 2 ARDEN HILLS, MN 55112	81-0738625	501(C)(3)	52,350.	0.			SUPPORT

Schedule I (Form 990)

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ISABELLA GERIATRIC CENTER 515 AUDUBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	60,000.	0.			SUPPORT
ISSAQUAH SENIOR CENTER 75 NE CREEK WAY ISSAQUAH, WA 98027	91-0990273	STATE/CITY	5,200.	0.			SUPPORT
JUST HARVEST EDUCATION FUND 16 TERMINAL WAY PITTSBURGH, PA 15219	25-1555571	501(C)(3)	20,000.	0.			SUPPORT
KENOSHA COUNTY (WI) 1010 56TH STREET KENOSHA, WI 53140	39-6005707	STATE/CITY	60,000.	0.			SUPPORT
KNOXVILLE-KNOX CTY COMMUNITY ACTION COMM. - 2247 WESTERN AVENUE - KNOXVILLE, TN 37921	62-1451534	STATE/CITY	81,000.	0.			SUPPORT
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON, INC. - 7700 LITTLE RIVER TURNPIKE SUITE 406 - ANNANDALE, VA 22101	52-1005984	501(C)(3)	83,000.	0.			SUPPORT
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET COVINGTON, KY 41011	61-0668572	501(C)(3)	60,000.	0.			SUPPORT
LEGAL SERVICES FOR THE ELDERLY 5 WABON STREET AUGUSTA, ME 04330-7040	01-0359131	501(C)(3)	70,000.	0.			SUPPORT
LITTLE RIVER MEDICAL CENTER PO BOX 547 LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

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LOS ANGELES FOUNDATION ON AGING 211 N FIGUEROA STREET, SUITE 180 LOS ANGELES, CA 90012	13-4334980	STATE/CITY	50,570.	0.			SUPPORT
LOS ANGELES LGBT CENTER 1118 N. MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	20,000.	0.			SUPPORT
LTSC COMMUNITY DEVELOPMENT INC. 231 E. 3RD STREET SUITE G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	60,000.	0.			SUPPORT
LUZEME/WYOMING AAA 111 N. PENNSYLVANIA BLVD. WILKES-BARRE, PA 18701	23-2660272	501(C)(3)	520,874.	0.			SUPPORT
MAC INCORPORATED 909 PROGRESS CIRCLE SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	20,000.	0.			SUPPORT
MANNA FOODBANK INC 627 SWANNANOA RIVER RD ASHEVILLE, NC 28805	58-1514800	501(C)(3)	20,000.	0.			SUPPORT
MEDICARE RIGHTS CENTER 266 WEST 37TH STREET 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	230,271.	0.			SUPPORT
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N. GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	81,500.	0.			SUPPORT
MINOT STATE UNIVERSITY 500 UNIVERSITY AVE W MINOT, ND 58707	45-6002481	501(C)(3)	10,000.	0.			SUPPORT

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MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING - 1121 BUSINESS LOOP 70 E FL 2A - COLUMBIA, MO 65201-4605	43-1101962	STATE/CITY	110,000.	0.			SUPPORT
NATL. ASSOC. OF AREA AGENCIES ON AGING - 1100 NEW JERSEY AVE. SE SUITE 350 - WASHINGTON, DC 20003	52-1052345	501(C)(3)	97,718.	0.			SUPPORT
NATIONAL CHURCH RESIDENCE FOUNDATION - 2335 NORTH BANK DRIVE - COLUMBUS, OH 43220	20-2308665	501(C)(3)	72,000.	0.			SUPPORT
NATIONAL KIDNEY FDN OF MICHIGAN 1169 OAK VALLEY DR. ANN ARBOR, MI 48108	38-1559941	501(C)(3)	20,000.	0.			SUPPORT
NATIVE AMERICAN DISABILITY LAW CENTER - 3535 E 30TH STREET SUITE 201 - FARMINGTON, NM 87402	35-2238666	501(C)(3)	60,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF STATE UNITED FOR AGING & DISABILITIES - 1201 15TH STREET, NW #350 - WASHINGTON, DC 20005	13-5642032	501(C)(3)	20,000.	0.			SUPPORT
NEIGHBORHOOD SELF HELP BY OLDER PERSONS PROJECT - 953 SOUTHERN BLVD - BRONX, NY 10459	13-3077047	501(C)(3)	20,000.	0.			SUPPORT
NEVADA SENIOR SERVICES INC. 901 N JONES BLVD. LAS VEGAS, NV 89108	88-0206284	501(C)(3)	22,500.	0.			SUPPORT
NEW BEDFORD COUNCIL ON AGING 181 HILLMAN STREET, BUILDING 9 NEW BEDFORD, MA 02745	04-6001402	501(C)(3)	20,000.	0.			SUPPORT

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NEW YORK CITY DEPARTMENT FOR THE AGING - 2 LAFAYETTE STREET-6TH FLOOR - NEW YORK, NY 10007	13-3153550	STATE/CITY	1,288,357.	0.			SUPPORT
NEXUS SOLUTIONS 4217 PICADILLY DRIVE FORT COLLINS, CO 80526	84-1333240	501(C)(3)	36,000.	0.			SUPPORT
NORTH MISSISSIPPI RURAL LEGAL SERVICES, INC. - 5 COUNTY ROAD 1014 - OXFORD, MS 38655	64-0581747	501(C)(3)	60,000.	0.			SUPPORT
NORTHEAST IOWA AREA AGENCY ON AGING - 3840 W 9TH STREET - WATERLOO, IA 50702	52-1621262	501(C)(3)	20,000.	0.			SUPPORT
NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION - 717 MADISON AVE. - COVINGTON, KY 41012	61-0667805	501(C)(3)	1,322,892.	0.			SUPPORT
NORTHWEST KANSAS AREA AGENCY ON AGING, INC. - 510 W 29TH STREET, PO BOX 610 SUITE B - HAYS, KS 67601	48-0874448	501(C)(3)	60,000.	0.			SUPPORT
NORTHWEST SENIOR & DISABILITY SERVICES - 3410 CHERRY AVE NE - SALEM, OR 97303	93-0811191	501(C)(3)	10,000.	0.			SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSITY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	70,000.	0.			SUPPORT
OASIS INSTITUTE 11780 BORMAN DRIVE ST. LOUIS, MO 63146	43-1830354	501(C)(3)	10,420.	0.			SUPPORT

Schedule I (Form 990)

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

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ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	95-4066979	501(C)(3)	20,000.	0.			SUPPORT
PARTNERS IN CARE FOUNDATION 101 SOUTH FIRST STREET, #1000 BURBANK, CA 91502	95-3954057	501(C)(3)	50,000.	0.			SUPPORT
PATHSTONE-NJ 400 EAST AVE. ROCHESTER, NY 14607	16-0984913	501(C)(3)	10,001,005.	0.			SUPPORT
PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING - 1413 S. MAIN STREET - FARMVILLE, VA 23901	54-1025127	501(C)(3)	20,000.	0.			SUPPORT
PUERTO RICO OMBUDSMAN OFFICE FOR THE ELDERLY - PO BOX 191179 - SAN JUAN, PR 00919-1179	66-0457131	STATE/CITY	20,000.	0.			SUPPORT
REGION VIII PLANNING & DEVELOPMENT COUNCIL-56 AND 83 - 131 PROVIDENCE LANE - PETERSBURG, WV 26847	55-0531062	501(C)(3)	660,771.	0.			SUPPORT
RETIRED SENIOR VOLUNTEER PROGRAM OF ENID & NORTH CENTRAL OKLAHOMA - 602 S. VAN BUREN - ENID, OK 73703	73-1136382	501(C)(3)	20,000.	0.			SUPPORT
RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL PROVIDENCE, RI 02908	05-6000522	STATE/CITY	50,000.	0.			SUPPORT
RIO ARRIBA COUNTY PO BOX 127 TIERRA AMARILLA, NM 87575	85-6000240	STATE/CITY	65,000.	0.			SUPPORT

Schedule I (Form 990)

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SANTA CLARA PUEBLO PO BOX 580 ESPANOLA, NM 87532	85-0216550	STATE/CITY	63,000.	0.			SUPPORT
SENIOR CITIZENS ACTIVITIES NETWORK 180 ROUTE 35 SOUTH EATONTOWN, NJ 07724	22-3178757	501(C)(3)	52,500.	0.			SUPPORT
SENIOR CITIZENS OF GREATER DALLAS, INC. - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	62,500.	0.			SUPPORT
SENIOR CONNECTIONS, THE CAPITAL AAA - 24 E. CARY STREET RICHMOND, VA 23219	54-0950714	501(C)(3)	60,000.	0.			SUPPORT
SENIOR RESOURCES 19 OHIO AVENUE SUITE 2 NORWICH, CT 06360	06-0916608	501(C)(3)	60,000.	0.			SUPPORT
SER JOBS FOR PROGRESS, INC. 255 N. FULTON STREET #106 FRESNO, CA 93701	94-2188609	501(C)(3)	1,248,285.	0.			SUPPORT
SOUTH ALABAMA REGIONAL PLANNING 110 BEAUREGARD STREET MOBILE, AL 36602	63-0501382	501(C)(3)	82,500.	0.			SUPPORT
SOUTH CAROLINA DEPARTMENT ON AGING 1301 GERVAIS STREET SUITE 350 COLUMBIA, SC 29201	57-6000286	STATE/CITY	20,000.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC.-52 AND 78 - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	1,887,446.	0.			SUPPORT

Schedule I (Form 990)



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

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SOWEGA COUNCIL ON AGING 335 W. SOCIETY AVENUE ALBANY, GA 31701	58-0965104	501(C)(3)	9,800.	0.			SUPPORT
STATE OF MISSOURI PO BOX 809 JEFFERSON CITY, MO 65102-0809	44-6000987	STATE/CITY	60,000.	0.			SUPPORT
STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS - ONE CAPITOL HILL - PROVIDENCE, RI 02908-5883	05-6000522	STATE/CITY	10,000.	0.			SUPPORT
STATE OF WV BUREAU OF SENIOR SERVICES - 1900 KANAWHA BLVD. EAST CHARLESTON, WV 25305	55-0483610	STATE/CITY	10,000.	0.			SUPPORT
THE ARC PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE LARGO, MD 20774	52-0715246	501(C)(3)	35,000.	0.			SUPPORT
THE COUNCIL ON AGING OF BUNCOMBE COUNTY, INC. - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586	501(C)(3)	62,500.	0.			SUPPORT
THE CSU, CHICO RESEARCH FOUNDATION CSU, CHICO- BUILDING 25 MST CHICO, CA 95929	68-0386518	501(C)(3)	60,000.	0.			SUPPORT
THE LATINO HEALTH INSURANCE PROGRAM, INC - 88 WAVERLY STREET 1ST FLOOR, SUITE 150 FRAMINGHAM, MA 01702	30-0614874	501(C)(3)	70,000.	0.			SUPPORT
THE LEGACY LINK 4080 MUNDY MILL ROAD OAKWOOD, GA 30566	58-2317890	501(C)(3)	4,572,614.	0.			SUPPORT

Schedule I (Form 990)

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THE SKILLSOURCE GROUP, INC. 8300 BOONE BOULEVARD, STE. 450 VIENNA, VA 22182	30-0129320	501(C)(3)	1,084,662.	0.			SUPPORT
THE WHOLE PERSON, INC 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	60,000.	0.			SUPPORT
THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	80,000.	0.			SUPPORT
TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)	20,000.	0.			SUPPORT
TRI-COUNTY ACTION PROGRAM, INC 1210 23RD AVE SPO BOX 683 WAITE PARK, MN 56387	41-6049739	501(C)(3)	20,000.	0.			SUPPORT
TRI-VALLEY, INC 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	61,000.	0.			SUPPORT
UNITED CAMBODIAN COMMUNITY 2201 E. ANAHEIM STREET SUITE 200 LONG BEACH, CA 90804	95-3442295	501(C)(3)	60,000.	0.			SUPPORT
UNITED WAY OF MONMOUTH & OCEAN COUNTIES - 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	10,000.	0.			SUPPORT
WASHINGTON COUNTY COMMISSION 535 E FRANKLIN STREET HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	62,500.	0.			SUPPORT

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WATTS LABOR COMMUNITY ACTION COMMITTEE - 10950 S. CENTRAL AVENUE - LOS ANGELES, CA 90059	95-2412869	501(C)(3)	50,000.	0.			SUPPORT
WELLMED MEDICAL MANAGEMENT 8637 FREDERICKBURG RD. STE. 100 SAN ANTONIO, TX 78240	20-5087010	501(C)(3)	22,381.	0.			SUPPORT
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM INC. - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523	13-2547122	501(C)(3)	60,000.	0.			SUPPORT
WESTERN ARIZONA COUNCIL OF AGING 1235 S REDONDO CENTER DR YUMA, AZ 85364	86-0262126	501(C)(3)	60,000.	0.			SUPPORT
WESTERN MONTANA AREA VI AGENCY ON AGING - 110 MAIN ST. SUITE 5 - POLSON, MT 59860	81-0345779	501(C)(3)	60,000.	0.			SUPPORT
WESTERN RESERVE AREA AGENCY ON AGING - 1235 S. REDONDO CENTER DRIVE - YUMA, AZ 85365	86-0282126	501(C)(3)	30,000.	0.			SUPPORT
WESTMORELAND COUNTY COMMUNITY COLLEGE - 145 PAVILLION LANE - YOUNGWOOD, PA 15697	25-1511934	501(C)(3)	999,374.	0.			SUPPORT
WINSTON SALEM URBAN LEAGUE 201 W. FIFTH STREET WINSTON SALEM, NC 27101	56-0532301	501(C)(3)	14,500.	0.			SUPPORT

**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.

PART I, LINE 2:

NCOA GOES THROUGH A DELIBERATIVE PROCESS TO ENGAGE ALL GRANTEES FOR VARIOUS PROJECTS. THEN, DURING THE GRANT PERIOD NCOA REQUIRES PERIODIC PROJECT REPORTING FROM EACH SUCH GRANTEE, WHICH WILL INCLUDE EXPLANATIONS FOR VARIANCES TO THEIR PROJECT BUDGETS. NCOA RESERVES THE RIGHT TO CONDUCT INDEPENDENT AUDITS OF ALL GRANTEES AND OBTAINS COPIES OF EACH ORGANIZATION'S FINANCIAL STATEMENTS AND A-133 AUDITS/UNIFORM GUIDANCE REPORTS AS APPROPRIATE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: NATIONAL COUNCIL ON AGING, INC.  
 Employer identification number: 13-1932384

**Part I Questions Regarding Compensation**

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

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

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD BEDLIN VICE PRESIDENT	(i)	215,150.	60,458.	683.	13,502.	33,850.	323,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH BRACHT VP AND CMBDO TIL 7/2021	(i)	242,397.	20,000.	238.	15,142.	34,619.	312,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAEED ABU ELNAJ VP AND CIO TIL 1/2021	(i)	244,409.	19,914.	445.	14,880.	11,857.	291,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONNA WHITT SENIOR VP AND CFO	(i)	244,748.	19,855.	683.	14,702.	4,897.	284,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSHUA HODGES VP AND CCO	(i)	228,937.	19,300.	104.	13,815.	13,627.	275,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANNA CAMPBELL VICE PRESIDENT TIL 11/2020	(i)	191,964.	3,927.	61,816.	11,664.	5,596.	274,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KRISTEN KIEFER VP AND CAO	(i)	193,862.	18,811.	218.	11,820.	13,542.	238,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNA M. CHAVEZ INTERIM PRESIDENT & CEO TIL 5/2020	(i)	148,645.	0.	106.	8,928.	2,403.	160,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES FIRMAN PRESIDENT & CEO TIL 4/2020	(i)	116,586.	0.	516.	7,092.	15,890.	140,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

DIANNA CAMPBELL RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$61,628.

THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 7:

BONUS PAYMENTS WERE BASED ON MEETING INDIVIDUAL AND ORGANIZATION GOALS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

FORM 990, PAGE 1, LINE 5, NUMBER OF EMPLOYEES

NCOA HAD 105 EMPLOYEES DURING CALENDAR YEAR-END 2020; THERE WERE ALSO

696 W-2S SENT TO ENROLLEES OF U.S. GOVT. GRANT PROGRAMS THAT ARE

INCLUDED FOR THE TOTAL OF 801 REPORTED IN PART V LINE 2A.

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

NCOA IS A NATIONAL VOICE FOR OLDER ADULTS, ESPECIALLY THOSE WHO ARE

VULNERABLE AND DISADVANTAGED, AND THE ORGANIZATIONS THAT SERVE THEM.

WE BRING TOGETHER NON-PROFIT ORGANIZATIONS, BUSINESSES AND GOVERNMENT

TO DEVELOP CREATIVE SOLUTIONS THAT IMPROVE THE LIVES OF ALL OLDER

ADULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGING MASTERY PROGRAM

EXPENSES \$ 1,167,287. INCLUDING GRANTS OF \$ 280,205. REVENUE \$ 0.

COVID PROGRAMS

EXPENSES \$ 109,916. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 0.

ECONOMIC SECURITY INITIATIVES

EXPENSES \$ 1,199,039. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

RETIREMENT EDUCATION PROGRAMS

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

Schedule O (Form 990 or 990-EZ) 2020



Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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EXPENSES \$ 1,439,947. INCLUDING GRANTS OF \$ 0. REVENUE \$ 935,073.

MEMBERSHIP SERVICES AND OUTREACH

EXPENSES \$ 1,095,214. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY AND ADVOCACY

EXPENSES \$ 457,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOLLOWING SECTIONS OF THE BYLAWS WERE RESTATED DURING THE FISCAL YEAR:

3 .1.1 NUMBER. THE BOARD SHALL DESIGNATE THE NUMBER OF DIRECTORS ( EACH, A

"DIRECTOR") AT NO FEWER THAN SEVEN (7) AND NO MORE THAN SEVENTEEN ( 17).

ANY SUCH DESIGNATION SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS THEN

SERVING. NO DECREASE SHALL HAVE THE EFFECT OF SHORTENING THE TERM OF AN

INCUMBENT DIRECTOR.

3.7.1 GENERAL. THE BOARD, BY RESOLUTION ADOPTED BY A MAJORITY OF THE ENTIRE

BOARD, MAY DESIGNATE A MINIMUM OF TWO (2) AND A MAXIMUM OF SIX (6)

DIRECTORS, INCLUDING THE BOARD CHAIR, TO CONSTITUTE A COMMITTEE. IN

ACCORDANCE WITH THE N-CPL, THE BOARD MAY DELEGATE ITS AUTHORITY TO SUCH

COMMITTEE(S) OR ESTABLISH ONE OR MORE COMMITTEES OF THE BOARD AS ADVISORY

ONLY. COMMITTEES OF THE BOARD MAY ONLY BE COMPRISED OF DIRECTORS AND HAVE

THE AUTHORITY TO BIND THE CORPORATION.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 WHICH IS REVIEWED AND

APPROVED BY THE MANAGEMENT AND THE AUDIT, COMPLIANCE AND RISK MANAGEMENT

COMMITTEE, A SUBCOMMITTEE OF THE NCOA BOARD. THE FULL NCOA BOARD IS SENT A

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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COPY BY EMAIL BEFORE FILING WITH THE IRS.

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

OFFICERS, DIRECTORS AND KEY EMPLOYEES ANNUALLY CONFIRM UNDER THE CONFLICT OF INTEREST POLICIES AND PROCEDURES.

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

NCOA CEO COMPENSATION IS APPROVED BY A COMMITTEE OF THE BOARD AFTER STUDYING SURVEYS AND COMPARABLE COMPENSATION AT LIKE ORGANIZATIONS. THERE IS ALSO A FORMAL PROCESS FOR AN ANNUAL PERFORMANCE APPRAISAL AND COMPENSATION REVIEW FOR THE CEO, AS WELL AS ALL KEY EMPLOYEES, WHICH DOES INCLUDE MULTIPLE LEVEL REVIEWS, COMPARING TO MARKET BENCHMARKS AND GAINING BOARD APPROVAL FOR TOTAL BUDGETED COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MS,MN,NC,ND,NJ,NH,NM,NY OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

NCOA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND THE ANNUAL FORM 990S ARE ALSO PROVIDED IN A LINK FROM NCOA'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES 3,878,795.

MANAGEMENT AND GENERAL EXPENSES 1,379,185.

Name of the organization	NATIONAL COUNCIL ON AGING, INC.	Employer identification number	13-1932384
FUNDRAISING EXPENSES		228,919.	
TOTAL EXPENSES		5,486,899.	
TEMPORARY LABOR:			
PROGRAM SERVICE EXPENSES		206,430.	
MANAGEMENT AND GENERAL EXPENSES		76,498.	
FUNDRAISING EXPENSES		760.	
TOTAL EXPENSES		283,688.	
PAYROLL PROCESSING:			
PROGRAM SERVICE EXPENSES		75,198.	
MANAGEMENT AND GENERAL EXPENSES		55,387.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		130,585.	
LICENSES/FEES:			
PROGRAM SERVICE EXPENSES		2,190.	
MANAGEMENT AND GENERAL EXPENSES		35,348.	
FUNDRAISING EXPENSES		3,500.	
TOTAL EXPENSES		41,038.	
HONORARIUMS:			
PROGRAM SERVICE EXPENSES		7,250.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		7,250.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		5,949,460.	

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST 687,759.