** PUBLIC DISCLOSURE COPY **

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 — **2016** — Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization: NATIONAL COUNCIL ON THE AGING, INC.

Doing business as: NCOA

Number and street (or P.O. box if mail is not delivered to street address): 251 18TH STREET SOUTH — Room/suite: 500

City or town, state or province, country, and ZIP or foreign postal code: ARLINGTON, VA 22202

D Employer identification number: 13-1932384

E Telephone number: 571-527-3900

G Gross receipts $ 49,363,196.

F Name and address of principal officer: JAMES P. FIRMAN, SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.NCOA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1960 — M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVING THE LIVES OF MILLIONS OF OLDER ADULTS, ESPECIALLY THOSE WHO ARE STRUGGLING.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1270
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

PUBLIC INSPECTION COPY

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	44,115,371.	44,018,373.
	9	Program service revenue (Part VIII, line 2g)	4,518,999.	5,282,547.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,827.	62,276.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,696,197.	49,363,196.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,750,741.	23,756,975.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,989,454.	10,475,110.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 385,317.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,949,130.	17,821,651.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,689,325.	52,053,736.
	19	Revenue less expenses. Subtract line 18 from line 12	3,006,872.	-2,690,540.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,266,265.	12,169,087.
	21	Total liabilities (Part X, line 26)	8,377,438.	8,141,830.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,888,827.	4,027,257.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ DONNA WHITT, CHIEF FINANCIAL OFFICER

Type or print name and title

PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
WILLIAM E TURCO, CPA		MAY 09 2018		P00369217

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 9737 WASHINGTONIAN BLVD, #400, GAITHERSBURG, MD 20878 — Phone no. 301-296-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 $ 30,256,111. including grants of $ 19,567,652.) (Revenue $)
WORKFORCE DEVELOPMENT:
SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' PARTICIPATION IN MEANINGFUL AND REWARDING PAID EMPLOYMENT.

4b (Code:) (Expenses $ 10,130,824. including grants of $ 3,581,036.) (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 $ 3,362,239. including grants of $) (Revenue $ 5,282,547.)
RETIREMENT EDUCATION PROGRAMS:
UNDER A NEW "CONTROLLED" ENTITY, NCOA SERVICES LLC (A SINGLE MEMBER LLC ORGANIZED UNDER THE LAWS OF THE STATE OF DELAWARE) PROVIDES AN EDUCATIONAL WEBSITE TO HELP OLDER AMERICANS WITH DECISIONS THEY NEED TO MAKE REGARDING MEDICARE AND OTHER BENEFITS RELATED OPTIONS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 5,564,375. including grants of $ 608,287.) (Revenue $)

4e Total program service expenses ▶ 49,313,549.

Part IV | Checklist of Required Schedules

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

Part IV | Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	233		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1270		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 16. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent — 1b: 16			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

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 (or 1024 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 in Schedule O)*

19 Describe in 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 - 571-527-3900

251 18TH STREET SOUTH, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JAMES KNICKMAN CHAIR	1.00	X		X				0.	0.	0.
(2) SUNDER JOSHI TREASURER AND SECRETARY	1.00	X		X				0.	0.	0.
(3) CAROL ZERNIAL IMMED PAST CHAIR	1.00	X		X				0.	0.	0.
(4) RICHARD BROWDIE DIRECTOR	1.00	X						0.	0.	0.
(5) ROBERT BLANCATO DIRECTOR	1.00	X						0.	0.	0.
(6) JOSEFINA CARBONELL DIRECTOR	1.00	X						0.	0.	0.
(7) HEATHER DUPRE DIRECTOR	1.00	X						0.	0.	0.
(8) JULIE GOONEWARDENE DIRECTOR	1.00	X						0.	0.	0.
(9) LYNN FIELDS HARRIS DIRECTOR	1.00	X						0.	0.	0.
(10) MARK MCCLELLAN DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID SIDWELL DIRECTOR	1.00	X						0.	0.	0.
(12) JUNE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(13) CASS WHEELER DIRECTOR	1.00	X						0.	0.	0.
(14) CAROLYN BUCK-LUCE DIRECTOR-NCOA SERVICES LLC	1.00	X						0.	0.	0.
(15) STEVE SWENDIMAN DIRECTOR-NCOA SERVICES LLC	1.00	X						0.	0.	0.
(16) PETER ZEIBELMAN DIRECTOR-NCOA SERVICES LLC	1.00	X						0.	0.	0.
(17) JAMES FIRMAN CEO AND PRESIDENT-NCOA	37.50			X				293,838.	0.	47,720.

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) JAY GREENBERG CEO AND PRESIDENT-NCOA SERVICES, LLC	37.50			X				268,615.	0.	30,008.
(19) DONNA WHITT SENIOR VP/CFO	37.50			X				229,095.	0.	12,841.
(20) WENDY ZENKER SR. VICE PRESIDENT	37.50				X			157,501.	0.	10,431.
(21) HOWARD BEDLIN VICE PRESIDENT	37.50					X		215,212.	0.	39,127.
(22) RINA PENNACCHIA VICE PRESIDENT	37.50					X		178,443.	0.	23,376.
(23) MARLENE SCHNEIDER VICE PRESIDENT	37.50					X		163,665.	0.	22,496.
(24) NAOMI HART SENIOR DIRECTOR	37.50					X		159,576.	0.	28,546.
(25) SUSAN STILES SENIOR DIRECTOR	37.50					X		146,774.	0.	29,942.
1b Sub-total								1,812,719.	0.	244,487.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,812,719.	0.	244,487.

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 ▶ 25

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
LEVIATHAN TECHNOLOGY GROUP INC. 425 EAST 74TH ST. #2C, NEW YORK, NY 10021	IT CONSULTING	324,950.
SWIFT MARKETING & FULFILLMENT SVCS., INC. 1A GLENWOOD AVE, LYNBROOK, NY 11563	MARKETING & FULFILLMENT	255,267.
M&R STRATEGIC SERVICES, INC., 1901 L STREET NW - SUITE 800, WASHINGTON, DC	MARKETING CONSULTING	207,980.
HOUSING OPTIONS PROVIDED FOR THE ELDERLY 4265 SHAW BLVD., ST. LOUIS, MO 63110	COUNSELING CONSULTING	186,350.
SPRINGBOX 708 COLORADO ST., AUSTIN, TX 78701	IT CONSULTING	176,660.

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 ▶ 10

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	170,025.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	40,855,858.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,992,490.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			44,018,373.			
Program Service Revenue			Business Code					
	2 a	RETIREMENT ED PROGRAMS	900099		5,282,547.	5,282,547.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			5,282,547.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			62,276.			62,276.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			49,363,196.	5,282,547.	0.	62,276.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,756,975.	23,756,975.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,197,956.	1,070,216.	107,647.	20,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,322,212.	4,920,527.	1,181,205.	220,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,227.	295,014.	29,674.	5,539.
9 Other employee benefits	2,036,675.	1,819,501.	183,013.	34,161.
10 Payroll taxes	588,040.	473,653.	96,394.	17,993.
11 Fees for services (non-employees):				
a Management				
b Legal	177,879.	139,423.	38,456.	
c Accounting	70,138.		70,138.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,269.		27,269.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,512,826.	5,242,738.	265,629.	4,459.
12 Advertising and promotion				
13 Office expenses	708,569.	644,706.	45,423.	18,440.
14 Information technology	560,903.	529,302.	18,175.	13,426.
15 Royalties				
16 Occupancy	945,594.	797,270.	121,203.	27,121.
17 Travel	736,248.	696,165.	32,448.	7,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	412,736.	375,651.	29,077.	8,008.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,972.	169,832.	5,832.	4,308.
23 Insurance	103,182.	22,654.	80,528.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING - ENROLLEE	7,333,974.	7,333,974.		
b OTHER COSTS	1,050,542.	1,024,201.	22,759.	3,582.
c UNALLOWABLE	1,819.	1,747.		72.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	52,053,736.	49,313,549.	2,354,870.	385,317.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,440,254.	1	3,184,976.
	2	Savings and temporary cash investments	130,013.	2	130,299.
	3	Pledges and grants receivable, net	8,890,618.	3	5,237,586.
	4	Accounts receivable, net	44,621.	4	27,322.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	36,245.	8	22,978.
	9	Prepaid expenses and deferred charges	254,907.	9	176,422.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 3,201,889.			
	b	Less: accumulated depreciation — 10b 2,193,322.	1,148,984.	10c	1,008,567.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,317,910.	12	2,379,820.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,713.	15	1,117.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,266,265.	16	12,169,087.
Liabilities	17	Accounts payable and accrued expenses	2,956,484.	17	2,744,762.
	18	Grants payable		18	
	19	Deferred revenue	51,053.	19	51,053.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,369,901.	25	5,346,015.
	26	**Total liabilities.** Add lines 17 through 25	8,377,438.	26	8,141,830.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	71,593.	27	639,085.
	28	Temporarily restricted net assets	6,817,234.	28	3,388,172.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,888,827.	33	4,027,257.
	34	Total liabilities and net assets/fund balances	15,266,265.	34	12,169,087.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,363,196.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,053,736.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,690,540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,888,827.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-171,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,027,257.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support	OMB No. 1545-0047
	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2016 Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL COUNCIL ON THE AGING, INC.	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).** (Attach Schedule E (Form 990 or 990-EZ).)

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).** Enter the hospital's name, city, and state: __________

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).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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). Enter the name, city, and state of the college or university: __________

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box 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. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,693,490.	37,249,518.	42,523,515.	44,115,371.	44,018,373.	208,600,267.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	40,693,490.	37,249,518.	42,523,515.	44,115,371.	44,018,373.	208,600,267.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						208,600,267.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	40,693,490.	37,249,518.	42,523,515.	44,115,371.	44,018,373.	208,600,267.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,984.	52,980.	59,702.	61,827.	62,276.	323,769.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						208,924,036.

12 Gross receipts from related activities, etc. (see instructions) **12** 14,482,149.

13 **First five 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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 99.85 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 **15** 99.82 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Schedule B
(Form 990, 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2016

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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	Employer identification number
NATIONAL COUNCIL ON THE AGING, INC.	13-1932384

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		$ 28,388,239.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 9,765,706.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,555,790.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

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	Employer identification number
NATIONAL COUNCIL ON THE AGING, INC.	13-1932384

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,653.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	31,408.	
c Total lobbying expenditures (add lines 1a and 1b)	33,061.	
d Other exempt purpose expenditures	52,043,961.	
e Total exempt purpose expenditures (add lines 1c and 1d)	52,077,022.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j 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? ☐ Yes ☐ 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	11,475.	14,700.	11,441.	33,061.	70,677.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	574.	735.	572.	1,653.	3,534.

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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL COUNCIL ON THE AGING, INC.	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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______
(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______
b Assets included in Form 990, Part X ▶ $ ______

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 are a 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 programs
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 Temporarily restricted endowment ▶ ________ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,050,449.	1,177,306.	873,143.
d Equipment		159,665.	149,077.	10,588.
e Other		991,775.	866,939.	124,836.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,008,567.

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	1,000.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) FJC AGENCY LOAN FUND	2,378,820.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,379,820.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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)	
Total. *(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	4,146,877.
(3) DEFERRED RENT	1,199,138.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	5,346,015.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	49,335,927.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	49,335,927.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,269.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	27,269.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	49,363,196.

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

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

1	Total expenses and losses per audited financial statements			1	52,026,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	52,026,467.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,269.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	27,269.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	52,053,736.

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:

NCOA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NCOA IS TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEARS 2017 AND 2016. NCOA IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. THE CORPORATION IS A FOR-PROFIT ENTITY WHICH HAD NO SIGNIFICANT INCOME OR LOSS FOR THE FISCAL YEARS ENDED JUNE 30, 2017 AND 2016.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE

Part XIII Supplemental Information *(continued)*

ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY

TAX AUTHORITIES FOR YEARS BEFORE 2014.

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: NATIONAL COUNCIL ON THE 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? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADELANTE DEVLOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109	85-0262072	501(C)(3)	34,000.	0.			SUPPORT
AGEOPTIONS 1048 LAKE STREET, SUITE 300 OAK PARK, IL 60301	36-2806193	501(C)(3)	39,000.	0.			SUPPORT
ALIVIO MEDICAL CENTER, INC. 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	90,000.	0.			SUPPORT
AMERICAN ASSOCIATION ON HEALTH AND DISABILITY - 110 N. WASINGTON STREET, SUITE 328-J - ROCKVILLE, MD 20850	52-1864887	501(C)(3)	11,500.	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)	90,000.	0.			SUPPORT
ASIAN PACIFIC COMMUNITY IN ACTION 4520 N. CENTRAL AVENUE, SUITE 380 PHOENIX, AZ 85012	75-3040117	501(C)(3)	90,000.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 111.

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
ASIAN SERVICES IN ACTION INC. 3631 PERKINS AVE, SUITE 2A-W CLEVELAND, OH 44114	34-1798850	501(C)(3)	45,000.	0.			SUPPORT
ATLANTA COMMUNITY FOOD 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501(C)(3)	37,500.	0.			SUPPORT
BAINBRIDGE ISLAND 7666 HIGH SCHOOL RD. NE BAINBRIDGE ISLAND, WA 98110	38-3731374	501(C)(3)	6,000.	0.			SUPPORT
BALTIMORE CITY COMMISSION AGING & RETIRE - 417 E FAYETTE ST., 6TH FLOOR - BALTIMORE, MD 21202		STATE/CITY	20,000.	0.			SUPPORT
BANNER OLIVE BRANCH SENIOR CENTER 11250 N 107TH AVE. SUN CITY, AZ 85351	45-0233470	501(C)(3)	34,000.	0.			SUPPORT
BENEFITS DATA TRUST 2 LOGAN SQUARE, SUITE 550 PHILADELPHIA, PA 19103	20-3455598	501(C)(3)	213,000.	0.			SUPPORT
BENTON FRANKLIN COMMUNITY 720 W. COURT STREET PASCO, WA 99301	91-0792238	501(C)(3)	6,000.	0.			SUPPORT
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. - 2ND FLOOR, JOHNSON COUNTY COURTHOUSE - PAINTSVILLE, KY 41240	61-0653946	501(C)(3)	490,461.	0.			SUPPORT
CAMBODIAN ASSOCIATION OF GREATER PA, INC. - 5412 NORTH 5TH STREET - PHILADELPHIA, PA 19120	23-2169935	501(C)(3)	90,000.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
CARTER BURDEN CENTER FOR THE AGING 1484 FIRST AVENUE NEW YORK, NY 10021	23-7129499	501(C)(3)	7,500.	0.			SUPPORT
CATHOLIC CHARITIES ARCHDIOSCESE OF NEW ORLEANS - 1000 HOWARD AVE., SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	45,000.	0.			SUPPORT
CATHOLIC CHARITIES OF THE DIOSCESE OF WINONA - 111 MARKET STREET, SUITE 2 - WINONA, MN 55987	41-0721636	501(C)(3)	6,000.	0.			SUPPORT
CATHOLIC COMMUNITY SERVICES OF NORTHERN NEVADA - 500 EAST 4TH STREET - RENO, NV 89512	88-0339754	501(C)(3)	153,000.	0.			SUPPORT
CATHOLIC HEALTH INITIATIVES CO. FOUNDATION - 11600 W. 2ND PLACE - LAKEWOOD, CO 80228	84-0902211	501(C)(3)	40,000.	0.			SUPPORT
CENTER FOR AFRICAN AMERICAN HEALTH 3601 MARTIN LUTHER KING JR. BLVD. DENVER, CO 80205	84-1477546	501(C)(3)	8,499.	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)	34,000.	0.			SUPPORT
CENTER IN THE PARK 58818 GERMANTOWN AVE. PHILADELPHIA, PA 19144	23-1919016	501(C)(3)	6,998.	0.			SUPPORT
CENTRAL WEST VIRGINIA AGING SERVICES, INC. - 8 SPRING STREET, PO BOX 186 - BUCKHANNON, WV 36201	55-0613613	STATE/CITY	373,149.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
CENTURA HEALTH LINKS 1170 KELLY JOHNSON BLVD. COLORADO SPRINGS, CO 80920	84-0902211	501(C)(3)	10,000.	0.			SUPPORT
CHINESE COMMUNITY CENTER, INC. 9800 TOWN PARK DRIVE HOUSTON, TX 77036	76-0067885	501(C)(3)	34,000.	0.			SUPPORT
CITY OF FITCHBURG, WI 5520 LACY RD. FITCHBURG, WI 53711	39-6005889	STATE/CITY	6,000.	0.			SUPPORT
CITY OF LYNNWOOD, WA PO BOX 5008 LYNNWOOD, WA 98046	91-6015840	STATE/CITY	6,000.	0.			SUPPORT
CITY OF OAK HARBOR, WA 865 SE BARRINGTON DRIVE OAK HARBOR, WA 98277	91-6001476	STATE/CITY	6,000.	0.			SUPPORT
CITY OF OWATONNA, MN 540 WEST HILLS CIRCLE OWATONNA, MN 55060	41-6005444	STATE/CITY	6,000.	0.			SUPPORT
CONSORTIUM FOR OLDER ADULT WELLNESS - 2575 S. WADSWORTH BLVD. - LAKEWOOD, CO 80227	26-0799248	501(C)(3)	10,000.	0.			SUPPORT
COUNCIL ON AGING-ORANGE COUNTY 1971 E. 4TH ST., SUITE 200 SANTA ANA, CA 92705	95-2874089	501(C)(3)	40,000.	0.			SUPPORT
COUNTY OF BARRON, WI 335 E. MONROE AVE BARRON, WI 54812	39-6005668	STATE/CITY	12,000.	0.			SUPPORT

632241
04-01-16

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)(3)	665,349.	0.			SUPPORT
DOOR COUNTY YMCA, INC 1900 MICHIGAN STREET STURGEON BAY, WI 54235	39-1738982	STATE/CITY	6,000.	0.			SUPPORT
DUKE UNIVERSITY 2200 W. MAIN ST., SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	29,000.	0.			SUPPORT
EAST RIVER FAMILY STRENGTHENING COLLABORATIVE, INC. - 3917 MINNESOTA AVE, NE - WASHINGTON, DC 20019	52-2277915	501(C)(3)	7,750.	0.			SUPPORT
EDMONDS SENIOR CENTER PO BOX 717, 220 RAILROAD AVENUE EDMONDS, WA 98020	91-0828576	501(C)(3)	8,000.	0.			SUPPORT
ELDER LAW OF MICHIGAN, INC. 3815 W. ST. JOSEPH, STE. C-200 LANSING, MI 48917	38-2906530	501(C)(3)	44,000.	0.			SUPPORT
ELDER SVCS. OF THE MERRIMACK VALLEY, INC. - 280 MERRIMACK STREET, SUITE 400 - LAWRENCE, MA 01843	04-2541536	501(C)(3)	6,000.	0.			SUPPORT
ELDERSOURCE 4160 WOODCOCK DR., 2ND FLOOR JACKSONVILLE, FL 32207	59-1569867	501(C)(3)	34,000.	0.			SUPPORT
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	45,000.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
FAMILY SERVICE AGENCY OF SAN MATEO COUNTY - 24 2ND AVE. - SAN MATEO, CA 94401	94-1186169	501(C)(3)	1,181,994.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SAN FRANCISCO (FOR SCSEP) - 10101 GOUGH STREET - SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	1,124,786.	0.			SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	108,000.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SAN FRANCISCO (FOR MIPPA) - 1500 FRANKLIN STREET - SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	90,000.	0.			SUPPORT
FIRST IN FAMILIES OF NORTH CAROLINA - 3109 UNIVERSITY DRIVE, SUITE 100 - DURHAM, NC 27707	46-0471896	501(C)(3)	70,200.	0.			SUPPORT
FRIENDS OF THE FOND DU LAC SENIOR CENTER - 151 EAST FIRST STREET - FOND DU LAC, WI 54935	39-1658681	501(C)(3)	6,000.	0.			SUPPORT
GENERATIONS UNITED 1331 H STREET, SUITE 900 WASHINGTON, DC 20005	31-1542973	501(C)(3)	20,000.	0.			SUPPORT
GEORGIA LEGAL SERVICES PROGRAM, INC. - 104 MARIETTA STREET, SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	34,000.	0.			SUPPORT
GREATER BERGEN COMMUNITY ACTION, INC. - 241 MOORE STREET - HACKENSACK, NJ 07601	22-1818014	501(C)(3)	20,000.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
GREATER WI AGENCY ON AGIN 1414 MACARTHUR RD., STE A MADISON, WI 53714	39-1204540	501(C)(3)	30,000.	0.			SUPPORT
GREEN RIVER AREA DEVELOPMENT DISTRICT - 300 GRADD WAY - OWENSBORO, KY 42301	61-0706096	501(C)(3)	34,000.	0.			SUPPORT
HEALTH INSURANCE COUNSELING 646 COUNTY SQUARE DR., #100 VENTURA, CA 93003	95-6000944	501(C)(3)	34,000.	0.			SUPPORT
HOWARD COUNTY OFFICE ON AGING 6751 COLUMBIA GATEWAY DRIVE, 2ND FL COLUMBIA, MD 21046	52-6000965	STATE/CITY	10,000.	0.			SUPPORT
ISABELLA GERIATRIC CENTER 515 AUDOBON AVE. NEW YORK, NY 10040	13-3623808	501(C)(3)	34,000.	0.			SUPPORT
JEWISH FAMILY SERVICES OF ATLANTIC COUNTY, INC. - 607 N. JEROME AVENUE - MARGATE, NJ 08402	22-2119902	501(C)(3)	50,000.	0.			SUPPORT
JEWISH SOCIAL SERVICE AGENCY 6123 MONTROSE RD. ROCKVILLE, MD 20852	53-0196598	501(C)(3)	10,000.	0.			SUPPORT
KLICKITAT COUNTY SENIOR SERVICES 115 W. COURT STREET MS-CH-21 GOLDENDALE, WA 98620	91-6001350	501(C)(3)	6,000.	0.			SUPPORT
LAKE CRYSTAL AREA RECREATION 621 W NATHAN LAKE CRYSTAL, MN 56055	41-1867907	501(C)(3)	6,000.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
LEGAL AID OF NORTH CAROLINA 224 S. DAWSON STREET RALEIGH, NC 27601	31-1784161	501(C)(3)	10,000.	0.			SUPPORT
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH ST. COVINGTON, KY 41011	61-0668572	501(C)(3)	39,000.	0.			SUPPORT
LEGAL SERVICES FOR THE ELDERLY 5 WABON STREET AUGUSTA, ME 04330	01-0359131	501(C)(3)	34,000.	0.			SUPPORT
LINWOOD TOWNSHIP 22817 TYPO CREEK DRIVE STACY, MN 55079	41-1367973	STATE/CITY	6,000.	0.			SUPPORT
LIVE ON NY/COUNCIL ON SENIOR CENTERS & SERVICES OF NEW YORK CITY - 49 WEST 45TH ST., 7TH FL - NEW YORK, NY 10036	13-2967277	501(C)(3)	24,000.	0.			SUPPORT
LUZEME/WYOMING AAA 111 N. PENNSYLVANIA BLVD. WILKES-BARRE, PA 18701	23-2660272	501(C)(3)	569,242.	0.			SUPPORT
MAC INCORPORATED 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	10,000.	0.			SUPPORT
MEDICARE RIGHTS CENTER 266 WEST 37TH STREET, 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	233,336.	0.			SUPPORT
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 972 S. GOODRICH BLVD. - CITY OF COMMERCE, CA 90022	95-2594166	501(C)(3)	45,000.	0.			SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
MINNESOTA RECREATION & PARK ASSOCIATION - 200 CHARLES STREET NE - FRIDLEY, MN 55432	41-1227555	501(C)(3)	30,000.	0.			SUPPORT
MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING - 1121 BUSINESS LOOP 70E #2A - COLUMBIA, MO 65201	43-1101962	STATE/CITY	203,000.	0.			SUPPORT
MONTANA DEPT. OF PUBLIC HEALTH & HUMAN SERVICES - PO BOX 4210 - HELENA, MT 59604	81-0302402	STATE/CITY	50,000.	0.			SUPPORT
MOWER COUNTY SENIORS, INC 400 3RD AVE NE AUSTIN, MN 55912	41-1267614	STATE/CITY	6,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING - P.O. BOX 791067 - BALTIMORE, MD 21279	52-1052345	501(C)(3)	25,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF STATE UNITED FOR AGING & DISABILITIES - 1201 15TH STREET, NW #350 - WASHINGTON, DC 20005	52-1052345	501(C)(3)	150,000.	0.			SUPPORT
NEW YORK CITY DEPARTMENT FOR THE AGING - 2 LAYFAYETTE ST. - NEW YORK, NY 10007	13-3153550	STATE/CITY	665,131.	0.			SUPPORT
NORTH CENTRAL TEXAS COUNCIL OF GOVTS. FOUNDATION, INC. - PO BOX 5888 - ARLINGTON, TX 76005	75-6049012	STATE/CITY	50,000.	0.			SUPPORT
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	72-6001695	501(C)(3)	330,227.	0.			SUPPORT

632241
04-01-16

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION - PO BOX 931 - COVINGTON, KY 41012	61-0667805	501(C)(3)	1,333,362.	0.			SUPPORT
NORTHLAND FOUNDATION 202 W SUPERIOR ST., SUITE 610 DULUTH, MN 55802	41-1554455	501(C)(3)	12,000.	0.			SUPPORT
PATH STONE 400 EAST AVE. ROCHESTER, NY 14607	16-0984913	501(C)(3)	7,802,521.	0.			SUPPORT
PIMA COUNCIL ON AGING INC. 8467 E. BROADWAY BLVD. TUCSON, AZ 85711	86-0251768	501(C)(3)	97,199.	0.			SUPPORT
PORT WASHINGTON ADULT COMMUNITY CENTER - 100 W. GRAND AVE. - PORT WASHINGTON, WI 53074	39-6005575	501(C)(3)	6,000.	0.			SUPPORT
PROVIDENCE HEALTH FOUNDATION 1150 VAMUM STREET, NE WASHINGTON, DC 20017	52-1275583	501(C)(3)	7,300.	0.			SUPPORT
REGION VIII PLANNING & DEVELOPMENT COUNCIL - 131 PROVIDENCE LANE - PETERSBURG, WV 26847	55-0531062	501(C)(3)	530,303.	0.			SUPPORT
RIO ARRIBA COUNTY PO BOX 127 TIERRA AMARILLA, NM 87575	85-6000240	501(C)(3)	45,000.	0.			SUPPORT
SALT LAKE COUNTY, UT 2001 S. STATE STREET, #S1-600 SALT LAKE CITY, UT 84190	87-6000316	STATE/CITY	6,200.	0.			SUPPORT

632241
04-01-16

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
SENIOR CITIZEN SVCS. OF GREATER TARRANT COUNTY - 1400 CIRCLE DRIVE, #300 - FORT WORTH, TX 76119	75-1251339	501(C)(3)	46,200.	0.			SUPPORT
SENIOR COMMUNITY OUTREACH 840 WEST AUSTIN AVENUE ALAMO, TX 78516	74-2805842	501(C)(3)	34,000.	0.			SUPPORT
SENIOR RESOURCES 4 BROADWAY, 3RD FLOOR NORWICH, CT 06360	06-0916608	501(C)(3)	34,000.	0.			SUPPORT
SOUND GENERATIONS 2208 SECOND AVE., SUITE 100 SEATTLE, WA 98121	91-0823767	501(C)(3)	58,500.	0.			SUPPORT
SOUTH ALABAMA REGIONAL PLANNING 110 BEAUREGARD ST. PO BOX 166 MOBILE, AL 36633	63-0501382	501(C)(3)	42,000.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC. - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	898,722.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC. - KY - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	225,062.	0.			SUPPORT
STATE OF CONNECTICUT, DEPT ON AGING - 55 FARMINGTON AVENUE, 12TH FLOOR - HARTFORD, CT 06105	46-2796782	STATE/CITY	40,000.	0.			SUPPORT
STATE OF WV BUREAU OF SENIOR SERVICES - 1900 KANAWHA BLVD. EAST - CHARLESTON, WV 25305	55-0483610	STATE/CITY	243,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE NASHVILLE, TN 37201	62-1630417	STATE/CITY	45,000.	0.			SUPPORT
THE ARC PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE LARGO, MD 20774	52-0715246	501(C)(3)	40,000.	0.			SUPPORT
THE CSU, CHICO RESEARCH FOUNDATION CSU, CHICO- BUILDING 25MST CHICO, CA 95929	68-0386518	501(C)(3)	45,000.	0.			SUPPORT
THE LEGACY LINK 4080 MUNDY MILL ROAD OAKWOOD, GA 30566	58-2317890	501(C)(3)	2,279,084.	0.			SUPPORT
THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	45,000.	0.			SUPPORT
UNITED CAMBODIAN COMMUNITY 2201 E. ANAHEIM ST., SUITE 200 LONG BEACH, CA 90804	95-3442295	501(C)(3)	90,000.	0.			SUPPORT
UNIVERSITY OF ALBANY 1400 WASHINGTON AVE, UAB 226 ALBANY, NY 12222	14-1503972	501(C)(3)	10,000.	0.			SUPPORT
VILLAGE GREEN FOUNDATION P.O. BOX 1317 KINGSTON, WA 98346	91-1248571	501(C)(3)	6,000.	0.			SUPPORT
VOLUNTEERS OF AMERICA OF NORTH LOUISIANA - 360 JORDAN STREET - SHREVEPORT, LA 71101	72-0506820	501(C)(3)	90,000.	0.			SUPPORT

632241
04-01-16

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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
WASHINGTON ASSN. OF AREA AGENCIES ON AGING - 2404 HERITAGE COURT SW, SUITE A - OLYMPIA, WA 98502	94-3074816	501(C)(3)	30,000.	0.			SUPPORT
WASHINGTON COUNTY COMMISSION 140 WEST FRANKLIN STREET, 4TH FLOOR HAGERSTOWN, MD 21740	52-0899001	STATE/CITY	44,000.	0.			SUPPORT
WAUSHARA COUNTY DEPT. OF AGING P.O. BOX 432 WAUTOMA, WI 54982	39-6005759	STATE/CITY	6,000.	0.			SUPPORT
WESTERN ARIZONA COUNCIL OF AGING 1235 S REDONDO CENTER DR YUMA, AZ 85364	86-0262126	STATE/CITY	45,000.	0.			SUPPORT
WESTMORELAND COUNTY COMMUNITY COLLEGE - 145 PAVILLION LANE - YOUNGWOOD, PA 15697	25-1511934	501(C)(3)	1,098,259.	0.			SUPPORT
WESTOSHA SENIOR COMMUNITY CENTER 19200 93RD STREET BRISTOL, WI 53104	39-1374836	501(C)(3)	12,000.	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)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 filing 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 ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) JAMES FIRMAN	(i)	282,519.	9,842.	1,477.	15,900.	33,820.	343,558.	0.
CEO AND PRESIDENT-NCOA	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAY GREENBERG	(i)	267,302.	0.	1,313.	15,900.	16,155.	300,670.	0.
CEO AND PRESIDENT-NCOA SERVICES, LLC	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONNA WHITT	(i)	212,170.	16,157.	768.	12,743.	2,745.	244,583.	0.
SENIOR VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WENDY ZENKER	(i)	152,262.	4,471.	768.	9,212.	3,578.	170,291.	0.
SR. VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HOWARD BEDLIN	(i)	184,000.	30,712.	500.	11,819.	32,387.	259,418.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RINA PENNACCHIA	(i)	170,896.	5,151.	2,396.	10,602.	12,606.	201,651.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARLENE SCHNEIDER	(i)	155,896.	7,269.	500.	9,722.	15,345.	188,732.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NAOMI HART	(i)	154,093.	5,400.	83.	9,665.	22,592.	191,833.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUSAN STILES	(i)	142,180.	4,318.	276.	9,029.	25,437.	181,240.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

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

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

NCOA/NCOAS HAD 101 EMPLOYEES DURING CALENDAR YEAR-END 2016; THERE WERE ALSO 1,169 W-2S SENT TO ENROLLES OF U.S. GOVT. GRANT PROGRAMS THAT ARE INCLUDED FOR THE TOTAL OF 1,270 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:

HEALTHY AGING PROGRAMS

EXPENSES $ 2,079,104. INCLUDING GRANTS OF $ 145,500. REVENUE $ 0.

AGING MASTERY PROGRAM

EXPENSES $ 1,567,114. INCLUDING GRANTS OF $ 382,787. REVENUE $ 0.

HEALTHY AGING SOCIAL ENTERPRISES

EXPENSES $ 480,644. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HOME EQUITY PROGRAMS

EXPENSES $ 417,336. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

Name of the organization: NATIONAL COUNCIL ON THE AGING, INC.

Employer identification number: 13-1932384

ECONOMIC SECURITY INITIATIVES

EXPENSES $ 284,948. INCLUDING GRANTS OF $ 80,000. REVENUE $ 0.

PUBLIC POLICY & ADVOCACY

EXPENSES $ 393,771. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

MEMBERSHIP SERVICES AND OUTREACH

EXPENSES $ 333,759. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

NEW BUSINESS DEVELOPMENT

EXPENSES $ 7,699. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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 COMMITTEE, A SUBCOMMITTEE OF THE NCOA BOARD. THE FULL NCOA BOARD IS SENT A 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 (PARENT) CEO COMPENSATION IS APPROVED BY A COMMITTEE OF THE BOARD AFTER STUDYING SURVEYS AND COMPARABLE COMPENSATION AT LIKE ORGANIZATIONS. THE NCOA SERVICES, LLC (SINGLE MEMBER LLC) ALSO HAS A CEO AND THE LLC BOARD APPROVES THAT PERSON'S COMPENSATION. THERE IS ALSO A FORMAL PROCESS FOR ANNUAL PERFORMANCE APPRAISALS AND COMPENSATION REVIEWS FOR THE TWO CEO'S AS

Name of the organization: NATIONAL COUNCIL ON THE AGING, INC.

Employer identification number: 13-1932384

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 I, LINE 3 & PART VI, SECTION A, LINE 1A, VOTING BOARD MEMBER

DURING FY17, THERE WERE EIGHTEEN VOTING BOARD MEMBERS. ALL VOTING BOARD MEMBERS ARE LISTED IN FORM 990, PART VII. THE NCOA BOARD MEETS IN SEPTEMBER-OCTOBER AND MEMBERS LEAVE AND NEW MEMBERS JOIN. ONE BOARD MEMBER LEFT DURING THIS PERIOD. AT JUNE 30, 2017, THERE WERE ONLY SEVENTEEN VOTING BOARD MEMBERS.

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

CONSULTING:

PROGRAM SERVICE EXPENSES	4,888,970.
MANAGEMENT AND GENERAL EXPENSES	312,411.
FUNDRAISING EXPENSES	4,459.
TOTAL EXPENSES	5,205,840.

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

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	45,022.
MANAGEMENT AND GENERAL EXPENSES	27,337.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,359.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	105,085.
MANAGEMENT AND GENERAL EXPENSES	52,735.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	157,820.

LICENSES/FEES:

PROGRAM SERVICE EXPENSES	9,744.
MANAGEMENT AND GENERAL EXPENSES	59,608.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,352.

HONORARIUMS:

PROGRAM SERVICE EXPENSES	6,805.
MANAGEMENT AND GENERAL EXPENSES	650.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,455.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,512,826.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST	-171,030.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization: NATIONAL COUNCIL ON THE AGING, INC.

Employer identification number: 13-1932384

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NCOA SERVICES, LLC - 46-3856522 251 18TH STREET, SOUTH, STE 500 ARLINGTON, VA 22202	RETIREMENT EDUCATION PROGRAMS	DELAWARE	5,282,546.	3,421,729.	NATIONAL COUNCIL ON AGING, INC.

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
NCOA DEVELOPMENT CORP - 52-1926577 251 18TH STREET, SOUTH, STE 500 ARLINGTON, VA 22202	PROCESS GRANT	DC	NATIONAL COUNCIL ON THE AGING, INC.	C CORP	0.	0.	100%	X	

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

632164 09-06-16

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868** (Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .

OMB No. 1545-1709

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/efile*, click on Charities & Non-Profits, and click on *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.

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL COUNCIL ON THE AGING, INC.	Employer identification number (EIN) or 13-1932384
	Number, street, and room or suite no. If a P.O. box, see instructions. 251 18TH STREET SOUTH, NO. 500	Social security number (SSN)
	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

- The books are in the care of ▶ DONNA WHITT, CHIEF FINANCIAL OFFICER 251 18TH STREET SOUTH, NO. 500 - ARLINGTON, VA 22202
  Telephone No. ▶ 571-527-3900 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2018, 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, 2016, and ending JUN 30, 2017.

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

3a	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.	3a	$ 0.
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.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 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.