

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing fields B through M: Name of organization (NATIONAL COUNCIL ON AGING, INC.), Employer identification number (13-1932384), Telephone number (571-527-3900), Gross receipts (\$69,417,720), Website (WWW.NCOA.ORG), Form of organization (Corporation), Year of formation (1960), State of legal domicile (NY).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown (Total revenue: 69,395,608), expense breakdown (Total expenses: 72,751,659), and net assets (Total assets: 23,823,784).

Part II Signature Block

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

Signature block section with fields for Sign Here (Signature of officer: KEVIN MADDEN, CHIEF FINANCIAL OFFICER) and Paid Preparer Use Only (Preparer: KELLI PECK, RSM US LLP).

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

KEVIN MADDEN, CHIEF FINANCIAL OFFICER

• The books are in the care of ▶ 251 18TH ST S, 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2024, 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, 2022, and ending JUN 30, 2023.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 34,482,259. including grants of \$ 28,435,377. ) (Revenue \$ ) WORKFORCE DEVELOPMENT: SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' PARTICIPATION IN MEANINGFUL AND REWARDING PAID EMPLOYMENT.

4b (Code: ) (Expenses \$ 17,675,543. including grants of \$ 11,922,581. ) (Revenue \$ 216,000. ) HEALTHY AGING PROGRAMS: SUPPORTING THE EXPANSION AND SUSTAINABILITY OF EVIDENCE-BASED HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS IN THE COMMUNITY AND ONLINE THROUGH COLLABORATION WITH NATIONAL, STATE, AND COMMUNITY PARTNERS. OUR GOAL IS TO HELP OLDER ADULTS LIVE LONGER AND HEALTHIER LIVES.

4c (Code: ) (Expenses \$ 12,482,629. including grants of \$ 4,330,613. ) (Revenue \$ 602,010. ) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,147,122. including grants of \$ 30,000. ) (Revenue \$ 1,962,540. )

4e Total program service expenses 67,787,553.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	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 .....		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 765		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</b>	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)? .....		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... N/A <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... N/A <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ..... N/A		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2 (family/business relationships), 3 (management delegation), 4 (governing documents), 5 (asset diversion), 6 (members/stockholders), 7a (elect/appoint power), 7b (governance decisions), 8a/b (documentation), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies/procedures), 11a (Form 990 distribution), 11b (review process), 12a (conflict of interest policy), 12b (disclosure requirements), 12c (monitoring/enforcement), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a/b (CEO/officers), 16a (joint ventures), 16b (joint venture policy).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAMSEY ALWIN PRESIDENT & CEO	40.00			X				381,192.	0.	22,994.
(2) KRISTEN KIEFER VP AND CAO (THRU 10/2022)	40.00			X				378,212.	0.	12,138.
(3) JOSHUA HODGES VP AND CCO	40.00			X				261,153.	0.	24,564.
(4) HOWARD BEDLIN SENIOR DIRECTOR	40.00					X		246,009.	0.	39,568.
(5) DONNA WHITT CFO (THRU 12/2022)	40.00			X				260,479.	0.	16,667.
(6) ALICIA WALLER VP AND CPO (THRU 12/2022)	40.00			X				229,730.	0.	38,859.
(7) NICOLE KNOWLES SENIOR DIRECTOR	40.00					X		209,314.	0.	34,625.
(8) SUSAN STILES SENIOR DIRECTOR	40.00					X		189,492.	0.	26,591.
(9) STEPHANIE PILATO SENIOR DIRECTOR	40.00					X		175,307.	0.	39,615.
(10) KATHLEEN CAMERON SENIOR DIRECTOR	40.00					X		173,745.	0.	30,397.
(11) KAREN DAVIS VP AND CMO	40.00			X				176,598.	0.	10,350.
(12) ALFREDA DAVIS VP AND CHIEF OF STAFF	40.00			X				132,053.	0.	8,009.
(13) KEVIN MADDEN CFO (AS OF 01/2023)	40.00			X				0.	0.	0.
(14) BRENDA SULICK VP AND CAO (AS OF 3/2023)	40.00			X				0.	0.	0.
(15) KATHY J. GREENLEE CHAIR	1.00	X		X				0.	0.	0.
(16) CONSTANCE WEAVER TREASURER	1.00	X		X				0.	0.	0.
(17) PETER ZIEBELMAN SECRETARY	1.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHILIP BUCHANAN DIRECTOR	1.00	X						0.	0.	0.
(19) JUNE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(20) SOMAVA SAHA DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID MARKIEWICZ DIRECTOR	1.00	X						0.	0.	0.
(22) ELIZABETH S. PALMER DIRECTOR	1.00	X						0.	0.	0.
(23) MARTHA PELAEZ DIRECTOR	1.00	X						0.	0.	0.
(24) CHERYL E. WOODSON, MD DIRECTOR	1.00	X						0.	0.	0.
(25) ELIZABETH COLE DIRECTOR	1.00	X						0.	0.	0.
(26) SIAN-PIERRE REGIS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,813,284.	0.	304,377.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,813,284.	0.	304,377.

**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 39

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIZURI PO BOX 1263, CARMARILLO, CA 93010	CONSULTING	1,258,276.
INNOVATIVE FINANCIAL SOLUTIONS, INC, 36500 CORPORATE DR, FARMINGTON HILLS, MI 48331	CONSULTING	333,168.
VRP CONSULTING INC. 268 BUSH STREET, SAN FRANCISCO, CA 94104	CONSULTING	199,501.
GBSM INC. 555 17TH STREET, DENVER, CO 80202	CONSULTING	191,708.
COMM PARTNERS, 7230 LEE DEFORREST DRIVE, COLUMBIA, MD 21046	CONSULTING	171,800.

**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 13

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	64,744,112.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,494,887.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			66,238,999.			
<b>Program Service Revenue</b>	<b>2 a</b>	RETIREMENT ED PROGRAMS	<b>Business Code</b>	900099	2,780,550.	2,780,550.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			2,780,550.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			369,367.		369,367.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
				28,804.				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	22,112.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	6,692.				
<b>d</b>	Net gain or (loss) .....			6,692.		6,692.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			69,395,608.	2,780,550.	0.	376,059.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,718,571.	44,718,571.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,093,377.	1,592,484.	395,418.	105,475.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	8,556,137.	6,436,483.	1,673,314.	446,340.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	665,301.	536,784.	101,456.	27,061.
<b>9</b> Other employee benefits	797,892.	643,762.	121,674.	32,456.
<b>10</b> Payroll taxes	721,485.	541,496.	142,088.	37,901.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	52,858.	44,327.	8,531.	
<b>c</b> Accounting	94,281.		94,281.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	89,766.		89,766.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,203,212.	6,603,172.	412,321.	187,719.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	892,822.	593,372.	98,684.	200,766.
<b>14</b> Information technology	1,146,087.	1,029,508.	64,360.	52,219.
<b>15</b> Royalties				
<b>16</b> Occupancy	818,172.	662,841.	121,578.	33,753.
<b>17</b> Travel	320,677.	248,184.	46,525.	25,968.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	203,391.	130,205.	69,961.	3,225.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	153,752.	127,897.	19,349.	6,506.
<b>23</b> Insurance	82,174.	27,390.	54,784.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> TRAINING - ENROLLEE	3,132,454.	3,132,454.		
<b>b</b> OTHER COSTS	790,566.	714,770.	24,578.	51,218.
<b>c</b> UNALLOWABLE	218,684.	3,853.	214,469.	362.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,751,659.	67,787,553.	3,753,137.	1,210,969.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,888,263.	<b>1</b>	1,235,949.
	<b>2</b> Savings and temporary cash investments .....	4,691,694.	<b>2</b>	1,226,325.
	<b>3</b> Pledges and grants receivable, net .....	6,099,162.	<b>3</b>	5,545,883.
	<b>4</b> Accounts receivable, net .....	11,137.	<b>4</b>	500,218.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	63,334.	<b>8</b>	68,030.
	<b>9</b> Prepaid expenses and deferred charges .....	304,315.	<b>9</b>	299,727.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,446,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,946,477.	654,977.	<b>10c</b> 500,169.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	4,941,885.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,236,750.	<b>12</b>	4,583,690.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,515,996.	<b>15</b>	4,921,908.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	27,465,628.	<b>16</b>	23,823,784.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,690,566.	<b>17</b>	6,285,525.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	761,692.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,632,487.	<b>25</b>	7,106,942.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	15,323,053.	<b>26</b>	14,154,159.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,423,747.	<b>27</b>	7,274,301.
	<b>28</b> Net assets with donor restrictions .....	4,718,828.	<b>28</b>	2,395,324.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	12,142,575.	<b>32</b>	9,669,625.	
<b>33</b> Total liabilities and net assets/fund balances .....	27,465,628.	<b>33</b>	23,823,784.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	69,395,608.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	72,751,659.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-3,356,051.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	12,142,575.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	474,918.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	408,183.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	9,669,625.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> NATIONAL COUNCIL ON AGING, INC.	<b>Employer identification number</b> 13-1932384
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**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).)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,645,207.	56,852,958.	53,293,424.	68,763,089.	66,238,999.	299,793,677.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	54,645,207.	56,852,958.	53,293,424.	68,763,089.	66,238,999.	299,793,677.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,068,099.
<b>6 Public support.</b> Subtract line 5 from line 4.						296,725,578.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	54,645,207.	56,852,958.	53,293,424.	68,763,089.	66,238,999.	299,793,677.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	103,600.	79,325.	79,506.	66,722.	369,367.	698,520.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						300,492,197.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	9,900,978.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	98.75 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	98.07 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">X</span>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 34,588,790.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 29,758,573.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  NATIONAL COUNCIL ON AGING, INC.	Employer identification number  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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____



Name of organization  NATIONAL COUNCIL ON AGING, INC.	Employer identification number  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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	1,169.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	22,218.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	23,387.													
<b>d</b> Other exempt purpose expenditures .....	72,548,740.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	72,572,127.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<b>Yes      No</b>												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	19,863.	17,486.	29,274.	23,387.	90,010.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	993.	874.	1,464.	1,169.	4,500.

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

	(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 (for example, recreation or education)      Preservation of a historically important land area  
Protection of natural habitat      Preservation of a certified historic structure  
Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment \_\_\_\_\_%
- c Term endowment \_\_\_\_\_%

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		2,204,268.	1,766,765.	437,503.
d Equipment		190,402.	171,618.	18,784.
e Other		1,051,976.	1,008,094.	43,882.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				500,169.

**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	486,459.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other		
(A) FJC AGENCY LOAN FUND	2,826,836.	END-OF-YEAR MARKET VALUE
(B) DIMENSIONAL ETF TRUST WORLD EX US	1,270,395.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,583,690.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSETS, NET	4,921,908.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,921,908.

**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	1,252,081.
(3) OPERATING LEASE LIABILITY, NET	5,854,861.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,106,942.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	69,780,760.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 474,918.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	474,918.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	69,305,842.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 89,766.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	89,766.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	69,395,608.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	72,661,893.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	72,661,893.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 89,766.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	89,766.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	72,751,659.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF

THE INTERNAL REVENUE CODE, AS AN ORGANIZATION DESCRIBED IN SECTION

501(C)(3) OF THE CODE. AS SUCH, THE ORGANIZATION IS TAXED ONLY ON ITS

UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR

FISCAL YEARS 2023 AND 2022. THE ORGANIZATION IS CLASSIFIED AS OTHER THAN

A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT

EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE

ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT

TO THE FINANCIAL STATEMENTS.



**Part XIII** **Supplemental Information** (continued)

Blank lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABRAZAR, INC 7101 WYOMING STREET WESTMINSTER, CA 92683	33-0301538	501(C)(3)	60,000.	0.			SUPPORT
ACLAMO 512 WEST MARSHALL STREET NORRISTOWN, PA 19401	23-2059489	501(C)(3)	60,000.	0.			SUPPORT
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109	85-0262072	501(C)(3)	35,000.	0.			SUPPORT
ADVANCING STATES 241 18TH STREET SOUTH, SUITE 403 ARLINGTON, VA 22202	39-6095459	501(C)(3)	138,750.	0.			SUPPORT
AGE PLUS US 15900 SE 82ND DRIVE CLACKAMAS, OR 97015	83-1758100	501(C)(3)	125,000.	0.			SUPPORT
AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT LLC - 117 WASHINGTON AVE - NEW HAVEN, CT 06473	06-0915531	501(C)(3)	20,000.	0.			SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 297.
- 3** Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGEOPTIONS 1048 LAKE STREET, SUITE 300 OAK PARK, IL 60301	36-2806193	501(C)(3)	32,500.	0.			SUPPORT
AGESMART COMMUNITY RESOURCES 2365 COUNTRY ROAD BELLEVILLE, IL 62221	37-0986597	501(C)(3)	30,000.	0.			SUPPORT
ALAMO AREA COUNCIL OF GOVERNMENTS 8700 TESORO DR., #700 SAN ANTONIO, TX 78217	74-1557491	501(C)(3)	30,000.	0.			SUPPORT
ALIVIO MEDICAL CENTER, INC. 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	89,580.	0.			SUPPORT
ALMA FAMILY SERVICES 900 CORPORATE CENTER DRIVE MONTEREY PARK, CA 91754	95-2959331	501(C)(3)	60,000.	0.			SUPPORT
AMERICAN SOCIETY ON AGING 605 MARKET STREET SAN FRANCISCO, CA 94105	94-2292868	501(C)(3)	75,000.	0.			SUPPORT
ANCHORAGE SENIOR ACTIVITY CENTER 1300 EAST 19TH AVE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	30,000.	0.			SUPPORT
APPALACHIAN STATE UNIVERSITY 438 ACADEMY STREET BOONE, NC 28608	56-1176030	STATE/CITY GOV'T	120,345.	0.			SUPPORT
ARAPAHOE COUNTY GOVERNMENT 5334 S. PRINCE STREET LITTLETON, CO 80120	84-6000740	STATE/CITY GOV'T	59,809.	0.			SUPPORT

Schedule I (Form 990)

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

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AREA AGENCY ON AGING OF PALM BEACH, TREASURE COAST INC. - 4400 N. CONGRESS AVENUE - WEST PALM BEACH, FL 33407	65-0087858	501(C)(3)	70,000.	0.			SUPPORT
AREA OFFICE ON AGING OF NORTHWESTERN OH - 2155 ARLINGTON AVENUE - TOLEDO, OH 43609	34-1310295	501(C)(3)	20,000.	0.			SUPPORT
ASIAN AMERICAN HEALTH COALITION OF THE GREATER HOUSTON AREA - 7001 CORPORATE DRIVE - HOUSTON, TX 77036	31-1756818	501(C)(3)	60,000.	0.			SUPPORT
ASIAN HEALTH COALITION 5841 S. MARYLAND AVE CHICAGO, IL 60637	31-1607193	501(C)(3)	60,000.	0.			SUPPORT
ASIAN SERVICES IN ACTION 3631 PERKINS AVE CLEVELAND, OH 44114	34-1798850	501(C)(3)	155,000.	0.			SUPPORT
ASPIRA ASSOCIATION, INC. 1220 L STREET, NW WASHINGTON, DC 20005	13-2627568	501(C)(3)	123,374.	0.			SUPPORT
ASTER AGING, INC 45 W UNIVERSITY DRIVE SUITE A MESA, AZ 85201	94-2596075	501(C)(3)	30,000.	0.			SUPPORT
ATHENS COMMUNITY COUNCIL 135 HOYT STREET ATHENS, GA 30601	58-0977680	501(C)(3)	20,000.	0.			SUPPORT
ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	30,000.	0.			SUPPORT

Schedule I (Form 990)

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

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BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE, SUITE 160 PHOENIX, AZ 85012	94-2545356	501(C)(3)	23,621.	0.			SUPPORT
BAY AREA COMMUNITY HEALTH 40910 FREMONT BLVD FREMONT, CA 94538	23-7255435	501(C)(3)	60,000.	0.			SUPPORT
BEAR RIVER ASSOCIATION OF GOVT. 170 NORTH MAIN STREET LOGAN, UT 84321	87-0299562	501(C)(3)	30,000.	0.			SUPPORT
BENEFITS DATA TRUST 1500 MARKET STREET SUITE 2800 PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	60,000.	0.			SUPPORT
BENEFITS IN ACTION 12157 W. CEDAR DRIVE LAKEWOOD, CO 80228	87-3774775	501(C)(3)	30,000.	0.			SUPPORT
BERKSHIRE REGIONAL PLANNING COMISSION - 1 FENN STREET - PITTSFIELD, MA 01201	04-2430187	501(C)(3)	42,340.	0.			SUPPORT
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. - 230 COURT STREET - PAINTSVILLE, KY 41240	61-0653946	501(C)(3)	444,833.	0.			SUPPORT
BLOUNT COUNTY COMMUNITY ACTION AGENCY - 3509 TUCKALEECHEE PIKE - MARYVILLE, TN 37803	62-1561673	501(C)(3)	30,000.	0.			SUPPORT
BOAT PEOPLE SOS 6066 LEESBURG PIKE FALLS CHURCH, VA 22041	54-1563619	501(C)(3)	125,000.	0.			SUPPORT

Schedule I (Form 990)

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BRISTOW SOCIAL SERVICES PO BOX 574 BRISTOW, OK 74010	73-1345471	501(C)(3)	20,000.	0.			SUPPORT
BUTLER COUNTY 205 W CENTRAL AVENUE EL DORADO, KS 67042	48-6035405	STATE/CITY GOV'T	21,355.	0.			SUPPORT
CAPITOL HILL VILLAGE 1355 E STREET, SE WASHINGTON, DC 20003	20-5150809	501(C)(3)	45,263.	0.			SUPPORT
CAPIUSA 3702 EAST LAKE ST. MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	77,496.	0.			SUPPORT
CARING PEOPLE ALLIANCE 123 SOUTH BROAD STREET PHILADELPHIA, PA 19109	23-1352104	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	30,000.	0.			SUPPORT
CATHOLIC CHARITIES OF HAWAII 1822 KE'EAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	30,000.	0.			SUPPORT
CATHOLIC CHARITIES OF LONG ISLAND 90 CHERRY LANE HICKSVILLE, NY 11801	11-1843801	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - 500 EAST 4TH STREET - RENO, NV 89513	88-0339754	501(C)(3)	238,821.	0.			SUPPORT

Schedule I (Form 990)

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CATHOLIC CHARITIES OF OREGON 2740 SE POWELL BLVD PORTLAND, OR 89513	93-0386801	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC CHARITIES OF SOUTHERN MISSOURI - 424 E MONASTERY STREET - SPRINGFIELD, MO 65807	80-0455890	501(C)(3)	20,000.	0.			SUPPORT
CATHOLIC CHARITIES OF SYRACUSE NEW YORK - 1654 W. ONODAGA STREET - SYRACUSE, NY 13204	15-0532085	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC CHARITIES, DIOCESE OF TRENTON - 383 WEST STATE STREET - TRENTON, NJ 08607	21-0634494	501(C)(3)	60,000.	0.			SUPPORT
CATHOLIC FAMILY AND COMMUNITY SERVICES - 775 VALLEY ROAD - CLIFTON, NJ 07013	22-1487121	501(C)(3)	112,769.	0.			SUPPORT
CENLA COMMUNITY ACTION COMMITTEE 2011 MACARTHUR DRIVE ALEXANDRIA, LA 71301	72-0605150	501(C)(3)	59,848.	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)	30,000.	0.			SUPPORT
CENTER FOR INNOVATION 849 INTERNATIONAL DRIVE LINTHICUM, MD 21090	47-5586381	501(C)(3)	88,200.	0.			SUPPORT
CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC. - 1685 LEE ROAD - WINTER PARK, FL 32789	59-3368679	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

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

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CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501(C)(3)	125,000.	0.			SUPPORT
CENTER FOR SOUTHEAST ASIANS 270 ELMWOOD AVE PROVIDENCE, RI 02907	22-2914654	501(C)(3)	60,000.	0.			SUPPORT
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD. PHOENIX, AZ 85034	86-0227210	501(C)(3)	80,000.	0.			SUPPORT
CHINATOWN SERVICE CENTER 767 N. HILL STREET LOS ANGELES, CA 90012	95-2918844	501(C)(3)	125,000.	0.			SUPPORT
CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501(C)(3)	39,600.	0.			SUPPORT
CHINESE COMMUNITY CENTER, INC. 9800 TOWN PARK DRIVE HOUSTON, TX 77036	76-0067885	501(C)(3)	40,000.	0.			SUPPORT
CHINESE CULTURE AND COMMUNITY SERVICE CENTER - 9366 GAITHER ROAD - GAITHERSBURG, MD 20877	52-1307918	501(C)(3)	60,000.	0.			SUPPORT
CHINESE INFORMATION & SERVICES CENTER - 611 SOUTH LANE ST. - SEATTLE, WA 98104	23-7438529	501(C)(3)	60,000.	0.			SUPPORT
CITY OF ALBUQUERQUE PO BOX 1293 ALBUQUERQUE, NM 87102	85-6000102	STATE/CITY GOV'T	40,000.	0.			SUPPORT

Schedule I (Form 990)



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

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CITY OF BROWNWOOD PO BOX 1389 BROWNWOOD, TX 76804	75-6000472	STATE/CITY GOV'T	60,000.	0.			SUPPORT
CITY OF FITCHBURG 5520 LACY RD FITCHBURG, WI 53711	04-6001388	STATE/CITY GOV'T	59,939.	0.			SUPPORT
CITY OF INDEPENDENCE, MO 111 E. MAPLE INDEPENDENCE, MO 64050	44-6000190	STATE/CITY GOV'T	36,224.	0.			SUPPORT
CITY OF LAWRENCE 200 COMMON STREET LAWRENCE, MA 01840	04-6001394	STATE/CITY GOV'T	60,000.	0.			SUPPORT
CITY OF SALEM 93 WASHINGTON STREET SALEM, MA 01970	04-6001413	STATE/CITY GOV'T	22,200.	0.			SUPPORT
CITY OF SHEBOYGAN 828 CENTER AVE SHEBOYGAN, WI 53081	39-6005599	STATE/CITY GOV'T	20,578.	0.			SUPPORT
CITY OF WEST ALLIS 7525 W GREENFIELD AVE WEST ALLIS, WI 53214	39-6005651	STATE/CITY GOV'T	29,920.	0.			SUPPORT
CLAY COUNTY HEALTH DEPARTMENT 800 HAINES DRIVE LIBERTY, MO 64068	43-1271462	STATE/CITY GOV'T	22,990.	0.			SUPPORT
CLAYTON COUNTY BOARD OF COMMISSIONERS - 112 SMITH STREET - JONESBORO, GA 30236	58-6000802	STATE/CITY GOV'T	12,000.	0.			SUPPORT

Schedule I (Form 990)

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CLEMSON UNIVERSITY 391 COLLEGE AVE CLEMSON, SC 29634	57-6000254	STATE/CITY GOV'T	112,541.	0.			SUPPORT
COMMONWEALTH OF VIRGINIA PO BOX 1197 RICHMOND, VA 23218	54-6001775	STATE/CITY GOV'T	46,705.	0.			SUPPORT
COMMUNITY ACTION COMMITTEE OF PIKE COUNTY - 941 MARKET STREET - PIKETON, OH 45661	31-0718042	501(C)(3)	37,057.	0.			SUPPORT
COMMUNITY ACTION PARTNERS OF STRAFFORD COUNTY - 577 CENTRAL AVE - DOVER, NH 03820	02-0268636	501(C)(3)	60,000.	0.			SUPPORT
COMMUNITY CLINIC OF SOUTHWEST MISSOURI - 701 S. JOPLIN AVE - JOPLIN, MO 64801	43-1643962	501(C)(3)	27,186.	0.			SUPPORT
COMMUNITY COUNCIL OF IDAHO, INC 317 HAPPY DAY BLVD., STE 250 CALDWELL, ID 83607	82-0299736	501(C)(3)	46,000.	0.			SUPPORT
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC. - 3011 N. MICHIGAN STREET - PITTSBURG, KS 66762-2546	75-3002264	501(C)(3)	30,000.	0.			SUPPORT
COMMUNITY HEALTH CLINICS, INC PO BOX 9211 16TH AVENUE NORTH NAMPA, IA 83653	82-0300537	501(C)(3)	35,000.	0.			SUPPORT
COMMUNITY HEALTH CONNECTION 326 NICHOLS ROAD FITCHBURG, MA 01420	04-3452697	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

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COUNCIL OF PEOPLES ORGANIZATION 1081 CONEY ISLAND AVE BROOKLYN, NY 11230	75-3046891	501(C)(3)	60,000.	0.			SUPPORT
COUNCIL ON AGING FOR SOUTHEASTERN VT, INC. - 38 PLEASANT STREET - SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	40,000.	0.			SUPPORT
COUNTY OF ALBANY 112 STATE STREET ALBANY, NY 12207	14-6002563	STATE/CITY GOV'T	20,000.	0.			SUPPORT
COUNTY OF BERGEN (NJ) ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	22-6002426	STATE/CITY GOV'T	60,000.	0.			SUPPORT
COUNTY OF ERIE (NY) 95 FRANKLIN STREET BUFFALO, NY 14202	16-6002558	STATE/CITY GOV'T	30,000.	0.			SUPPORT
COUNTY OF LOS ANGELES 500 WEST TEMPLE STREET LOS ANGELES, CA 90012	95-6000927	STATE/CITY GOV'T	12,000.	0.			SUPPORT
COUNTY OF MACON 5 W MAIN STREET FRANKLIN, NC 28734	56-6000930	STATE/CITY GOV'T	20,087.	0.			SUPPORT
COUNTY OF STEUBEN (NY) 3 EAST PULTENEY SQUARE BATH, NY 14810	16-6002567	STATE/CITY GOV'T	30,000.	0.			SUPPORT
COUNTY OF SUMMIT 60 NORTH MAIN STREET COALVILLE, UT 84017	87-6000295	STATE/CITY GOV'T	38,840.	0.			SUPPORT

Schedule I (Form 990)

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COUNTY OF VENTURA (CA) 646 COUNTY SQUARE DRIVE VENTURA, CA 93003	95-6000944	STATE/CITY GOV'T	30,000.	0.			SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)(3)	814,736.	0.			SUPPORT
CUMAC ECHO, INC PO BOX 2721 ELLISON STREET PATERSON, NJ 07509	22-2657737	501(C)(3)	60,000.	0.			SUPPORT
DALLAS COUNTY (TX) 2377 N. STEMMONS FREEWAY DALLAS, TX 75207	75-6000905	STATE/CITY GOV'T	80,000.	0.			SUPPORT
DISTRICT THREE GOVERNMENT 4453 LEE HIGHWAY MARION, VA 24354	54-0957186	501(C)(3)	60,000.	0.			SUPPORT
DOLORES HUERTA FOUNDATION 1201 24TH STREET BAKERSFIELD, CA 93303	91-2145992	501(C)(3)	124,989.	0.			SUPPORT
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	24,249.	0.			SUPPORT
DULUTH AGING SUPPORT 220 MISQUAH ROAD DULUTH, MN 55804	84-3775696	501(C)(3)	56,864.	0.			SUPPORT
EAST CAROLINA UNIVERSITY 1000 EAST 5TH STREET GREENVILLE, NC 27858	56-6000403	STATE/CITY GOV'T	60,000.	0.			SUPPORT

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EAST SHORE DISTRICT HEALTH 688 EAST MAIN STREET BRANFORD, CT 06405	06-0911794	STATE/CITY GOV'T	20,000.	0.			SUPPORT
EASTER SEALS 1420 SPRING STREET SILVER SPRING, MD 21910	53-0212296	501(C)(3)	23,741.	0.			SUPPORT
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER - PO BOX 449 - SAN BERNADINO, CA 92402	33-0552297	501(C)(3)	112,500.	0.			SUPPORT
ELDER LAW OF MICHIGAN, INC. 3815 W. ST. JOSEPH, STE. C-200 LANSING, MI 48917	38-2960530	501(C)(3)	135,000.	0.			SUPPORT
ELDERSOURCE 4160 WOODCOCK DRIVE 2ND FLOOR JACKSONVILLE, FL 32207	59-1569867	501(C)(3)	30,000.	0.			SUPPORT
FAMICOS FOUNDATION 1375 ANSEL ROAD CLEVELAND, OH 44106	34-1053534	501(C)(3)	60,000.	0.			SUPPORT
FAMILY AND CHILD EMPOWERMENT SERVICES - 1101 MASONIC AVE - SAN FRANCISCO, CA 94117	94-1637699	501(C)(3)	60,000.	0.			SUPPORT
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH STREET HARVEY, IL 60426	36-4346917	501(C)(3)	59,191.	0.			SUPPORT
FAMILY ELDERCARE, INC 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	30,000.	0.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	30,000.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SAN MATEO COUNTY - 24 2ND AVE. - SAN MATEO, CA 94401	94-1186169	STATE/CITY GOV'T	1,210,009.	0.			SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	20,000.	0.			SUPPORT
FEEDMORE WESTERN NEW YORK, INC 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	22-2470820	501(C)(3)	20,000.	0.			SUPPORT
FELTON INSTITUTE 1388 SUTTER STREET SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	997,691.	0.			SUPPORT
FIFTYFORWARD 174 RAINS AVE NASHVILLE, TN 37203	62-0566419	501(C)(3)	32,666.	0.			SUPPORT
FIND AID FOR THE AGED 160 WEST 71ST STREET NEW YORK, NY 10023	13-2666921	501(C)(3)	31,560.	0.			SUPPORT
FIVE COUNTY ASSOCIATION OF GOVT. 1070 WEST 1600 SOUTH BLDG B ST. GEORGE, UT 84770	87-0304025	501(C)(3)	30,000.	0.			SUPPORT
FLORIDA HEALTH SCIENCES PO BOX 1289 TAMPA, FL 33601	59-3458145	501(C)(3)	58,600.	0.			SUPPORT

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FRANKLIN COUNTY SENIOR SERVICES 225 E POPLAR STREET WEST FRANKFORT, IL 62896	37-1093728	501(C)(3)	20,000.	0.			SUPPORT
FRESNO INTERDENOMINATIONAL MINISTRIES - 1940 N. FRESNO STREET - FRESNO, CA 93703	77-0357297	501(C)(3)	60,000.	0.			SUPPORT
FUND FOR PUBLIC HEALTH IN NYC 22 CORTLANDT STREET NEW YORK, NY 10007	05-0539199	501(C)(3)	125,000.	0.			SUPPORT
GAY ELDERS OF METRO DETROIT 290 W. 9 MILE ROAD FERNDALE, MI 48220	47-3464425	501(C)(3)	60,000.	0.			SUPPORT
GEORGIA LEGAL SERVICES PROGRAM, INC. - 104 MARIETTA STREET, SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	35,000.	0.			SUPPORT
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	100,000.	0.			SUPPORT
GREEN RIVER AREA DEVELOPMENT DISTRICT - 300 GRADD WAY - OWENSBORO, KY 42301	61-0706096	501(C)(3)	30,000.	0.			SUPPORT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	30,000.	0.			SUPPORT
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	35,980.	0.			SUPPORT

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HEART OF AMERICA INDIAN CENTER 600 W 39TH STREET KANSAS CITY, MO 64111	43-1012392	501(C)(3)	25,000.	0.			SUPPORT
HELP ME HELP YOU 620 W 16TH STREET LONG BEACH, CA 90813	71-0898124	501(C)(3)	20,000.	0.			SUPPORT
HENRY FORD HEALTH SYSTEM 1 FORD PLACE DETROIT, MI 48202	38-1357020	501(C)(3)	38,818.	0.			SUPPORT
HISPANIC COMMUNITY 211 VANDYNE STREET JONESBORO, AR 72401	68-0561016	501(C)(3)	82,819.	0.			SUPPORT
HMONG AMERICAN FRIENDSHIP ASSOCIATION - 3824 W VLIET STREET - MILWAUKEE, WI 53208	39-1456011	501(C)(3)	59,690.	0.			SUPPORT
HOLLYWOOD SENIOR CENTER 1820 NE 40TH AVE PORTLAND, OR 97212	23-7291187	501(C)(3)	46,564.	0.			SUPPORT
HOPES COMMUNITY ACTION PARTNERSHIP, INC. - 301 GARDEN STREET - HOBOKEN, NJ 07030	22-1801849	501(C)(3)	93,157.	0.			SUPPORT
HORIZONS A FAMILY SERVICE 819 5TH STREET SE CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	59,356.	0.			SUPPORT
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC - 32 S. TRACY AVE. - BOZEMAN, MT 59715	81-0350886	501(C)(3)	20,000.	0.			SUPPORT



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IMMUNIZE COLORADO 13123 E 16TH AVE AURORA, CO 80045	84-1479975	501(C)(3)	35,580.	0.			SUPPORT
IMMUNIZE NEVADA PO BOX 9090 RENO, NV 89507	46-2266350	501(C)(3)	125,000.	0.			SUPPORT
INDIA HOME 178-36 WEXFORD TERRACE JAMAICA ESTATES, NY 11432	20-8747291	501(C)(3)	60,000.	0.			SUPPORT
INDIAN AMERICAN COMMUNITY SERVICES PO BOX 404 BELLEVUE, WA 98009	91-1268802	501(C)(3)	60,000.	0.			SUPPORT
INDIAN HEALTH CENTER OF SANTA CLARA VALLEY - 1333 MERIDIAN AVE - SAN JOSE, CA 95125	94-2476242	501(C)(3)	60,000.	0.			SUPPORT
INDIANHEAD COMMUNITY ACTION AGENCY 1000 COLLEGE AVENUE WEST LADYSMITH, WI 54848	39-1086966	501(C)(3)	50,000.	0.			SUPPORT
INTERNATIONAL COMMUNITY HEATH SERVICES - PO BOX 3007 - SEATTLE, WA 97114	91-0947084	501(C)(3)	54,658.	0.			SUPPORT
IOTA PHI THETA FRATERNITY 1600 N. CALVERT STREET BALTIMORE, MD 21202	22-3077558	501(C)(7)	116,188.	0.			SUPPORT
IRIS HOUSE A CENTER FOR WOMEN LIVING WITH HIV, INC. - 2348 ADAM CLAYTON POWELL JR. BLVD - NEW YORK, NY 10030	13-3699201	501(C)(3)	60,000.	0.			SUPPORT

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ISABELLA GERIATRIC CENTER 515 AUDUBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	30,000.	0.			SUPPORT
JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE STREET WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)	37,690.	0.			SUPPORT
JEWISH FAMILY AND CHILDREN'S SERVICE OF GREATER PHILADELPHIA - 345 MONTGOMERY AVE - BALA CYNWYD, PA 19104	23-1352026	501(C)(3)	60,000.	0.			SUPPORT
KANSAS CITY METROPOLITAN LUTHERAN MINISTRY - 3031 HOLMES STREET - KANSAS CITY, MO 64109	43-0970991	501(C)(3)	26,400.	0.			SUPPORT
KENOSHA COUNTY (WI) 1010 56TH STREET KENOSHA, WI 53140	39-6005707	STATE/CITY GOV'T	31,700.	0.			SUPPORT
KING COUNTY FINANCE 201 SOUTH JACKSON STREET SEATTLE, WA 98104	91-6001327	STATE/CITY GOV'T	47,577.	0.			SUPPORT
KNOXVILLE-KNOX CTY COMMUNITY ACTION COMM. - 2247 WESTERN AVENUE - KNOXVILLE, TN 37921	62-1451534	STATE/CITY GOV'T	112,500.	0.			SUPPORT
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON, INC. - 7700 LITTLE RIVER TURNPIKE SUITE 406 - ANNANDALE, VA 22101	52-1005984	501(C)(3)	50,000.	0.			SUPPORT
KOREAN WOMEN'S ASSOCIATION 123 E 96TH STREET TACOMA, WA 98445	91-1066806	501(C)(3)	60,000.	0.			SUPPORT

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LEAGUE FOR THE BLIND AND DISABLED, INC - 5821 SOUTH ANTHONY BLVD. - FORT WAYNE, IN 46816	35-0876341	501(C)(3)	65,000.	0.			SUPPORT
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET COVINGTON, KY 41011	61-0668572	501(C)(3)	30,000.	0.			SUPPORT
LEGAL SERVICES FOR THE ELDERLY 5 WABON STREET AUGUSTA, ME 04330	01-0359131	501(C)(3)	30,000.	0.			SUPPORT
LIFESCAPE COMMUNITY SERVICES 705 KILBURN AVE ROCKFORD, IL 61101	36-3303361	501(C)(3)	52,016.	0.			SUPPORT
LIFESPAN OF GREATER ROCHESTER 1900 S CLINTON AVE ROCHESTER, NY 14618	16-0986298	501(C)(3)	38,570.	0.			SUPPORT
LINCOLN UNIVERSITY 820 CHESTNUT STREET JEFFERSON CITY, MO 65102	44-6001089	STATE/CITY GOV'T	14,583.	0.			SUPPORT
LITTLE FALLS VILLAGE 4701 SANGAMORE ROAD BETHESDA, MD 20816	46-1739269	501(C)(3)	59,790.	0.			SUPPORT
LITTLE RIVER MEDICAL CENTER PO BOX 547 LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	30,000.	0.			SUPPORT
LIVE ON NY 49 WEST 45TH STREET 7TH FLOOR NEW YORK, NY 10036	13-2967277	501(C)(3)	30,000.	0.			SUPPORT

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LOS ANGELES LGBT CENTER 1118 N. MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	24,000.	0.			SUPPORT
LOWER RIO GRANDE VALLEY COMMUNITY HEALTH MANAGEMENT - 901 E VERMONT AVE - MCALLEN, TX 78503	74-2784427	501(C)(3)	58,000.	0.			SUPPORT
LTSC COMMUNITY DEVELOPMENT INC. 231 E. 3RD STREET SUITE G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	50,000.	0.			SUPPORT
LUZEME/WYOMING AAA 111 N. PENNSYLVANIA BLVD. WILKES-BARRE, PA 18701	23-2660272	501(C)(3)	428,027.	0.			SUPPORT
MADONNA CENTER, INC. 1906 CASTROVILLE ROAD SAN ANTONIO, TX 67237	74-1143119	501(C)(3)	60,000.	0.			SUPPORT
MAINEHEALTH 1 RIVERFRONT PLAZA WESTBROOK, ME 04092	01-0238552	501(C)(3)	52,324.	0.			SUPPORT
MATTIE RHODES MEMORIAL SOCIETY 148 N TOPPING AVE KANSAS CITY, MO 64123	44-0546343	501(C)(3)	60,000.	0.			SUPPORT
MAZZONI CENTER 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147	23-2176338	501(C)(3)	48,684.	0.			SUPPORT
MCDOWELL COUNTY COMMISSION 725 STEWART STREET WELCH, WV 24801	55-0567694	501(C)(3)	60,000.	0.			SUPPORT

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MEALS ON WHEELS GREATER SAN DIEGO 2254 SAN DIEGO AVE SAN DIEGO, CA 92110	95-2660509	501(C)(3)	20,160.	0.			SUPPORT
MEALS ON WHEELS OF THE MONTEREY PENNINSULA - 700 JEWELL AVE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	53,318.	0.			SUPPORT
MEDICARE RIGHTS CENTER 266 WEST 37TH STREET 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	122,025.	0.			SUPPORT
MERCY HEALTH 11515 ARTESIA BLVD ARTESIA, CA 90701	88-2580405	501(C)(3)	60,000.	0.			SUPPORT
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY SOUT SEATTLE, WA 98118	91-1546525	501(C)(3)	35,541.	0.			SUPPORT
METROPOLITAN CHARITIES INC. 3251 3RD AVE N ST. PETERSBURG, FL 33713	59-3153947	501(C)(3)	60,000.	0.			SUPPORT
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N. GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	246,318.	0.			SUPPORT
MILL NECK SERVICES 40 FROST MILL ROAD MILL NECK, NY 11765	11-3119786	501(C)(3)	40,000.	0.			SUPPORT
MILLCREEK MANOR 5535 PEACH STREET ERIE, PA 16509	25-1619204	501(C)(3)	125,000.	0.			SUPPORT

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MISSION OF LOVE CHARITIES 6180 OLD CENTRAL AVE CAPITOL HEIGHTS, MD 20743	52-1748577	501(C)(3)	20,000.	0.			SUPPORT
MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING - 1121 BUSINESS LOOP 70 E FL 2A - COLUMBIA, MO 65201-4605	43-1101962	STATE/CITY GOV'T	60,000.	0.			SUPPORT
N.E.W COMMUNITY CLINIC 610 N BROADWAY GREEN BAY, WI 54303	39-1200636	501(C)(3)	58,084.	0.			SUPPORT
NATHAN ADELSON HOSPICE 4141 UNIVERSITY CENTER DRIVE LAS VEGAS, NV 89119	88-0161009	501(C)(3)	125,000.	0.			SUPPORT
NATIONAL ALLIANCE FOR CAREGIVING 1730 RHODE ISLAND AVE, NW WASHINGTON, DC 20036	52-1931357	501(C)(3)	23,974.	0.			SUPPORT
NATIONAL ALLIANCE FOR HISPANIC HEALTH - 1501 SIXTEENTH STREET, NW - WASHINGTON, DC 20036	95-2856725	501(C)(3)	125,000.	0.			SUPPORT
NATIONAL ASIAN PACIFIC CENTER ON AGING - 1511 THIRD AVE - SEATTLE, WA 98101	52-1266741	501(C)(3)	125,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES - 1825 K STREET, NW - WASHINGTON, DC 20006	16-1646154	501(C)(3)	42,351.	0.			SUPPORT
NATIONAL CHURCH RESIDENCE FOUNDATION - 2335 NORTH BANK DRIVE - COLUMBUS, OH 43220	20-2308665	501(C)(3)	47,500.	0.			SUPPORT

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NATIONAL COALITION OF 100 BLACK WOMEN CENTRAL FL - 815 HILLS STREET - ORLANDO, FL 32805	27-3533062	501(C)(3)	125,000.	0.			SUPPORT
NATIVE AMERICAN DISABILITY LAW CENTER - 3535 E 30TH STREET SUITE 201 - FARMINGTON, NM 87402	35-2238666	501(C)(3)	35,500.	0.			SUPPORT
NATL. ASSOC. OF AREA AGENCIES ON AGING - 1730 RHODE ISLAND AVE, NW - WASHINGTON, DC 20036	52-1052345	501(C)(3)	126,569.	0.			SUPPORT
NEVADA SENIOR SERVICES INC. 901 N JONES BLVD. LAS VEGAS, NV 89108	88-0206284	501(C)(3)	60,000.	0.			SUPPORT
NEW LIFE CONNECTION 1110 WAKE FOREST ROAD RALEIGH, NC 27604	56-2043482	501(C)(3)	60,000.	0.			SUPPORT
NEW YORK CITY DEPARTMENT FOR THE AGING - 2 LAFAYETTE STREET-6TH FLOOR - NEW YORK, NY 10007	13-3153550	STATE/CITY GOV'T	1,320,533.	0.			SUPPORT
NINE HEALTH SERVICES INC 1139 DELAWARE ST DENVER, CO 80204	74-2452969	501(C)(3)	113,766.	0.			SUPPORT
NORTH MISSISSIPPI RURAL LEGAL SERVICES, INC. - 5 COUNTY ROAD 1014 - OXFORD, MS 38655	64-0581747	501(C)(3)	30,000.	0.			SUPPORT
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON STREET - HIAWATHA, KS 66434	48-0802891	501(C)(3)	20,000.	0.			SUPPORT

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NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION - 717 MADISON AVE - COVINGTON, KY 41011	61-0667805	501(C)(3)	1,299,605.	0.			SUPPORT
NORTHWEST KANSAS AREA AGENCY ON AGING, INC. - 510 W 29TH STREET, PO BOX 610 SUITE B - HAYS, KS 67601	48-0874448	501(C)(3)	30,000.	0.			SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSITY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	30,000.	0.			SUPPORT
OHIO DISTRICT 5 AREA AGENCY ON AGING INC - 2131 PARK AVE WEST, STE 100 - ONTARIO, OH 44906	34-1617183	501(C)(3)	50,000.	0.			SUPPORT
ONE COMMUNITY HEALTH 849 PACIFIC AVE HOOD RIVER, OR 97031	93-0710794	501(C)(3)	112,710.	0.			SUPPORT
ONE IN LONG BEACH 2017 EAST 4TH STREET LONG BEACH, CA 90814	95-3523149	501(C)(3)	59,400.	0.			SUPPORT
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	95-4066979	501(C)(3)	86,500.	0.			SUPPORT
ONEIDA COUNTY WISCONSIN 1 S ONEIDA AVE RHINELANDER, WI 54501	39-6005723	STATE/CITY GOV'T	36,580.	0.			SUPPORT
O'NEILL SENIOR CENTER 333 4TH STREET MARIETTA, OH 45750	31-1172529	501(C)(3)	20,123.	0.			SUPPORT

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OSCEOLA COUNTY COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	20,678.	0.			SUPPORT
PACIFIC ISLANDER COMMUNITY ASSOCIATION OF WASHINGTON - 33710 9TH AVE S - FEDERAL WAY, WA 98003	84-2470123	501(C)(3)	123,750.	0.			SUPPORT
PARAPROFESSIONAL HEALTHCARE 349 EAST 149TH STREET BRONX, NY 10451	13-3575492	501(C)(3)	58,699.	0.			SUPPORT
PARKER JEWISH INSTITUTE FOR CARE AND REHABILITATION - 271-11 76TH AVE - NEW HYDE PARK, NY 11040	13-2631069	501(C)(3)	124,997.	0.			SUPPORT
PARTNERS IN CARE FOUNDATION 101 SOUTH FIRST STREET, #1000 BURBANK, CA 91502	95-3954057	501(C)(3)	30,000.	0.			SUPPORT
PATHLIGHT HUMAN SERVICES 7808 W COLLEGE DRIVE PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	21,120.	0.			SUPPORT
PATHSTONE 400 EAST AVE. ROCHESTER, NY 14607	16-0984913	501(C)(3)	11,921,669.	0.			SUPPORT
PENNSYLVANIA PHARMACEUTICAL ASSOCIATION - 508 NORTH THIRD STREET - HARRISBURG, PA 17101	23-0959560	501(C)(3)	125,000.	0.			SUPPORT
PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING - 1413 S. MAIN STREET - FARMVILLE, VA 23901	54-1025127	501(C)(3)	20,000.	0.			SUPPORT

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POINTTERS COMMUNITY INITIATIVES 1800 APPLETON ROAD MENASHA, WI 54952	82-2304143	501(C)(3)	60,000.	0.			SUPPORT
PRINCETON SENIOR RESOURCE CENTER 45 STOCKTON STREET PRINCETON, NJ 08540	22-2228083	501(C)(3)	60,000.	0.			SUPPORT
PROJECT VISION HAWAII PO BOX 23212 HONOLULU, HI 96823	27-2831637	501(C)(3)	113,618.	0.			SUPPORT
PROYECTO JUAN DIEGO 3910 PAREDES LINE ROAD BROWNVILLE, TX 78526	81-0606967	501(C)(3)	40,000.	0.			SUPPORT
PUBLIC HEALTH SOLUTIONS 40 WORTH STREET NEW YORK, NY 10013	13-5669201	501(C)(3)	123,622.	0.			SUPPORT
REBALANCED LIFE WELLNESS 143 MARCIE DRIVE BROOKLYN, WI 53521	82-4133284	501(C)(3)	60,000.	0.			SUPPORT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	STATE/CITY GOV'T	20,148.	0.			SUPPORT
REGION VIII PLANNING & DEVELOPMENT COUNCIL-56 AND 83 - 131 PROVIDENCE LANE - PETERSBURG, WV 26847	55-0531062	501(C)(3)	581,753.	0.			SUPPORT
RHODE ISLAND OFFICE OF HEALTHY AGING - 57 HOWARD AVE 2ND FL LOUIS PASTEUR BUILDING - CRANSTON, RI 02920	05-6000522	STATE/CITY GOV'T	30,000.	0.			SUPPORT

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RIO ARRIBA COUNTY PO BOX 127 TIERRA AMARILLA, NM 87575	85-6000240	STATE/CITY GOV'T	30,000.	0.			SUPPORT
RUTGERS THE STATE UNIVERSITY 33 KNOGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	STATE/CITY GOV'T	125,000.	0.			SUPPORT
SAN YSIDRO HEALTH 1601 PRECISION PARK LANE SAN DIEGO, CA 92173	95-2801772	501(C)(3)	125,000.	0.			SUPPORT
SENIOR ADULT ACTIVITIES CENTER MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(C)(3)	21,400.	0.			SUPPORT
SENIOR CITIZENS ACTIVITIES NETWORK 180 ROUTE 35 SOUTH EATONTOWN, NJ 07724	22-3178757	501(C)(3)	32,500.	0.			SUPPORT
SENIOR CITIZENS OF GREATER DALLAS, INC - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	30,000.	0.			SUPPORT
SENIOR CITIZENS SERVICES 1717 DAUPHIN STREET MOBILE, AL 36604	63-0590039	501(C)(3)	60,000.	0.			SUPPORT
SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	20,000.	0.			SUPPORT
SENIOR CONNECTIONS, THE CAPITAL AAA - 24 E. CARY STREET - RICHMOND, VA 23219	54-0950714	501(C)(3)	30,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR FRIENDSHIP CENTERS 2350 SCENIC DRIVE VENICE, FL 34293	59-1522614	501(C)(3)	34,000.	0.			SUPPORT
SENIOR RESOURCES 19 OHIO AVENUE SUITE 2 NORWICH, CT 06360	06-0916608	501(C)(3)	30,000.	0.			SUPPORT
SENIOR SOLUTIONS 3420 CLEMSON BLVD ANDERSON, SC 29621	57-0634502	501(C)(3)	59,400.	0.			SUPPORT
SER JOBS FOR PROGRESS, INC. 255 N. FULTON STREET #106 FRESNO, CA 93701	94-2188609	501(C)(3)	1,315,921.	0.			SUPPORT
SERVICES AND ADVOCACY FOR GAY BISEXUAL AND TRANSGENDER ELDERS - 305 7TH AVE - NEW YORK, NY 10001	13-2947657	501(C)(3)	60,000.	0.			SUPPORT
SERVICIOS DE LA RAZA 3131 W 14TH AVE. DENVER, CO 80204	84-0625478	501(C)(3)	125,000.	0.			SUPPORT
SHEPHERDS CENTER OF KANSAS CITY 9200 WARD PARKWAY KANSAS CITY, MO 64114	43-0994417	501(C)(3)	33,833.	0.			SUPPORT
SILVER SAGE COMMUNITY CENTER 803 BUCK CREEK DRIVE BANDERA, TX 78003	74-2309449	501(C)(3)	53,681.	0.			SUPPORT
SOUND GENERATIONS 2208 SECOND AVE SEATTLE, WA 98121	91-0823767	501(C)(3)	48,498.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ALABAMA REGIONAL PLANNING 110 BEAUREGARD STREET MOBILE, AL 36602	63-0501382	501(C)(3)	137,500.	0.			SUPPORT
SOUTH CAROLINA ASSOCIATION OF COMMUNITY ACTION PARTNERSHIPS - 2700 MIDDLEBURG DRIVE - COLUMBIA, SC 29204	55-0861643	501(C)(3)	125,000.	0.			SUPPORT
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 50 PORTLAND STREET - WORCHESTER, MA 01608	04-3393955	501(C)(3)	59,994.	0.			SUPPORT
SOUTHEAST CHICAGO CHAMBER OF COMMERCE - 8334 S. STONY ISLAND AVE - CHICAGO, IL 60617	36-3332647	OTHER	125,000.	0.			SUPPORT
SOUTHERN ALABAMA AHEC 312 N MIRANDA AVE GEORGIANA, AL 36033	47-1573670	501(C)(3)	125,000.	0.			SUPPORT
SOUTHERN MAINE AGENCY ON AGING 30 BARRA RD BIDDEFORD, ME 04005	01-0360259	501(C)(3)	60,000.	0.			SUPPORT
SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER - 103 INDEPENDENCE BLVD - LAFAYETTE, LA 70506	72-1191867	501(C)(3)	59,840.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC. - 52 AND 78 - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	1,912,975.	0.			SUPPORT
SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROGRAM - 149 N. IOWA STREET - DODGEVILLE, WI 53533	39-1053511	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. BARNABAS SENIOR CENTER 675 S. CARONDELET STREET LOS ANGELES, CA 90057	95-1641435	501(C)(3)	60,000.	0.			SUPPORT
ST. JOHN'S LUTHERAN MINISTRIES 3940 RIMROCK ROAD BILLINGS, MT 59102	81-0288768	501(C)(3)	59,400.	0.			SUPPORT
ST. MARTIN COUNCIL ON AGING 391 CANNERY ROAD BREAUX BRIDGE, LA 70517	72-0758720	501(C)(3)	50,440.	0.			SUPPORT
ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF NEW ORLEANS - 3500 CANAL STREET - NEW ORLEANS, LA 70119	72-0802053	501(C)(3)	59,810.	0.			SUPPORT
STATE OF MISSOURI PO BOX 809 JEFFERSON CITY, MO 65102	44-6000987	STATE/CITY GOV'T	30,000.	0.			SUPPORT
SUNNYSIDE COMMUNITY SERVICES 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	60,000.	0.			SUPPORT
SUNSET PARK HEALTH COUNCIL 150 55TH STREET BROOKLYN, NY 11220	20-2508411	501(C)(3)	60,000.	0.			SUPPORT
TACOMA PIERCE COUNTY HEALTH 3629 SOUTH D STREET TACOMA, WA 98418	91-1488160	STATE/CITY GOV'T	60,000.	0.			SUPPORT
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE NASHVILLE, TN 37201	62-1630417	501(C)(3)	56,435.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE LARGO, MD 20774	52-0715246	501(C)(3)	55,000.	0.			SUPPORT
THE COUNCIL ON AGING OF BUNCOMBE COUNTY - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586	501(C)(3)	30,000.	0.			SUPPORT
THE LATINO ALZHEIMER'S AND MEMORY DISORDER ALLIANCE - 6112 W CERMAK ROAD - CICERO, IL 60804	35-2288467	501(C)(3)	60,000.	0.			SUPPORT
THE LATINO HEALTH INSURANCE PROGRAM, INC - 88 WAVERLY STREET, 1ST FLOOR, SUITE 150 - FRAMINGHAM, MA 01702	30-0614874	501(C)(3)	30,000.	0.			SUPPORT
THE LEGACY LINK 4080 MUNDY MILL ROAD OAKWOOD, GA 30566	58-2317890	501(C)(3)	4,330,758.	0.			SUPPORT
THE LIFE CENTER OF DAVIDSON 601 WEST CENTER STREET LEXINGTON, NC 27292	58-1781761	501(C)(3)	59,892.	0.			SUPPORT
THE MAYOR AND COUNCIL OF ROCKVILLE 111 MARYLAND AVE ROCKVILLE, MD 20850	52-6001573	STATE/CITY GOV'T	21,401.	0.			SUPPORT
THE NASHVILLE FOOD PROJECT 5904 CALIFORNIA BLVD NASHVILLE, TN 37209	45-2905951	501(C)(3)	56,564.	0.			SUPPORT
THE SKILLSOURCE GROUP, INC. 8300 BOONE BOULEVARD, STE. 450 VIENNA, VA 22182	30-0129320	501(C)(3)	1,250,528.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WHOLE PERSON, INC 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	30,000.	0.			SUPPORT
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	60,000.	0.			SUPPORT
THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	30,000.	0.			SUPPORT
THRIVE ALLEN COUNTY 9 S JEFFERSON AVE IOLA, KS 66749	32-0198379	501(C)(3)	125,000.	0.			SUPPORT
TOWN OF NEWINGTON 200 GARFIELD STREET NEWINGTON, CT 06111	06-6002047	STATE/CITY GOV'T	20,000.	0.			SUPPORT
TOWN OF STRATFORD 2275 MAIN STREET STRATFORD, CT 06615	06-6002103	STATE/CITY GOV'T	22,236.	0.			SUPPORT
TOWNSHIP OF HAMILTON 2090 GREENWOOD AVE HAMILTON TOWNSHIP, NJ 08650	21-6000691	STATE/CITY GOV'T	24,906.	0.			SUPPORT
TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)	20,000.	0.			SUPPORT
TRI-VALLEY, INC 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	32,500.	0.			SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W 6TH STREET LOS ANGELES, CA 90032	95-2917933	501(C)(3)	125,000.	0.			SUPPORT
UNITED CAMBODIAN COMMUNITY 2201 E. ANAHEIM STREET SUITE 200 LONG BEACH, CA 90804	95-3442295	501(C)(3)	30,000.	0.			SUPPORT
UNITED METHODIST HOME SERVICES 1415 W. FOSTER AVENUE CHICAGO, IL 60640	36-3695839	501(C)(3)	12,000.	0.			SUPPORT
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-6007513	STATE/CITY GOV'T	39,750.	0.			SUPPORT
UNIVERSITY OF TEXAS 210 W 7TH STREET AUSTIN, TX 78701	74-1586031	STATE/CITY GOV'T	60,000.	0.			SUPPORT
VARIETY CARE INC. 3000 N GRAND BLVD OKLAHOMA CITY, OK 73107	73-1088577	501(C)(3)	59,886.	0.			SUPPORT
VIDA SENIOR CENTER 1842 CALVERT STREET, NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	72,000.	0.			SUPPORT
VILLAGE TO VILLAGE NETWORK 4818 WASHINGTON BLVD ST. LOUIS, MO 63108	27-1063665	501(C)(3)	59,866.	0.			SUPPORT
VISION Y COMPROMISO PO BOX 708 SAN LORENZO, CA 94580	32-0071651	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION 1420 MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	60,000.	0.			SUPPORT
WASHINGTON COUNTY COMMISSION 535 E FRANKLIN STREET HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	30,000.	0.			SUPPORT
WATTS LABOR COMMUNITY ACTION COMMITTEE - 10950 S. CENTRAL AVENUE - LOS ANGELES, CA 90059	95-2412869	501(C)(3)	70,000.	0.			SUPPORT
WAVES AHEAD CORP 1149 AVE AMERICO MIRANDA SAN JUAN, PR 00921	66-0886812	501(C)(3)	59,400.	0.			SUPPORT
WESTCHESTER COMMUNITY OPPURTUNITY PROGRAM INC. - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523	13-2547122	501(C)(3)	30,000.	0.			SUPPORT
WESTERN ARIZONA COUNCIL OF AGING 1235 S REDONDO CENTER DR YUMA, AZ 85364	86-0262126	501(C)(3)	30,000.	0.			SUPPORT
WESTERN MONTANA AREA VI AGENCY ON AGING - 110 MAIN ST. SUITE 5 - POLSON, MT 59860	81-0345779	501(C)(3)	30,000.	0.			SUPPORT
WESTMORELAND COUNTY COMMUNITY COLLEGE - 145 PAVILLION LANE - YOUNGWOOD, PA 15697	25-1511934	501(C)(3)	606,340.	0.			SUPPORT
WILSON COUNTY PO BOX 1728 WILSON, NC 27894	56-6000351	STATE/CITY GOV'T	44,200.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNC HEALTH NETWORK INC. 1 HAYWOOD STREET ASHEVILLE, NC 28801	56-1889715	501(C)(3)	125,000.	0.			SUPPORT
YOUNG MEN AND WOMEN HEBREW ASSN AND IRENE KAUFFMAN CENTER - 5738 FORBES AVE - PITTSBURG, PA 15217	25-1094514	501(C)(3)	60,000.	0.			SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOS ANGELES - 4301 W 3RD STREET - LOS ANGELES, CA 90020	95-1644052	501(C)(3)	60,000.	0.			SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN ANTONIO - 503 CASTROVILLE ROAD - SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	56,233.	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 GRANTEEES 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 GRANTEEES AND OBTAINS COPIES OF EACH ORGANIZATION'S FINANCIAL STATEMENTS AND UNIFORM 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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>NATIONAL COUNCIL ON AGING, INC.</b>	Employer identification number <b>13-1932384</b>
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**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> 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.										
<table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<b>b</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 .....	<b>1b</b>									
<b>2</b> 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? .....	<b>2</b>									
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.										
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> 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 .....	<b>7</b>	X								
<b>8</b> 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 .....	<b>8</b>	X								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAMSEY ALWIN PRESIDENT & CEO	(i)	370,596.	10,500.	96.	18,300.	8,203.	407,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTEN KIEFER VP AND CAO (THRU 10/2022)	(i)	212,363.	6,600.	159,249.	11,805.	2,892.	392,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSHUA HODGES VP AND CCO	(i)	250,640.	10,417.	96.	15,180.	13,565.	289,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HOWARD BEDLIN SENIOR DIRECTOR	(i)	223,832.	20,958.	1,219.	14,045.	28,381.	288,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONNA WHITT CFO (THRU 12/2022)	(i)	251,832.	7,428.	1,219.	15,201.	3,942.	279,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALICIA WALLER VP AND CPO (THRU 12/2022)	(i)	223,136.	6,450.	144.	23,750.	17,868.	271,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLE KNOWLES SENIOR DIRECTOR	(i)	202,851.	6,242.	221.	12,717.	28,204.	250,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN STILES SENIOR DIRECTOR	(i)	183,559.	5,520.	413.	11,245.	17,777.	218,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHANIE PILATO SENIOR DIRECTOR	(i)	168,789.	6,105.	413.	18,677.	23,167.	217,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHLEEN CAMERON SENIOR DIRECTOR	(i)	165,986.	7,346.	413.	13,788.	20,071.	207,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KAREN DAVIS VP AND CMO	(i)	172,500.	3,928.	170.	10,350.	1,908.	188,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

KRISTEN KIEFER RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$159,122.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

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

NCOA HAD 95 EMPLOYEES DURING CALENDAR YEAR-END 2022; THERE WERE ALSO

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

INCLUDED FOR THE TOTAL OF 765 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:

ECONOMIC SECURITY INITIATIVES

EXPENSES \$ 1,080,080. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 181,066.

MEMBERSHIP SERVICES AND OUTREACH

EXPENSES \$ 1,057,893. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,594,097.

PUBLIC POLICY AND ADVOCACY

EXPENSES \$ 696,416. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH

EXPENSES \$ 205,966. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,946.

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

Schedule O (Form 990) 2022



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

EXPENSES \$ 106,767. INCLUDING GRANTS OF \$ 0. REVENUE \$ 145,431.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 WHICH IS REVIEWED AND APPROVED BY THE MANAGEMENT AND THE AUDIT, COMPLIANCE AND RISK MANAGEMENT COMMITTEE, A SUBCOMMITTEE OF THE NCOA BOARD. THE FULL NCOA BOARD IS SENT A COPY BY EMAIL BEFORE FILING WITH THE IRS.

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

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

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

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

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

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

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

NCOA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED

FINANCIAL STATEMENTS AND THE ANNUAL FORM 990'S ARE ALSO PROVIDED IN A LINK

FROM NCOA'S WEBSITE.

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST	408,183.
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