

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

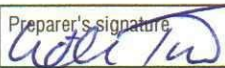
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL COUNCIL ON AGING, INC. Doing business as <u>NCOA</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 251 18TH ST S 500 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202	D Employer identification number 13-1932384
	F Name and address of principal officer: <u>JAMES P. FIRMAN</u> SAME AS C ABOVE	E Telephone number 571-527-4001
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ <u>56,167,356.</u>
	J Website: <u>WWW.NCOA.ORG</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1960</u> M State of legal domicile: <u>NY</u>

Part I Summary

		1 Briefly describe the organization's mission or most significant activities: <u>IMPROVING THE LIVES OF MILLIONS OF OLDER ADULTS, ESPECIALLY THOSE WHO ARE STRUGGLING.</u>			
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	15		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15		
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1505		
	6	Total number of volunteers (estimate if necessary)	17		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.		
	7b	Net unrelated business taxable income from Form 990-T, line 38	0.		
	Revenue			Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	61,787,580.	56,063,756.	
9		Program service revenue (Part VIII, line 2g)	3,017,879.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,714.	103,600.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,883,173.	56,167,356.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,354,829.	33,198,620.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,816,011.	11,214,549.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>724,050.</u>			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,854,216.	14,319,378.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,025,056.	58,732,547.		
19	Revenue less expenses. Subtract line 18 from line 12	5,858,117.	-2,565,191.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	19,045,170.	15,874,869.	
	21	Total liabilities (Part X, line 26)	9,091,897.	8,848,851.	
22	Net assets or fund balances. Subtract line 21 from line 20	9,953,273.	7,026,018.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>DONNA WHITT, CHIEF FINANCIAL OFFICER</u> Type or print name and title	Date		
Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature 	Date <u>5/11/2020</u>	Check if self-employed <input type="checkbox"/> PTIN P00369217
	Firm's name RSM US LLP	Firm's address 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	Firm's EIN 42-0714325	Phone no. 301-296-3600

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

Part III Statement of Program Service Accomplishments

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

X

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

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

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

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

4a (Code:) (Expenses \$ 33,492,291. including grants of \$ 25,173,918.) (Revenue \$) WORKFORCE DEVELOPMENT: SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' PARTICIPATION IN MEANINGFUL AND REWARDING PAID EMPLOYMENT.

4b (Code:) (Expenses \$ 13,679,575. including grants of \$ 7,563,095.) (Revenue \$) ACCESS TO BENEFITS: SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' ACCESS TO PUBLIC AND PRIVATE BENEFITS AND RESOURCES THAT IMPROVE THE QUALITY OF THEIR LIVES IN COMMUNITIES NATIONWIDE.

4c (Code:) (Expenses \$ 2,592,698. including grants of \$) (Revenue \$) HEALTHY AGING PROGRAMS: SUPPORTING THE EXPANSION AND SUSTAINABILITY OF EVIDENCE-BASED HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS IN THE COMMUNITY AND ONLINE THROUGH COLLABORATION WITH NATIONAL, STATE, AND COMMUNITY PARTNERS. OUR GOAL IS TO HELP OLDER ADULTS LIVE LONGER AND HEALTHIER LIVES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,164,036. including grants of \$ 461,607.) (Revenue \$)

4e Total program service expenses 54,928,600.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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	
35b 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>		X
36 Section 501(c)(3) organizations. 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 in Schedule O for Part VI, lines 11b and 19? Note. 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c 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)

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 DONNA WHITT, CHIEF FINANCIAL OFFICER - 571-527-4001
 251 18TH ST S, NO. 500, ARLINGTON, VA 22202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES KNICKMAN CHAIR	1.00	X		X			0.	0.	0.	
(2) DEDE PRIEST CHAIR ELECT	1.00	X		X			0.	0.	0.	
(3) CAROL ZERNIAL IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(4) SUNDER JOSHI TREASURER AND SECRETARY	1.00	X		X			0.	0.	0.	
(5) SOMAVA STOUT DIRECTOR	1.00	X					0.	0.	0.	
(6) CONNIE WEAVER DIRECTOR	1.00	X					0.	0.	0.	
(7) HEATHER DUPRE DIRECTOR	1.00	X					0.	0.	0.	
(8) LYNN FIELDS HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(9) KATHY GREENLEE DIRECTOR	1.00	X					0.	0.	0.	
(10) JUNE SIMMONS DIRECTOR	1.00	X					0.	0.	0.	
(11) JEFFREY SONNENFELD DIRECTOR	1.00	X					0.	0.	0.	
(12) CASS WHEELER DIRECTOR	1.00	X					0.	0.	0.	
(13) PETER ZEIBELMAN DIRECTOR	1.00	X					0.	0.	0.	
(14) JULIE GOONEWARDENE DIRECTOR	1.00	X					0.	0.	0.	
(15) CAROLYN BUCK-LUCE DIRECTOR	1.00	X					0.	0.	0.	
(16) JOSEPHINA CARBONELL DIRECTOR (THRU OCT. 2018)	1.00	X					0.	0.	0.	
(17) MARK MCCLELLAN DIRECTOR (THRU OCT. 2018)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES FIRMAN CEO AND PRESIDENT-NCOA	37.50			X				296,217.	0.	60,952.
(19) JAY GREENBERG SENIOR VICE PRESIDENT	37.50			X				310,701.	0.	40,921.
(20) ANNA M. CHAVEZ EXEC. VP AND CGO	37.50			X				290,122.	0.	18,564.
(21) DONNA WHITT SENIOR VP AND CFO	37.50			X				237,953.	0.	15,516.
(22) SAEED ELNAJ VP AND CIO	37.50			X				220,065.	0.	17,168.
(23) HOWARD BEDLIN VICE PRESIDENT	37.50					X		227,398.	0.	57,325.
(24) DIANNA CAMPBELL VICE PRESIDENT	37.50					X		177,616.	0.	14,104.
(25) NAOMI HART SENIOR DIRECTOR	37.50					X		216,689.	0.	6,678.
(26) RINA PENNACCHIA VICE PRESIDENT (THRU MAY 2019)	37.50					X		190,480.	0.	12,140.
1b Sub-total								2,167,241.	0.	243,368.
c Total from continuation sheets to Part VII, Section A								174,992.	0.	6,593.
d Total (add lines 1b and 1c)								2,342,233.	0.	249,961.

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 30

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEVIATHAN TECHNOLOGY GROUP INC., 425 EAST 74TH STREET, #2C, NEW YORK, NY 10021	IT CONSULTING	329,168.
FUTURESTEP PO BOX 1450, MINNEAPOLIS, MN 55485-5065	RECRUITMENT CONSULTING	175,491.
FINSBURY LLC, 3 COLUMBUS CIRCLE, 9TH FLOOR, NEW YORK, NY 10019	STRATEGIC COMMUNICATIONS CONSULTING	152,619.
RESEARCH TRIANGLE INSTITUTE, 3040 CORNWALLIS ROAD, RESEARCH TRIANGLE PARK, LINEMARK PRINTING, INC., 501 PRINCE GEORGES BLVD., UPPER MARLBORO, MD 20774	RESEARCH AND TECHNICAL SERVICES	150,000.
	FULFILLMENT SERVICES	138,807.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARLENE SCHNEIDER VICE PRESIDENT (THRU FEB 2019)	37.50				X			174,992.	0.	6,593.
Total to Part VII, Section A, line 1c								174,992.		6,593.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,901,168.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	49,515,711.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,646,877.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			56,063,756.			
Program Service Revenue	2 a _____ Business Code						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			103,600.			103,600.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			56,167,356.	0.	0.	103,600.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	33,198,620.	33,198,620.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,583,456.	1,189,991.	314,102.	79,363.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,793,893.	5,000,137.	1,431,951.	361,805.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	425,044.	354,101.	56,634.	14,309.
9 Other employee benefits	1,789,643.	1,490,919.	238,471.	60,253.
10 Payroll taxes	622,513.	458,255.	131,127.	33,131.
11 Fees for services (non-employees):				
a Management				
b Legal	58,148.	34,307.	23,841.	
c Accounting	90,424.		90,424.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,698.		26,698.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,616,128.	3,182,939.	410,065.	23,124.
12 Advertising and promotion				
13 Office expenses	1,229,189.	1,151,601.	53,015.	24,573.
14 Information technology	1,213,531.	1,131,082.	24,680.	57,769.
15 Royalties				
16 Occupancy	939,759.	760,334.	138,163.	41,262.
17 Travel	577,829.	509,765.	50,231.	17,833.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	617,755.	595,584.	19,904.	2,267.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,370.	112,192.	2,448.	5,730.
23 Insurance	61,974.	20,658.	41,316.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING - ENROLLEE	5,108,493.	5,108,493.		
b OTHER COSTS	658,098.	628,691.	26,827.	2,580.
c UNALLOWABLE	982.	931.		51.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	58,732,547.	54,928,600.	3,079,897.	724,050.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,604,425.	1	3,188,456.
	2 Savings and temporary cash investments	131,508.	2	134,062.
	3 Pledges and grants receivable, net	10,565,396.	3	8,716,393.
	4 Accounts receivable, net	55,226.	4	62,885.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	62,999.	8	88,548.
	9 Prepaid expenses and deferred charges	290,777.	9	369,205.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,201,888.		
	b Less: accumulated depreciation	10b 2,447,652.	874,605.	10c 754,236.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,455,914.	12	2,556,764.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,320.	15	4,320.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,045,170.	16	15,874,869.	
Liabilities	17 Accounts payable and accrued expenses	4,009,742.	17	3,747,769.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,082,155.	25	5,101,082.
	26 Total liabilities. Add lines 17 through 25	9,091,897.	26	8,848,851.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	885,110.	27	618,657.
	28 Temporarily restricted net assets	9,068,163.	28	6,407,361.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,953,273.	33	7,026,018.	
34 Total liabilities and net assets/fund balances	19,045,170.	34	15,874,869.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,167,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,732,547.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,565,191.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,953,273.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-362,064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,026,018.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,523,515.	44,115,371.	44,018,373.	61,787,580.	56,063,756.	248,508,595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	42,523,515.	44,115,371.	44,018,373.	61,787,580.	56,063,756.	248,508,595.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,491,812.
6 Public support. Subtract line 5 from line 4.						244,016,783.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	42,523,515.	44,115,371.	44,018,373.	61,787,580.	56,063,756.	248,508,595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,702.	61,827.	62,276.	77,714.	103,600.	365,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						248,873,714.
12 Gross receipts from related activities, etc. (see instructions)					12	15,708,286.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.05 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.63 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 34,012,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,381,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,225,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,344,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,179,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">NATIONAL COUNCIL ON AGING, INC.</p>	Employer identification number <p style="text-align: center;">13-1932384</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,100.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,903.													
c	Total lobbying expenditures (add lines 1a and 1b)	22,003.													
d	Other exempt purpose expenditures	58,710,543.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,732,546.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	11,441.	33,061.	20,608.	22,003.	87,113.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	572.	1,653.	1,030.	1,100.	4,355.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

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

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

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

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

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

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

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

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

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

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

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

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

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

- (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		2,050,448.	1,374,793.	675,655.
d Equipment		159,665.	159,665.	0.
e Other		991,775.	913,194.	78,581.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 754,236.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,000.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) FJC AGENCY LOAN FUND	2,555,764.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,556,764.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COSTS	4,036,361.
(3) DEFERRED RENT	1,064,721.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,101,082.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	56,140,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	56,140,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,698.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	26,698.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	56,167,356.

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

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

1	Total expenses and losses per audited financial statements	1	58,705,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	58,705,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,698.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	26,698.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	58,732,547.

Part XIII Supplemental Information.

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

PART X, LINE 2:

NCOA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. AS SUCH, NCOA IS TAXED ONLY ON ITS UNRELATED

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

YEARS 2019 AND 2018. NCOA IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION

BY THE INTERNAL REVENUE SERVICE. THE CORPORATION IS A FOR-PROFIT ENTITY

WHICH HAD NO SIGNIFICANT INCOME OR LOSS FOR THE FISCAL YEARS ENDED JUNE

30, 2019 AND 2018.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE

Part XIII Supplemental Information (continued)

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

TAX AUTHORITIES FOR YEARS BEFORE 2016.

Empty lined area 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 for the latest information.**

OMB No. 1545-0047

2018

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109	85-0262072	501(C)(3)	70,000.	0.			SUPPORT
AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT LLC - 1 LONG WHARF DRIVE SUITE 1L - NEW HAVEN, CT 06511	06-0915531	501(C)(3)	30,000.	0.			SUPPORT
AGEOPTIONS (DBA SUBURBAN AREA AGENCY ON AGING) - 1048 LAKE STREET, SUITE 300 - OAK PARK, IL 60301	36-2806193	501(C)(3)	150,000.	0.			SUPPORT
AGESMART COMMUNITY RESOURCES 2365 COUNTRY ROAD BELLEVILLE, IL 62221	37-0986597	501(C)(3)	105,000.	0.			SUPPORT
AGING & LONG TERM CARE OF EASTERN WASHINGTON - 1222 N POST STREET - SPOKANE, WA 99201	91-1017706	501(C)(3)	55,000.	0.			SUPPORT
ALAMO AREA COUNCIL OF GOV 8700 TESORO DR., #700 SAN ANTONIO, TX 78217	74-1557491	501(C)(3)	60,000.	0.			SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **146.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVIO MEDICAL CENTER, INC. 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	85,000.	0.			SUPPORT
ALLIANCE FOR AGING INC. 760 NW 107TH AVE. SUITE 214 MIAMI, FL 33172-3155	65-0101947	501(C)(3)	90,000.	0.			SUPPORT
ANCHORAGE SENIOR ACTIVITY 1300 EAST 19TH AVE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	30,000.	0.			SUPPORT
AREA AGENCY ON AGING OF PALM BEACH, TREASURE COAST INC. - 4400 N. CONGRESS AVENUE - WEST PALM BEACH, FL 33407	65-0087858	501(C)(3)	75,000.	0.			SUPPORT
ASIAN SERVICES IN ACTION INC. 3631 PERKINS AVESUITE 2A-W CLEVELAND, OH 44114	34-1798850	501(C)(3)	85,000.	0.			SUPPORT
ATLANTA COMMUNITY FOOD 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501(C)(3)	70,000.	0.			SUPPORT
BALTIMORE CITY COMMISSION 10 N. CALVERT STREET, SUITE 300 BALTIMORE, MD 21201	52-6000769	STATE/CITY	25,000.	0.			SUPPORT
BANNER OLIVE BRANCH SENIOR CENTER 11250 N 107TH AVE. SUN CITY, AZ 85351	45-0233470	501(C)(3)	30,000.	0.			SUPPORT
BEAR RIVER ASSOCIATION OF GOVT. 170 NORTH MAIN STREET LOGAN, UT 84321	87-0299562	501(C)(3)	95,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEFITS DATA TRUST 1500 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	335,000.	0.			SUPPORT
BENJAMIN ROSE INSTITUTE 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	41,980.	0.			SUPPORT
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. - 2ND FLOOR, JOHNSON COUNTY COURTHOUSE - PAINTSVILLE, KY 41240	61-0653946	501(C)(3)	473,048.	0.			SUPPORT
BLOUNT COUNTY COMMUNITY ACTION AGENCY - 3509 TUCKALEECHEE PIKE - MARYVILLE, TN 37803	62-1561673	501(C)(3)	60,000.	0.			SUPPORT
BROOKLINE MULTI SERVICE SENIOR CENTER CORPORATION - 93 WINCHESTER STREET - BROOKLINE, MA 02446	04-2719972	501(C)(3)	10,000.	0.			SUPPORT
CAPI USA 3702 EAST LAKE ST. MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	40,000.	0.			SUPPORT
CARE FOR ELDERS 3838 ABERDEEN WAY HOUSTON, TX 77025	74-1198298	501(C)(3)	5,000.	0.			SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE., SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	70,000.	0.			SUPPORT
CATHOLIC CHARITIES OF HAWAII 1822 KE'EAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES OF NORTHERN NEVADA - 500 EAST 4TH STREET - RENO, NV 89512	88-0339754	501(C)(3)	70,000.	0.			SUPPORT
CATHOLIC HEALTH INITIATIVES CO. FOUNDATION - 11600 W 2ND PLACE - LAKEWOOD, CO 80228	84-0902211	501(C)(3)	30,000.	0.			SUPPORT
CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, INC. - 841 BROADWAY, SUITE 301 - NEW YORK, NY 10003	13-2984549	501(C)(3)	70,000.	0.			SUPPORT
CHINESE COMMUNITY CENTER, INC. 9800 TOWN PARK DRIVE HOUSTON, TX 77036	76-0067885	501(C)(3)	70,000.	0.			SUPPORT
CHINESE INFORMATION & SERVICES CENTER - 611 SOUTH LANE ST. - SEATTLE, WA 98104	23-7438529	501(C)(3)	155,000.	0.			SUPPORT
COLORADO HEALTH NETWORK, INC. 6260 EAST COLFAX AVENUE DENVER, CO 80220	84-0961159	501(C)(3)	5,100.	0.			SUPPORT
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SERMAN STREET, SUITE 250 - DENVER, CO 80203	84-1493585	501(C)(3)	60,000.	0.			SUPPORT
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC. - 3011 N. MICHIGAN STREET - PITTSBURG, KS 66762-2546	75-3002264	501(C)(3)	70,000.	0.			SUPPORT
COMMUNITY HEALTH CLINICS, INC. PO BOX 9211 16TH AVENUE NORTH NAMPA, ID 83653	82-0300537	501(C)(3)	40,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT COMMUNITY CARE INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010	06-1024632	501(C)(3)	52,900.	0.			SUPPORT
COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC./LIVE ON NY - 49 WEST 45TH STREET, 7TH FLOOR - NEW YORK, NY 10036	13-2967277	501(C)(3)	70,000.	0.			SUPPORT
COUNCIL ON AGING FOR SOUTHEASTERN VT, INC. - 38 PLEASANT STREET - SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	60,000.	0.			SUPPORT
COUNTY OF ERIE (NY) 95 FRANKLIN STREET BUFFALO, NY 14202	16-6002558	501(C)(3)	90,000.	0.			SUPPORT
COUNTY OF STEUBEN (NY) 3 EAST PULTENEY SQUARE BATH, NY 14810	16-6002567	501(C)(3)	60,000.	0.			SUPPORT
COUNTY OF VENTURA (CA) 646 COUNTY SQUARE DRIVE VENTURA, CA 93003	95-6000944	501(C)(3)	40,000.	0.			SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 14701	23-1365320	501(C)(3)	592,219.	0.			SUPPORT
DALLAS COUNTY (TX) HEALTH AND HUMAN SERVICES - 2377 N. STEMMONS FREEWAY - DALLAS, TX 75207	75-6000905	501(C)(3)	30,000.	0.			SUPPORT
DIRECTION HOMES, LLC 88 EAST BROAD STREET, SUITE 870 COLUMBUS, OH 43215	45-4556668	501(C)(3)	50,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISTRICT THREE GOVERNMENT 4453 LEE HIGHWAY MARION, VA 24354	54-0957186	501(C)(3)	55,000.	0.			SUPPORT
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	70,000.	0.			SUPPORT
EAST VALLEY ADULT RESOURCES 247 NORTH MACDONALD MESA, AZ 85201	94-2596075	501(C)(3)	60,000.	0.			SUPPORT
ECUMENICAL SOCIAL ACTION COMMITTEE INC. - 434 JAMAICAWAY PO BOX 301749 - JAMAICA PLAIN, MA 02130	04-2455301	501(C)(3)	30,000.	0.			SUPPORT
ELDER LAW OF MICHIGAN, INC. 3815 W. ST. JOSEPH, STE. C-200 LANSING, MI 48917	38-2960530	501(C)(3)	150,000.	0.			SUPPORT
ELDERBRIDGE AGENCY ON AGING 22 N GEORGIA AVE., SUITE 216 MASON CITY, IA 50401	42-1155559	501(C)(3)	55,000.	0.			SUPPORT
ELDERSOURCE 4160 WOODCOCK DRIVE 2ND FLOOR JACKSONVILLE, FL 32207	59-1569867	501(C)(3)	95,000.	0.			SUPPORT
FAMILY ELDERCARE, INC. 1700 RUTHERFORD LANE AUSTIN, TX 78754	74-2286387	501(C)(3)	40,000.	0.			SUPPORT
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	70,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE AGENCY OF SAN MATEO COUNTY - 24 2ND AVE. - SAN MATEO, CA 94401	94-1186169	501(C)(3)	1,169,020.	0.			SUPPORT
FAMILY SERVICE AGENCY OF SAN FRANCISCO (FOR SCSEP) - 10101 GOUGH STREET - SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	867,367.	0.			SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	185,000.	0.			SUPPORT
FIVE COUNTY ASSOCIATION OF GOVT. 1070 WEST 1600 SOUTH BLDG B ST. GEORGE, UT 84770	87-0304025	501(C)(3)	55,000.	0.			SUPPORT
FOOD FINDERS FOOD BANK, INC. 1204 GREENBUSH STREET LAFAYETTE, IN 47904	31-1020198	501(C)(3)	30,000.	0.			SUPPORT
GEORGIA LEGAL SERVICES PROGRAM, INC. - 104 MARIETTA STREET, SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	70,000.	0.			SUPPORT
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	46,500.	0.			SUPPORT
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	60,000.	0.			SUPPORT
GREATER WI AGENCY ON AGING SERVICES, INC. - 1414 MACARTHUR RD., STE A - MADISON, WI 53714	39-1204540	501(C)(3)	20,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN RIVER AREA DEVELOPMENT DISTRICT - 300 GRADD WAY - OWENSBORO, KY 42301	61-0706096	501(C)(3)	70,000.	0.			SUPPORT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	70,000.	0.			SUPPORT
HEALTH INSURANCE COUNSELING (VENTURA AREA AGENCY ON AGING) - 646 COUNTY SQUARE DRIVE, SUITE 100 - VENTURA, CA 93003	95-6000944	501(C)(3)	30,000.	0.			SUPPORT
HOPES COMMUNITY ACTION PARTNERSHIP, INC. - 301 GARDEN STREET - HOBOKEN, NJ 07030	22-1801849	501(C)(3)	115,000.	0.			SUPPORT
HOUSEABOUTIT COMMUNITY & ECONOMIC DEVELOPMENT AGENCY - PO BOX 4342 - LITTLE ROCK, AK 72214	56-2514622	501(C)(3)	10,000.	0.			SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	40,000.	0.			SUPPORT
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC - 32 S. TRACY AVE. - BOZEMAN, MT 59715	81-0350886	501(C)(3)	46,500.	0.			SUPPORT
INNOVATIONS FOR AGING, LLC 1265 GREY FOX ROAD, SUITE 2 ARDEN HILLS, MN 55112	81-0738625	501(C)(3)	20,247.	0.			SUPPORT
ISABELLA GERIATRIC CENTER 515 AUDUBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	70,000.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAND HARVEST, LTD 40 MARCUS BLVD. HAUPPAUGE, NY 11788	11-3136350	501(C)(3)	30,000.	0.			SUPPORT
JEWISH FAMILY SERVICES OF ATLANTIC COUNTY, INC. - 607 N. JEROME AVENUE - MARGATE, NJ 08402	22-2119902	501(C)(3)	30,000.	0.			SUPPORT
JEWISH FAMILY SERVICES OF SAN DIEGO - 8804 BALBOA AVE. - SAN DIEGO, CA 92123	95-1644024	501(C)(3)	10,000.	0.			SUPPORT
JUST HARVEST EDUCATION FUND 16 TERMINAL WAY PITTSBURG, PA 15219	25-1555571	501(C)(3)	30,000.	0.			SUPPORT
KENOSHA COUNTY (WI) 1010 56TH STREET KENOSHA, WI 53140	39-6005707	STATE/CITY	60,000.	0.			SUPPORT
KNOXVILLE-KNOX CTY COMMUNITY ACTION COMM. - 2247 WESTERN AVENUE - KNOXVILLE, TN 37921	62-1451534	STATE/CITY	90,000.	0.			SUPPORT
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON, INC. - 7700 LITTLE RIVER TURNPIKE SUITE 406 - ANNANDALE, VA 22101	52-1005984	501(C)(3)	100,000.	0.			SUPPORT
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET COVINGTON, KY 41011	61-0668572	501(C)(3)	70,000.	0.			SUPPORT
LEGAL SERVICES FOR THE ELDERLY 5 WABON STREET AUGUSTA, ME 04330-7040	01-0359131	501(C)(3)	90,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE RIVER MEDICAL CENT PO BOX 547 LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	55,000.	0.			SUPPORT
LOS ANGELES FOUNDATION ON AGING 211 N FIGUEROA STREET, SUITE 180 LOS ANGELES, CA 90012	13-4334980	STATE/CITY	10,000.	0.			SUPPORT
LTSC COMMUNITY DEVELOPMENT INC. 231 E. 3RD STREET SUITE G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	60,000.	0.			SUPPORT
LUZEME/WYOMING AAA 111 N. PENNSYLVANIA BLVD. WILKES-BARRE, PA 18701	23-2660272	501(C)(3)	517,952.	0.			SUPPORT
MAC INCORPORATED 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	35,000.	0.			SUPPORT
MEDICARE RIGHTS CENTER 266 WEST 37TH STREET, 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	115,000.	0.			SUPPORT
MESA COUNTY DEPARTMENT OF HUMAN SERVICES - PO BOX 20,000 - GRAND JUNCTION, CO 81502-5035	84-6000783	STATE/CITY	5,400.	0.			SUPPORT
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N. GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	115,000.	0.			SUPPORT
MINOT STATE UNIVERSITY 500 UNIVERSITY AVE W MINOT, ND 58707	45-6002481	501(C)(3)	55,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING - 1121 BUSINESS LOOP 70 E FL 2A - COLUMBIA, MO 65201-4605	43-1101962	STATE/CITY	140,000.	0.			SUPPORT
MONTANA DEPT. OF PUBLIC HEALTH & HUMAN SERVICES - P.O. BOX 4210 - HELENA, MT 59604	81-0302402	STATE/CITY	30,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING - 1730 RHODE ISLAND AVENUE NW, SUITE 1200 - WASHINGTON, DC 20036	52-1052345	501(C)(3)	72,095.	0.			SUPPORT
NATIONAL ASSOCIATION OF RSVP DIRECTORS, INC. - P.O. BOX 852 - ATHENS, AL 35611	91-1210949	501(C)(3)	30,000.	0.			SUPPORT
NATIONAL CHURCH RESIDENCE FOUNDATION - 2335 NORTH BANK DRIVE - COLUMBUS, OH 43220	20-2308665	501(C)(3)	40,000.	0.			SUPPORT
NATIVE AMERICAN DISABILITY LAW CENTER - 3535 E 30TH STREET, SUITE 201 - FARMINGTON, NM 87402	35-2238666	501(C)(3)	30,000.	0.			SUPPORT
NAT'L ASSOC. OF STATES UNITED FOR AGING AND DISABILITIES - 1201 15TH STREET, NW #350 - WASHINGTON, DC 20005	39-6095459	501(C)(3)	120,000.	0.			SUPPORT
NEW BEDFORD COUNCIL ON AGING 181 HILLMAN STREET, BUILDING 9 NEW BEDFORD, MA 02745	04-6001402	501(C)(3)	30,000.	0.			SUPPORT
NEW YORK CITY DEPARTMENT FOR THE AGING - 2 LAYFAYETTE ST. - NEW YORK, NY 10007	13-3153550	STATE/CITY	1,262,109.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWINGTON SENIOR & DISABLED CENTER 120 CEDAR STREET NEWINGTON, CT 06131	06-6002047	501(C)(3)	10,000.	0.			SUPPORT
NORTH CENTRAL AREA AGENCY ON AGING 151 NEW PARK AVENUE, BOX 75 HARTFORD, CT 06106	22-3059029	501(C)(3)	55,000.	0.			SUPPORT
NORTH MISSISSIPPI RURAL LEGAL SERVICES, INC. - 5 COUNTY ROAD 1014 - OXFORD, MS 38655	64-0581747	501(C)(3)	60,000.	0.			SUPPORT
NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION - PO BOX 931 - COVINGTON, KY 41012	61-0667805	501(C)(3)	1,317,064.	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)	90,000.	0.			SUPPORT
NORTHWEST SENIOR & DISABILITY SERVICES - 3410 CHERRY AVE NE - SALEM, OR 97303	93-0811191	501(C)(3)	60,000.	0.			SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSITY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	40,000.	0.			SUPPORT
OASIS INSTITUTE 11780 BORMAN DRIVE ST. LOUIS, MO 63146	43-1830354	501(C)(3)	46,440.	0.			SUPPORT
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	95-4066979	501(C)(3)	30,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON WELLNESS NETWORK LLC PO BOX 2777 SALEM , OR 97308	82-3600417	501(C)(3)	15,000.	0.			SUPPORT
PARTNERS IN CARE FOUNDATION 101 SOUTH FIRST STREET, #1000 BURBANK , CA 91502	95-3954057	501(C)(3)	55,000.	0.			SUPPORT
PATH STONE 400 EAST AVE. ROCHESTER, NY 14607	16-0984913	501(C)(3)	10,422,207.	0.			SUPPORT
PIMA COUNCIL ON AGING INC 8467 E. BROADWAY BLVD. TUCSON , AZ 85711	86-0251768	501(C)(3)	30,000.	0.			SUPPORT
REGION VIII PLANNING & DEVELOPMENT COUNCIL - 131 PROVIDENCE LANE - PETERSBURG , WV 26847	55-0531062	501(C)(3)	664,088.	0.			SUPPORT
RIO ARRIBA COUNTY PO BOX 127 TIERRA AMARILLA, NM 87575	85-6000240	STATE/CITY	70,000.	0.			SUPPORT
SEATTLE HUMAN SERVICES DEPARTMENT 700 5TH AVENUE, SUITE 5800 SEATTLE , WA 98104	91-6001275	STATE/CITY	15,000.	0.			SUPPORT
SENIOR CITIZENS OF GREATER DALLAS, INC. - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	60,000.	0.			SUPPORT
SENIOR CONNECTIONS, THE CAPITAL AAA - 24 E. CARY STREET - RICHMOND , VA 23219	54-0950714	501(C)(3)	60,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCES 19 OHIO AVENUE, SUITE 2 NORWICH, CT 06360	06-0916608	501(C)(3)	70,000.	0.			SUPPORT
SENIORS RESOURCE CENTER 3227 CHASE CT. DENVER, CO 80212	84-0877538	501(C)(3)	10,800.	0.			SUPPORT
SER JOBS FOR PROGRESS, INC. 255 N. FULTON STREET #106 FRESNO, CA 93701	94-2188609	501(C)(3)	600,905.	0.			SUPPORT
SERVICIOS DE LA RAZA 3131 W 14TH AVE. DENVER, CO 80204	84-0625478	501(C)(3)	21,500.	0.			SUPPORT
SOUTH ALABAMA REGIONAL PLANNING 110 BEAUREGARD STREET MOBILE, AL 36602	63-0501382	501(C)(3)	150,000.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC. - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	1,843,870.	0.			SUPPORT
SOWEGA COUNCIL ON AGING 335 W. SOCIETY AVENUE ALBANY, GA 31701	58-0965104	501(C)(3)	5,000.	0.			SUPPORT
STATE OF MISSOURI PO BOX 809 JEFFERSON CITY, MO 65102-0809	44-6000987	STATE/CITY	60,000.	0.			SUPPORT
STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS - ONE CAPITOL HILL - PROVIDENCE, RI 02908-5883	05-6000522	STATE/CITY	60,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF WV BUREAU OF SENIOR SERVICES - 1900 KANAWHA BLVD. EAST - CHARLESTON, WV 25305	55-0483610	STATE/CITY	70,000.	0.			SUPPORT
SUMMIT COUNTY FISCAL OFFICER (OH) 1180 SOUTH MAIN STREET, SUITE 102 AKRON, OH 44301	34-6002767	501(C)(3)	45,000.	0.			SUPPORT
THE ARC PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE LARGO, MD 20774	52-0715246	501(C)(3)	70,000.	0.			SUPPORT
THE COUNCIL ON AGING OF BUNCOMBE COUNTY, INC. - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586	501(C)(3)	55,000.	0.			SUPPORT
THE CSU, CHICO RESEARCH FOUNDATION CSU, CHICO- BUILDING 25MST CHICO, CA 95929-0870	68-0386518	501(C)(3)	70,000.	0.			SUPPORT
THE LATINO HEALTH INSURANCE PROGRAM, INC. - 88 WAVERLY STREET, 1ST FLOOR, SUITE 150 - FRAMINGHAM, MA 01702	30-0614874	501(C)(3)	40,000.	0.			SUPPORT
THE LEGACY LINK 4080 MUNDY MILL ROAD OAKWOOD, GA 30566	58-2317890	501(C)(3)	4,438,962.	0.			SUPPORT
THE WHOLE PERSON, INC 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	30,000.	0.			SUPPORT
THREE SQUARE 4190 N PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	130,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	501(C)(3)	45,000.	0.			SUPPORT
TRI-VALLEY, INC 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	70,000.	0.			SUPPORT
UNITED CAMBODIAN COMMUNITY 2201 E. ANAHEIM STREET, SUITE 200 LONG BEACH, CA 90804	95-3442295	501(C)(3)	70,000.	0.			SUPPORT
UNITED WAY OF MONMOUTH & OCEAN COUNTIES - 1415 WYCKOFF ROAD - FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	60,000.	0.			SUPPORT
WASHINGTON COUNTY COMMISSION 535 E FRANKLIN STREET HAGERSTOWN, MD 21740	52-0899001	STATE/CITY	70,000.	0.			SUPPORT
WASHINGTON COUNTY DISABILITY, AGING AND VETERAN SERVICES - 180 E. MAIN STREET - HILLSBORO, OR 97123	93-6002316	STATE/CITY	30,000.	0.			SUPPORT
WATTS LABOR COMMUNITY ACTION COMMITTEE - 10950 S. CENTRAL AVE. - LOS ANGELES, CA 90059	95-2412869	501(C)(3)	135,000.	0.			SUPPORT
WELLMED MEDICAL MANAGEMENT 8637 FREDERICKBURG RD. STE. 100, MEDICAL MANAGEMENT - SAN ANTONIO, TX 78240	20-5087010	501(C)(3)	46,840.	0.			SUPPORT
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM INC. - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523	13-2547122	501(C)(3)	45,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN ARIZONA COUNCIL OF AGING 1235 S REDONDO CENTER DR YUMA, AZ 85364	86-0262126	501(C)(3)	70,000.	0.			SUPPORT
WESTERN MONTANA AREA VI AGENCY ON AGING, INC. - 110 MAIN ST., SUITE 5 - POLSON, MT 59860	81-0345779	501(C)(3)	40,000.	0.			SUPPORT
WESTMORELAND COUNTY COMMUNITY COLLEGE - 145 PAVILLION LANE - YOUNGWOOD, PA 15697	25-1511934	501(C)(3)	1,005,107.	0.			SUPPORT
WINSTON SALEM URBAN LEAGUE 201 W. FIFTH STREET WINSTON SALEM, NC 27101	56-0532301	501(C)(3)	31,500.	0.			SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION - 316 N TEJON - COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	7,900.	0.			SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <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 |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES FIRMAN CEO AND PRESIDENT-NCOA	(i)	294,951.	0.	1,266.	16,800.	44,086.	357,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAY GREENBERG SENIOR VICE PRESIDENT	(i)	308,647.	0.	2,054.	10,350.	32,729.	353,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNA M. CHAVEZ EXEC. VP AND CGO	(i)	283,704.	6,180.	238.	16,800.	16,878.	323,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONNA WHITT SENIOR VP AND CFO	(i)	232,557.	4,713.	683.	14,344.	3,867.	256,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAEED ELNAJ VP AND CIO	(i)	214,865.	4,771.	429.	14,518.	12,483.	247,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HOWARD BEDLIN VICE PRESIDENT	(i)	222,387.	4,328.	683.	13,173.	47,318.	287,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANNA CAMPBELL VICE PRESIDENT	(i)	173,648.	3,813.	155.	11,604.	7,465.	196,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NAOMI HART SENIOR DIRECTOR	(i)	216,596.	0.	93.	6,678.	3,220.	226,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RINA PENNACCHIA VICE PRESIDENT (THRU MAY 2019)	(i)	188,350.	0.	2,130.	4,448.	8,106.	203,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARLENE SCHNEIDER VICE PRESIDENT (THRU FEB 2019)	(i)	174,309.	0.	683.	2,366.	7,232.	184,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

BONUS PAYMENTS WERE BASED ON MEETING INDIVIDUAL AND ORGANIZATION GOALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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/NCOAS HAD 109 EMPLOYEES DURING CALENDAR YEAR-END 2018; THERE WERE

ALSO 1,396 W-2S SENT TO ENROLLEES OF U.S. GOVT. GRANT PROGRAMS THAT ARE

INCLUDED FOR THE TOTAL OF 1,505 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:

RETIREMENT EDUCATION PROGRAMS

EXPENSES \$ 742,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AGING MASTERY PROGRAM

EXPENSES \$ 1,965,425. INCLUDING GRANTS OF \$ 356,607. REVENUE \$ 0.

MEMBERSHIP SERVICES AND OUTREACH

EXPENSES \$ 764,757. INCLUDING GRANTS OF \$ 30,000. REVENUE \$ 0.

HOME EQUITY PROGRAMS

EXPENSES \$ 210,610. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)

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

EXPENSES \$ 901,085. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 0.

PUBLIC POLICY AND ADVOCACY

EXPENSES \$ 579,658. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

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

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

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

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST	-362,064.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NCOA SERVICES LLC - 46-3856522 251 18TH STREET SOUTH, SUITE 500 ARLINGTON, VA 22202	MEDICARE EDUCATION PROGRAM	DELAWARE	0.	0.	NATIONAL COUNCIL ON AGING, INC.

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

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

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

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

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

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 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.

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

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

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

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

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

DONNA WHITT, CHIEF FINANCIAL OFFICER

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

1 I request an automatic 6-month extension of time until MAY 15, 2020 , 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, 2018 , and ending JUN 30, 2019 .

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

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

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