

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: NATIONAL COUNCIL ON AGING, INC. D Employer identification number: 13-1932384
E Telephone number: 571-527-3900
G Gross receipts \$: 79,525,676.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.NCOA.ORG
K Form of organization: Corporation
L Year of formation: 1960
M State of legal domicile: NY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a Net Assets or Fund Balances section (lines 20-22) with columns for Prior Year, Current Year, Beginning of Current Year, and End of Year.

Part II Signature Block

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

Signature of officer: KEVIN MADDEN, CHIEF FINANCIAL OFFICER
Preparer's name: KELLI PECK
Preparer's signature: KELLI PECK
Date: 05/14/26
PTIN: P01423033
Firm's name: RSM US LLP
Firm's address: 9355 N WICKHAM ROAD, SUITE 304 MELBOURNE, FL 32940
Firm's EIN: 42-0714325
Phone no.: 321-751-6200

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NATIONAL COUNCIL ON AGING, INC.	Taxpayer identification number (TIN) 13-1932384
	Number, street, and room or suite no. If a P.O. box, see instructions. 251 18TH ST S, 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KEVIN MADDEN, CHIEF FINANCIAL OFFICER**
251 18TH ST S, 500 - ARLINGTON, VA 22202

Telephone No. **571-527-3900** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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-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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NCOA IS THE NATIONAL VOICE FOR EVERY PERSON'S RIGHT TO AGE WELL. WORKING WITH THOUSANDS OF NATIONAL AND LOCAL PARTNERS, WE PROVIDE RESOURCES, TOOLS, BEST PRACTICES, AND ADVOCACY TO ENSURE EVERY PERSON CAN AGE WITH HEALTH AND FINANCIAL SECURITY. (CONT'D ON SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 35,639,486. including grants of \$ 29,467,193.) (Revenue \$) WORKFORCE DEVELOPMENT: PROVIDE TRAINING, SUPPORT, AND JOB PLACEMENT TO ENABLE OLDER ADULTS TO REENTER THE WORKFORCE.

4b (Code:) (Expenses \$ 19,883,443. including grants of \$ 10,131,081.) (Revenue \$ 256,656.) ECONOMIC WELL BEING: PROVIDE SERVICES AND SUPPORTS TO INCREASE OLDER ADULTS' ACCESS TO BENEFITS PROGRAMS THAT INCREASE THEIR FINANCIAL SECURITY.

4c (Code:) (Expenses \$ 13,909,669. including grants of \$ 6,882,334.) (Revenue \$ 440,219.) HEALTHY AGING PROGRAMS: SUPPORT THE EXPANSION AND SUSTAINABILITY OF HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS FOR OLDER ADULTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,965,520. including grants of \$ 19,000.) (Revenue \$ 4,350,528.)

4e Total program service expenses 75,398,118.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KEVIN MADDEN, CHIEF FINANCIAL OFFICER - 571-527-3900
251 18TH ST S, 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAMSEY ALWIN PRESIDENT & CEO	40.00			X			491,216.	0.	50,737.	
(2) JOSHUA HODGES CHIEF CUSTOMER OFFICER	40.00			X			283,452.	0.	34,630.	
(3) KEVIN MADDEN CFO	40.00			X			292,835.	0.	21,590.	
(4) KAREN DAVIS CMO THRU 5/2025	40.00			X			281,365.	0.	19,042.	
(5) HOWARD BEDLIN SENIOR DIRECTOR THRU 12/2024	40.00					X	245,494.	0.	44,890.	
(6) NICOLE KNOWLES SENIOR DIRECTOR	40.00					X	229,849.	0.	56,261.	
(7) STEPHEN SMITH SENIOR DIRECTOR THRU 4/2025	40.00					X	205,605.	0.	41,787.	
(8) KATHLEEN CAMERON SENIOR DIRECTOR THRU 12/2024	40.00					X	197,788.	0.	41,141.	
(9) ALFREDA DAVIS CHIEF OF STAFF THRU 12/2024	40.00			X			215,677.	0.	15,707.	
(10) AISHA WILLIAMS SENIOR DIRECTOR	40.00					X	187,681.	0.	12,922.	
(11) SOMAVA SAHA CHAIR	1.00 0.10	X		X			0.	0.	0.	
(12) CONSTANCE WEAVER TREASURER	1.00 0.10	X		X			0.	0.	0.	
(13) PETER ZIEBELMAN SECRETARY	1.00	X		X			0.	0.	0.	
(14) PHILIP BUCHANAN DIRECTOR	1.00	X					0.	0.	0.	
(15) KATHY J. GREENLEE DIRECTOR	1.00	X					0.	0.	0.	
(16) DAVID MARKIEWICZ DIRECTOR	1.00	X					0.	0.	0.	
(17) ELIZABETH S. PALMER DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA PELAEZ DIRECTOR	1.00	X						0.	0.	0.
(19) CHERYL E. WOODSON, MD DIRECTOR	1.00	X						0.	0.	0.
(20) ELIZABETH COLE DIRECTOR	1.00	X						0.	0.	0.
(21) SIAN-PIERRE REGIS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,630,962.	0.	338,707.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,630,962.	0.	338,707.

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 46

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CUMULUS CARE, INC. PO BOX 104, JERICHO, VT 05465	CONSULTING	701,854.
MISSION METRICS, LLC 2405 N. SHEFFIELD AVE, CHICAGO, IL 60614	CONSULTING	612,441.
ALLEY INTERACTIVE, LLC 228 PARK AVE, NEW YORK, NY 10002	CONSULTING	554,450.
PALLADIAN PARTNERS, INC. 8484 GEORGIA AVE, SILVER SPRING, MD 20910	CONSULTING	553,088.
M&R STRATEGIC SERVICES, 1101 CONNECTICUT AVE NW, WASHINGTON, DC 20036	CONSULTING	496,698.

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 33

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					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	69,761,497.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,823,500.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			72,584,997.			
Program Service Revenue	2 a	RETIREMENT ED PROGRAMS	Business Code	900099	5,047,403.	5,047,403.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			5,047,403.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			259,053.		259,053.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,634,223.			
	b	Less: cost or other basis and sales expenses	7b	1,634,223.				
	c	Gain or (loss)	7c	0.				
d	Net gain or (loss)			0.				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			77,891,453.	5,047,403.	0.	259,053.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	46,499,608.	46,499,608.		
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	1,848,688.	1,412,573.	311,081.	125,034.
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	10,240,893.	7,762,420.	1,767,896.	710,577.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	867,624.	690,037.	126,672.	50,915.
9 Other employee benefits	1,225,019.	974,280.	178,854.	71,885.
10 Payroll taxes	936,255.	709,883.	161,471.	64,901.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,917.	1,235.	32,682.	
c Accounting	88,754.		88,754.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,278.			12,278.
f Investment management fees	65,356.		65,356.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,259,465.	10,394,944.	732,531.	131,990.
12 Advertising and promotion				
13 Office expenses	659,151.	349,038.	28,603.	281,510.
14 Information technology	2,057,512.	1,449,067.	526,669.	81,776.
15 Royalties				
16 Occupancy	901,469.	737,253.	121,805.	42,411.
17 Travel	400,727.	332,666.	60,106.	7,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	302,893.	214,967.	83,890.	4,036.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,227.	214,307.	56,709.	12,211.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING - ENROLLEE	2,339,245.	2,339,245.		
b OUTREACH ADVERTISING	1,389,379.	1,306,873.	39,348.	43,158.
c UNALLOWABLE	76,880.	9,722.	67,158.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	81,488,340.	75,398,118.	4,449,585.	1,640,637.
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 <input type="checkbox"/> 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	827,098.	1	871,076.
	2 Savings and temporary cash investments	2,524,838.	2	1,104,744.
	3 Pledges and grants receivable, net	6,712,872.	3	7,140,383.
	4 Accounts receivable, net	1,024,803.	4	364,490.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65,245.	8	
	9 Prepaid expenses and deferred charges	260,424.	9	405,321.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,179,458.		
	b Less: accumulated depreciation	10b 1,631,800.	830,885.	10c 547,658.
	11 Investments - publicly traded securities	6,177,235.	11	5,174,437.
	12 Investments - other securities. See Part IV, line 11	436,978.	12	401,858.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,381,420.	15	3,870,402.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,241,798.	16	19,880,369.	
Liabilities	17 Accounts payable and accrued expenses	7,216,428.	17	7,090,915.
	18 Grants payable		18	
	19 Deferred revenue	446,156.	19	967,055.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	5,639,783.	25	4,698,302.
	26 Total liabilities. Add lines 17 through 25	13,302,367.	26	12,756,272.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,026,596.	27	4,619,426.
	28 Net assets with donor restrictions	3,912,835.	28	2,504,671.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,939,431.	32	7,124,097.
33 Total liabilities and net assets/fund balances	23,241,798.	33	19,880,369.	

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	77,891,453.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,488,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,596,887.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,939,431.
5	Net unrealized gains (losses) on investments	5	468,634.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	312,919.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,124,097.

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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,293,424.	68,763,089.	66,238,999.	93,113,102.	72,584,997.	353,993,611.
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	53,293,424.	68,763,089.	66,238,999.	93,113,102.	72,584,997.	353,993,611.
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)						740,019.
6 Public support. Subtract line 5 from line 4.						353,253,592.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	53,293,424.	68,763,089.	66,238,999.	93,113,102.	72,584,997.	353,993,611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,506.	66,722.	369,367.	377,373.	259,053.	1,152,021.
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						355,145,632.
12 Gross receipts from related activities, etc. (see instructions)					12	14,715,657.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.47 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.50 %
16a 33 1/3% support test - 2024. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. 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.

b 33 1/3% support tests - 2023. 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.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 35,118,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 34,108,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
---	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) <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 EINs 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 (grassroots lobbying)	4,067.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	77,280.													
c Total lobbying expenditures (add lines 1a and 1b)	81,347.													
d Other exempt purpose expenditures	81,341,637.													
e Total exempt purpose expenditures (add lines 1c and 1d)	81,422,984.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	29,274.	23,387.	50,654.	81,347.	184,662.
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	1,464.	1,169.	2,533.	4,067.	9,233.

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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.

Blank lines for providing supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL ON AGING, INC.

Employer identification number

13-1932384

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,272,168.	1,064,673.	207,495.
d Equipment		94,257.	94,257.	0.
e Other		813,033.	472,870.	340,163.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				547,658.

Part VII Investments - Other Securities

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

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

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT-OF-USE ASSETS, NET	3,819,818.
(2) DEFERRED COMPENSATION	50,584.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,870,402.

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) OPERATING LEASE LIABILITIES, NET	4,647,718.
(3) DEFERRED COMPENSATION LIABILITY	50,584.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,698,302.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	78,623,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 468,634.		
	b Donated services and use of facilities	2b 328,609.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	797,243.
3	Subtract line 2e from line 1		3	77,826,097.
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 65,356.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	65,356.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	77,891,453.

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	81,751,593.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 328,609.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	328,609.
3	Subtract line 2e from line 1		3	81,422,984.
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 65,356.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	65,356.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	81,488,340.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE. AS SUCH, THE ORGANIZATION IS TAXED ONLY ON ITS UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEARS 2025 AND 2024. THE ORGANIZATION IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADELANTE DEVELOPMENT CENTER 3900 OSUNA RD. NE ALBUQUERQUE, NM 87109	85-0262072	501(C)(3)	140,000.	0.			SUPPORT
ADVANCING STATES 241 18TH STREET SOUTH, SUITE 403 ARLINGTON, VA 22202	39-6095459	501(C)(3)	444,219.	0.			SUPPORT
AGEOPTIONS 1048 LAKE STREET, SUITE 300 OAK PARK, IL 60301	36-2806193	501(C)(3)	198,035.	0.			SUPPORT
AGESMART COMMUNITY RESOURCES 7 BRONZE POINT S STE B SWANSEA, IL 62226	37-0986597	501(C)(3)	90,000.	0.			SUPPORT
ALIVIO MEDICAL CENTER, INC. 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	90,000.	0.			SUPPORT
ANCHORAGE SENIOR ACTIVITY CENTER 1300 EAST 19TH AVE ANCHORAGE, AK 99501	92-0086821	501(C)(3)	100,000.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 189.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS HUNGER RELIEF ALLIANCE INC - 1400 W MARKHAM STREET - LITTLE ROCK, AR 72201	30-0254995	501(C)(3)	20,000.	0.			SUPPORT
ARKANSAS RURAL HEALTH PARTNERSHIP PO BOX 5 WARREN, AR 71671	26-3424681	501(C)(3)	40,000.	0.			SUPPORT
ARLINGTON COUNTY PO BOX 1754 MERRIFIELD, VA 22116	54-6001123	STATE/CITY	90,000.	0.			SUPPORT
ASIAN SERVICES IN ACTION 370 E MARKET STREET AKRON, OH 44304	34-1798850	501(C)(3)	160,000.	0.			SUPPORT
ASTER AGING, INC 45 W UNIVERSITY DRIVE SUITE A MESA, AZ 85201	94-2596075	501(C)(3)	150,000.	0.			SUPPORT
ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	186,071.	0.			SUPPORT
BIG SANDY AREA COMMUNITY ACTION PROGRAM, INC. - JOHNSON COUNTY COURTHOUSE, 3RD FLOOR - PAINTSVILLE, KY 41240	61-0653946	501(C)(3)	453,167.	0.			SUPPORT
BRIDGE TO HEALTH NM 33A THANPI TSIDE POE SANTA FE, NM 87506	86-2703121	501(C)(3)	135,098.	0.			SUPPORT
BUTLER COUNTY 205 W CENTRAL AVENUE EL DORADO, KS 67042	48-6035405	STATE/CITY	50,000.	0.			SUPPORT

Schedule I (Form 990)

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CAPITOL HILL VILLAGE 1355 E STREET, SE WASHINGTON, DC 20003	20-5150809	501(C)(3)	100,000.	0.			SUPPORT
CAPIUSA 5930 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-1417198	501(C)(3)	110,000.	0.			SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	90,000.	0.			SUPPORT
CATHOLIC CHARITIES OF HAWAII 1822 KE'EAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	90,000.	0.			SUPPORT
CATHOLIC CHARITIES OF NORTHERN NEVADA - 500 EAST 4TH STREET - RENO, NV 89513	88-0339754	501(C)(3)	100,000.	0.			SUPPORT
CATHOLIC CHARITIES OF WEST VIRGINIA - 2000 MAIN STREET - WHEELING, WV 26003	55-0391262	501(C)(3)	20,000.	0.			SUPPORT
CATHOLIC FAMILY AND COMMUNITY SERVICES - 775 VALLEY ROAD - CLIFTON, NJ 07013	22-1487121	501(C)(3)	249,999.	0.			SUPPORT
CATHOLIC SOCIAL SERVICES 197 E. GAY STREET, 2ND FLOOR COLUMBUS, OH 43215	31-4379437	501(C)(3)	50,000.	0.			SUPPORT
CENTER FOR HEALTH CARE STRATEGIES, INC. - 300 AMERICAN METRO BLVD - HAMILTON, NJ 08619	22-3375015	501(C)(3)	22,089.	0.			SUPPORT

Schedule I (Form 990)

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CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, INC. - 1010 AVE AMERICAS, SUITE 301 - NEW YORK, NY 10018	13-2984549	501(C)(3)	133,035.	0.			SUPPORT
CENTER FOR INNOVATION, INC 1306 CONCOURSE DRIVE, SUITE 204 LINTHICUM, MD 21090	47-5586381	501(C)(3)	20,500.	0.			SUPPORT
CENTRAL VIRGINIA FOOD BANK 8020 VILLA PARK DRIVE RICHMOND, VA 23228	54-1150923	501(C)(3)	20,000.	0.			SUPPORT
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD. PHOENIX, AZ 85034	86-0227210	501(C)(3)	90,000.	0.			SUPPORT
CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 400 LOS ANGELES, CA 90012	95-2918844	501(C)(3)	249,999.	0.			SUPPORT
CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202692	501(C)(3)	95,000.	0.			SUPPORT
CHINESE INFORMATION & SERVICES CENTER - 611 SOUTH LANE ST. - SEATTLE, WA 98104	23-7438529	501(C)(3)	264,584.	0.			SUPPORT
CITY OF ALEXANDRIA PO BOX 178 ALEXANDRIA, VA 22313	54-6001103	STATE/CITY	40,000.	0.			SUPPORT
CITY OF EL PASO 300 N. CAMPBELL STREET EL PASO, TX 79901	74-6000749	STATE/CITY	20,000.	0.			SUPPORT

Schedule I (Form 990)

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COMMUNITY ACTION MARIN 555 NORTHGATE DRIVE SAN RAFAEL, CA 94903	94-6136365	501(C)(3)	90,000.	0.			SUPPORT
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC. - 3011 N. MICHIGAN STREET - PITTSBURG, KS 66762-2546	75-3002264	501(C)(3)	93,902.	0.			SUPPORT
COMMUNITY HEALTH CLINICS, INC 211 16TH AVENUE NORTH NAMPA, ID 83653	82-0300537	501(C)(3)	110,000.	0.			SUPPORT
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY - 1505 E. 17TH STREET - SANTA ANA, CA 92706	47-2671013	501(C)(3)	32,500.	0.			SUPPORT
CONNECTIONS FOR INDEPENDENT LIVING 1331 8TH AVE GREELEY, CO 80631	74-2418249	501(C)(3)	50,000.	0.			SUPPORT
COUNCIL ON AGING FOR SOUTHEASTERN VT, INC. - 38 PLEASANT STREET - SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	60,000.	0.			SUPPORT
COUNCIL ON AGING OF GREATER NASHVILLE/AGEWELL - PO BOX 158309 - NASHVILLE, TN 37215	62-1867122	STATE/CITY	90,000.	0.			SUPPORT
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS ROAD - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	20,000.	0.			SUPPORT
COUNCIL ON AGING SOUTHWESTERN OHIO 4601 MALSARY ROAD BLUE ASH, OH 46242	31-0807186	501(C)(3)	90,000.	0.			SUPPORT

Schedule I (Form 990)

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COUNTY OF BERGEN (NJ) ONE BERGEN COUNTY PLAZA, ADMINISTRATION BUILDING - HACKENSACK, NJ 07601	22-6002426	STATE/CITY	20,000.	0.			SUPPORT
COUNTY OF ERIE (NY) 95 FRANKLIN STREET BUFFALO, NY 14202	16-6002558	STATE/CITY	90,000.	0.			SUPPORT
COUNTY OF MCDOWELL 100 SPAULDING ROAD MARION, NC 28752	56-6000318	STATE/CITY	20,000.	0.			SUPPORT
COUNTY OF MILWAUKEE 901 N. 9TH STREET MILWAUKEE, WI 53205	39-6005720	STATE/CITY	160,000.	0.			SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17401	23-1365320	501(C)(3)	765,498.	0.			SUPPORT
CUMAC ECHO, INC 223 ELLISON STREET PATERSON, NJ 07509	22-2657737	501(C)(3)	75,000.	0.			SUPPORT
CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE - COLUMBIA, MO 65211	43-6003859	STATE/CITY	74,075.	0.			SUPPORT
DALLAS COUNTY 500 ELM STREET, SUITE 400 DALLAS, TX 75202	75-6000905	STATE/CITY	90,000.	0.			SUPPORT
DAVIS COUNTY GOVERNMENT 61 SOUTH MAIN STREET FARMINGTON, UT 84025	87-6000297	STATE/CITY	20,000.	0.			SUPPORT

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

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DELTA HEALTH ALLIANCE INC PO BOX 277 STONEVILLE, MS 38776	47-0915576	501(C)(3)	144,906.	0.			SUPPORT
DEPARTMENT OF AGING DISABILITY SERVICES - 55 FAMRINGTON AVENUE - HARTFORD, CT 06105	45-4078714	STATE/CITY	61,963.	0.			SUPPORT
DISABILITY SERVICES AND LEGAL CENTER - 521 MENDOCINO AVENUE - SANTA ROSA, CA 95401	94-2345086	501(C)(3)	69,806.	0.			SUPPORT
DISABLED RESOURCES SERVICES 2154 W. EISENHOWER BLVD., UNIT 5 LOVELAND, CO 80537	74-2346897	501(C)(3)	50,000.	0.			SUPPORT
DUKE UNIVERSITY 324 BLACKWELL STREET, SUITE 900 DURHAM, NC 27701	56-0532129	501(C)(3)	160,000.	0.			SUPPORT
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	50,000.	0.			SUPPORT
EASTERN CONNECTICUT AREA AGENCY ON AGING/SENIOR RESOURCES - 19 OHIO AVENUE - NORWICH, CT 06360	06-0916608	501(C)(3)	50,000.	0.			SUPPORT
ELDER LAW OF MICHIGAN, INC. 3815 W. ST. JOSEPH, STE. C-200 LANSING, MI 48917	38-2960530	501(C)(3)	90,000.	0.			SUPPORT
ELDER OPTIONS 100 SW 75TH STREET GAINESVILLE, FL 32607	59-1777567	501(C)(3)	149,978.	0.			SUPPORT

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ELDERBRIDGE AGENCY ON AGING 1190 BRIARSTONE DRIVE, SUITE 3 MASON CITY, IA 50401	42-1155559	501(C)(3)	50,000.	0.			SUPPORT
ELDERSOURCE 10688 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257	59-1569867	501(C)(3)	90,000.	0.			SUPPORT
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	74,996.	0.			SUPPORT
ENDEPENDENCE CENTER OF NORTHERN VIRGINIA - 1550 CRYSTAL DRIVE, SUITE 810 - ARLINGTON, VA 22202	51-1302368	501(C)(3)	90,000.	0.			SUPPORT
EPWORTH CHILDREN'S HOME 2900 MILLWOOD AVE. COLUMBIA, SC 29205	57-0314389	501(C)(3)	20,000.	0.			SUPPORT
FAMICOS FOUNDATION 1375 ANSEL ROAD CLEVELAND, OH 44106	34-1053534	501(C)(3)	90,000.	0.			SUPPORT
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. - 823 GATEWAY CENTER WAY - SAN DIEGO, CA 92102	95-2833205	501(C)(3)	140,000.	0.			SUPPORT
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	40,000.	0.			SUPPORT
FELTON INSTITUTE 1388 SUTTER STREET, SUITE 600 SAN FRANCISCO, CA 94109	94-1156530	501(C)(3)	1,933,658.	0.			SUPPORT

Schedule I (Form 990)

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FIVE COUNTY ASSOCIATION OF GOVT. 1070 WEST 1600 SOUTH BLDG B ST. GEORGE, UT 84770	87-0304025	501(C)(3)	90,000.	0.			SUPPORT
FLORIDA HEALTH SCIENCES PO BOX 1289 TAMPA, FL 33601	59-3458145	501(C)(3)	200,000.	0.			SUPPORT
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	51-0258984	501(C)(3)	20,000.	0.			SUPPORT
GEORGIA LEGAL SERVICES PROGRAM, INC. - 104 MARIETTA STREET, SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	90,000.	0.			SUPPORT
GUNNISON COUNTY 200 E. VIRGINIA AVE GUNNISON, CO 81230	84-6000770	STATE/CITY	12,500.	0.			SUPPORT
HABITAT FOR HUMANITY DETROIT 14325 JANE STREET DETROIT, MI 48205	38-2708025	501(C)(3)	20,000.	0.			SUPPORT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	100,000.	0.			SUPPORT
HARRISBURG AREA YMCA 805 N. FRONT STREET HARRISBURG, PA 17102	23-1665437	501(C)(3)	50,000.	0.			SUPPORT
HARVARD COMMUNITY SENIOR CENTER 6817 HARVARD HILLS ROAD HARVARD, IL 60033	46-0683783	501(C)(3)	12,500.	0.			SUPPORT

Schedule I (Form 990)

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HEART OF AMERICA INDIAN CENTER 600 W 39TH STREET KANSAS CITY, MO 64111	43-1012392	501(C)(3)	50,000.	0.			SUPPORT
HIGH COUNTRY COUNCIL OF GOVERNMENTS - 468 NEW MARKET BLVD - BOONE, NC 28607	56-1074932	STATE/CITY	144,987.	0.			SUPPORT
HOPES COMMUNITY ACTION PARTNERSHIP, INC. - 301 GARDEN STREET - HOBOKEN, NJ 07030	22-1801849	501(C)(3)	140,000.	0.			SUPPORT
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC - 32 S. TRACY AVE. - BOZEMAN, MT 59715	81-0350886	501(C)(3)	20,000.	0.			SUPPORT
HUNGER FREE COLORADO 3840 YORK STREET DENVER, CO 80205	68-0551464	501(C)(3)	20,000.	0.			SUPPORT
HUNGER FREE OKLAHOMA 907 S DETROIT AVE, SUITE 600 TULSA, OK 74120	88-2180580	501(C)(3)	40,000.	0.			SUPPORT
IDAHO HUNGER RELIEF TASK FORCE, INC. - PO BOX 15692 - BOISE, ID 83715	81-3084559	501(C)(3)	40,000.	0.			SUPPORT
INDIANHEAD COMMUNITY ACTION AGENCY 1000 COLLEGE AVENUE WEST LADYSMITH, WI 54848	39-1086966	501(C)(3)	249,999.	0.			SUPPORT
INDO-AMERICAN CENTER IAC 6328 N. CALIFORNIA AVE CHICAGO, IL 60659	36-3689665	501(C)(3)	90,000.	0.			SUPPORT

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INTERNATIONAL COMMUNITY HEATH SERVICES - PO BOX 3007 - SEATTLE, WA 97114	91-0947084	501(C)(3)	150,000.	0.			SUPPORT
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES - 1305 E. WALNUT STREET - DES MOINES, IA 50319	92-2490034	STATE/CITY	75,000.	0.			SUPPORT
JEWISH FAMILY SERVICES OF SAN DIEGO - 8804 BALBOA AVE - SAN DIEGO, CA 92123	95-1644024	501(C)(3)	20,000.	0.			SUPPORT
KANSAS STATE UNIVERSITY 1601 VATTIER STREET, 103 FAIRCHILD MANHATTAN, KS 66506	48-0771751	STATE/CITY	20,000.	0.			SUPPORT
KNOXVILLE-KNOX CTY COMMUNITY ACTION COMM. - PO BOX 51650 - KNOXVILLE, TN 37950	62-1451534	STATE/CITY	140,000.	0.			SUPPORT
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON, INC. - 7700 LITTLE RIVER TURNPIKE SUITE 406 - ANNANDALE, VA 22003	52-1005984	501(C)(3)	180,250.	0.			SUPPORT
LEAGUE FOR THE BLIND AND DISABLED, INC - 5821 SOUTH ANTHONY BLVD. - FORT WAYNE, IN 46816	35-0876341	501(C)(3)	120,000.	0.			SUPPORT
LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET COVINGTON, KY 41011	61-0668572	501(C)(3)	110,000.	0.			SUPPORT
LIFEPATH INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	90,000.	0.			SUPPORT

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LIFESPAN OF GREATER ROCHESTER 1900 S CLINTON AVE ROCHESTER, NY 14618	16-0986298	501(C)(3)	130,000.	0.			SUPPORT
LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	90,000.	0.			SUPPORT
LIVE HEALTHY LITTLE HAVANA INC 515 SW 12TH AVE, SUITE 525 MIAMI, FL 33130	83-1880728	501(C)(3)	145,000.	0.			SUPPORT
LIVE ON NY 49 WEST 45TH STREET 7TH FLOOR NEW YORK, NY 10036	13-2967277	501(C)(3)	90,000.	0.			SUPPORT
LIVING INDEPENDENTLY IS FOR EVERYONE - PO BOX 210 - UTICA, NY 13503	22-2402150	501(C)(3)	50,000.	0.			SUPPORT
LOS ANGELES LGBT CENTER 1118 N. MCCADDEN PLACE LOS ANGELES, CA 90038	95-3567895	501(C)(3)	145,000.	0.			SUPPORT
LTSC COMMUNITY DEVELOPMENT INC. 231 E. 3RD STREET SUITE G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	100,000.	0.			SUPPORT
LUZERNE/WYOMING AAA (74) 111 N. PENNSYLVANIA BLVD., STE 100 WILKES-BARRE, PA 18701	23-2660272	501(C)(3)	477,035.	0.			SUPPORT
MAC INCORPORATED 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	72,500.	0.			SUPPORT

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MEDICARE RIGHTS CENTER 266 WEST 37TH STREET 3RD FLOOR NEW YORK, NY 10018	13-3505372	501(C)(3)	25,000.	0.			SUPPORT
MEKONG, INC. 84 W 197TH STREET BRONX, NY 10468	80-0834777	501(C)(3)	12,500.	0.			SUPPORT
METRO LUTHERAN MINISTRY 3031 HOLMES STREET KANSAS CITY, MO 64109	43-0970991	501(C)(3)	20,000.	0.			SUPPORT
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N. GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	339,999.	0.			SUPPORT
MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 EAST WOODROW WILSON - JACKSON, MS 39216	64-6000775	STATE/CITY	75,000.	0.			SUPPORT
MISSOURI ASSOCIATION OF AREA AGENCIES ON AGING - 2027 CHRISTY DRIVE - JEFFERSON CITY, MO 65101	43-1101962	STATE/CITY	160,000.	0.			SUPPORT
NATIONAL ALLIANCE FOR CAREGIVING 1730 RHODE ISLAND AVE, NW, SUITE 81 WASHINGTON, DC 20036	52-1931357	501(C)(3)	17,906.	0.			SUPPORT
NATIONAL ASIAN PACIFIC CENTER ON AGING - 1511 THIRD AVE, SUITE 914 - SEATTLE, WA 98101	52-1266741	501(C)(3)	100,000.	0.			SUPPORT
NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES - 1825 K STREET, NW, SUITE 1250 - WASHINGTON, DC 20006	16-1646154	501(C)(3)	37,500.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHURCH RESIDENCE FOUNDATION - 2245 NORTH BANK DRIVE - COLUMBUS, OH 43220	20-2308665	501(C)(3)	90,000.	0.			SUPPORT
NATIONAL COUNCIL ON INDEPENDENT LIVING - PO BOX 31260 - WASHINGTON, DC 20030	74-2291620	501(C)(3)	82,628.	0.			SUPPORT
NATIONAL GOVERNORS ASSOCIATION 444 N. CAPITOL STREET, NW, STE 267 WASHINGTON, DC 20001	23-7391796	501(C)(3)	56,010.	0.			SUPPORT
NATIVE AMERICAN DISABILITY LAW CENTER - 905 W. APACHE STREET - FARMINGTON, NM 87401	35-2238666	501(C)(3)	90,000.	0.			SUPPORT
NEW LIFE CONNECTION 1110 WAKE FOREST ROAD RALEIGH, NC 27604	56-2043482	501(C)(3)	100,000.	0.			SUPPORT
NEW YORK CITY DEPARTMENT FOR THE AGING - 2 LAFAYETTE STREET, 11TH FLOOR - NEW YORK, NY 10007	13-3153550	STATE/CITY	1,180,079.	0.			SUPPORT
NORTH MISSISSIPPI RURAL LEGAL SERVICES, INC. - 493 RYLAND WAY - OXFORD, MS 38655	64-0581747	501(C)(3)	90,000.	0.			SUPPORT
NORTHEAST IOWA AREA AGENCY ON AGING - 2728 ASHBURY RD - DUBUQUE, IA 52001	52-1621262	501(C)(3)	50,000.	0.			SUPPORT
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON STREET - HIAWATHA, KS 66434	48-0802891	501(C)(3)	90,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION - 717 MADISON AVE - COVINGTON, KY 41012	61-0667805	501(C)(3)	1,369,353.	0.			SUPPORT
NORTHWEST KANSAS AREA AGENCY ON AGING, INC. - 510 W 29TH STREET, SUITE B - HAYS, KS 67601	48-0874448	501(C)(3)	90,000.	0.			SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSITY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	90,000.	0.			SUPPORT
OHIO DISTRICT 5 AREA AGENCY ON AGING INC - 2131 PARK AVE WEST, STE 100 - ONTARIO, OH 44906	34-1617183	501(C)(3)	90,000.	0.			SUPPORT
ONE COMMUNITY HEALTH 849 PACIFIC AVE HOOD RIVER, OR 97031	93-0710794	501(C)(3)	100,000.	0.			SUPPORT
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	95-4066979	501(C)(3)	50,000.	0.			SUPPORT
PARAPROFESSIONAL HEALTHCARE 261 MASION AVE, SUITE 913 NEW YORK, NY 10016	13-3575492	501(C)(3)	125,453.	0.			SUPPORT
PARTNERS IN CARE FOUNDATION 732 MOTT STREET, SUITE 150 SAN FERNANDO, CA 91340	95-3954057	501(C)(3)	90,000.	0.			SUPPORT
PATHSTONE 400 EAST AVE. ROCHESTER, NY 14607	16-0984913	501(C)(3)	12,623,637.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA PHARMACISTS ASSOCIATION - 508 NORTH THIRD STREET - HARRISBURG, PA 17101	23-0959560	501(C)(3)	144,636.	0.			SUPPORT
PROYECTO JUAN DIEGO 3910 PAREDES LINE ROAD BROWNVILLE, TX 78526	81-0606967	501(C)(3)	150,000.	0.			SUPPORT
PSA 3 AGENCY ON AGING, INC. 2423 ALLENTOWN ROAD LIMA, OH 45805	34-1160526	501(C)(3)	90,000.	0.			SUPPORT
QUALITY INSIGHTS INC. 3001 CHESTERFIELD AVE CHARLESTON, WV 25304	55-0539692	501(C)(3)	142,410.	0.			SUPPORT
REBALANCED LIFE WELLNESS 143 MARCIE DRIVE BROOKLYN, WI 53521	82-4133284	501(C)(3)	100,000.	0.			SUPPORT
REGION VIII PLANNING & DEVELOPMENT COUNCIL-56 AND 83 - 131 PROVIDENCE LANE - PETERSBURG, WV 26847	55-0531062	501(C)(3)	465,250.	0.			SUPPORT
RHODE ISLAND OFFICE OF HEALTHY AGING - 25 HOWARD AVE, 2ND FLOOR - CRANSTON, RI 02920	05-6000522	STATE/CITY	123,035.	0.			SUPPORT
RHODE ISLAND PARENT INFORMATION 300 JEFFERSON BLVD, SUITE 300 WARWICK, RI 02888	05-0457336	501(C)(3)	145,000.	0.			SUPPORT
RIO ARRIBA COUNTY PO BOX 127 TIERRA AMARILLA, NM 87575	85-6000240	STATE/CITY	100,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKLAND INDEPENDENT LIVING CENTER 2290 PALISADES CENTER DRIVE WEST NYACK, NY 10994	06-1227289	501(C)(3)	50,000.	0.			SUPPORT
SEBASTOPOL AREA SENIOR CENTER 167 NORTH HIGH STREET SEBASTOPOL, CA 95472	23-7043925	501(C)(3)	8,000.	0.			SUPPORT
SENIOR CITIZENS OF GREATER DALLAS, INC - 3910 HARRY HINES BLVD. - DALLAS, TX 75219	75-1085555	501(C)(3)	210,000.	0.			SUPPORT
SENIOR FRIENDSHIP CENTERS 1888 BROTHER GREENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	8,000.	0.			SUPPORT
SENIOR RESOURCE DEVELOPMENT AGENCY 230 NORTH UNION AVE PUEBLO, CO 81003	84-0593609	501(C)(3)	20,000.	0.			SUPPORT
SENIORAGE AGENCY ON AGING 1735 S. FORT AVE SPRINGFIELD, MO 65807	43-1018538	501(C)(3)	50,000.	0.			SUPPORT
SER JOBS FOR PROGRESS, INC. 255 N. FULTON STREET, SUITE 106 FRESNO, CA 93701	94-2188609	501(C)(3)	1,243,519.	0.			SUPPORT
SERVICIOS DE LA RAZA 3131 W 14TH AVE. DENVER, CO 80204	84-0625478	501(C)(3)	100,000.	0.			SUPPORT
SHEPHERDS CENTER OF KANSAS CITY 9200 WARD PARKWAYM SUITE 200 KANSAS CITY, MO 64114	43-0994417	501(C)(3)	100,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SAGE COMMUNITY CENTER 803 BUCK CREEK DRIVE BANDERA, TX 78003	74-2309449	501(C)(3)	98,000.	0.			SUPPORT
SINAI CHICAGO 1500 S. FAIRFIELD AVE CHICAGO, IL 60608	36-3166895	501(C)(3)	90,000.	0.			SUPPORT
SOUND GENERATIONS 2208 SECOND AVE, SUITE 100 SEATTLE, WA 98121	91-0823767	501(C)(3)	20,000.	0.			SUPPORT
SOUTH ALABAMA REGIONAL PLANNING 110 BEAUREGARD STREET, SUITE 207 MOBILE, AL 36602	63-0501382	501(C)(3)	40,000.	0.			SUPPORT
SOUTHEAST CHICAGO CHAMBER OF COMMERCE - 8334 S. STONY ISLAND AVE - CHICAGO, IL 60617	36-3332647	OTHER	249,999.	0.			SUPPORT
SOUTHERN CALIFORNIA REHABILITATION SERVICES - 133 N ATADENA DRIVE, SUITE 425 - PASADENA, CA 91107	95-3411383	501(C)(3)	90,000.	0.			SUPPORT
SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC.-52 AND 78 - 540 FIFTH AVENUE - HUNTINGTON, WV 25701	55-0488202	501(C)(3)	1,890,392.	0.			SUPPORT
ST. ANTHONY COMMUNITY CENTER, INC. 1703 W 10TH STREET WILMINGTON, DE 19805	51-0116737	501(C)(3)	20,000.	0.			SUPPORT
ST. BARNABAS SENIOR CENTER 675 S. CARONDELET STREET LOS ANGELES, CA 90057	95-1641435	501(C)(3)	249,999.	0.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S LUTHERAN MINISTRIES 3940 RIMROCK ROAD BILLINGS, MT 59102	81-0288768	501(C)(3)	200,000.	0.			SUPPORT
STATE OF ALASKA 3601 C STREET, SUITE 722 ANCHORAGE, AK 99503	92-6001185	STATE/CITY	75,000.	0.			SUPPORT
STATE OF MISSOURI PO BOX 809 JEFFERSON CITY, MO 65102	44-6000987	STATE/CITY	90,000.	0.			SUPPORT
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-6000531	STATE/CITY	20,000.	0.			SUPPORT
TEXAS HEALTHY AT HOME 560 MICHENER CT. SOUTHLAKE, TX 76092	81-4241570	501(C)(3)	74,977.	0.			SUPPORT
THE ARC PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE LARGO, MD 20774	52-0715246	501(C)(3)	100,000.	0.			SUPPORT
THE CENTER FOR BETTER AGING 6307 SOUTH STEWART AVE, SUITE 309 CHICAGO, IL 60621	92-1433646	501(C)(3)	144,989.	0.			SUPPORT
THE CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611	21-0634966	501(C)(3)	100,000.	0.			SUPPORT
THE GLEANERS FOOD BANK OF INDIANA, INC. - 3737 WALDEMERE AVE - INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	20,000.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEBREW HOME FOR THE AGED AT RIVERDALE - 5901 PALISADE AVE - RIVERDALE, NY 10471	13-1739971	501(C)(3)	144,636.	0.			SUPPORT
THE LEGACY LINK 4080 MUNDY MILL ROAD OAKWOOD, GA 30566	58-2317890	501(C)(3)	4,455,221.	0.			SUPPORT
THE NASHVILLE FOOD PROJECT 5904 CALIFORNIA BLVD NASHVILLE, TN 37209	45-2905951	501(C)(3)	100,000.	0.			SUPPORT
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET, SUITE 200 - DENVER, CO 80203	84-6000555	STATE/CITY	72,468.	0.			SUPPORT
THE SKILLSOURCE GROUP, INC. 8270 GREENSBORO DRIVE, SUITE 850 MCLEAN, VA 22102	30-0129320	501(C)(3)	1,435,412.	0.			SUPPORT
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET, SUITE 900 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	100,000.	0.			SUPPORT
TOWN OF STRATFORD 2725 MAIN STREET STRATFORD, CT 06615	06-6002103	STATE/CITY	100,000.	0.			SUPPORT
TRELLIS 1265 GREY FOX ROAD, SUITE 2 ARDEN HILLS, MN 55112	41-1774247	501(C)(3)	90,000.	0.			SUPPORT
UNITED CAMBODIAN COMMUNITY 2201 E. ANAHEIM STREET, SUITE 200 LONG BEACH, CA 90804	95-3442295	501(C)(3)	123,035.	0.			SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CHURCH HOMES, INC. PO BOX 1806 MARION, OH 43301	34-4429276	501(C)(3)	137,875.	0.			SUPPORT
UNITED COMMUNITY CENTER 1028 S. 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(C)(3)	143,783.	0.			SUPPORT
UNIVERSITY OF HAWAII 2240 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000354	STATE/CITY	219,989.	0.			SUPPORT
UNIVERSITY OF INDIANAPOLIS 1400 HANNA AVENUE INDIANAPOLIS, IN 46227	35-0868107	501(C)(3)	75,000.	0.			SUPPORT
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE, SUITE 100 MINNEAPOLIS, MN 55414	41-6007513	STATE/CITY	270,653.	0.			SUPPORT
UTAH LEGAL SERVICES, INC. 960 S. MAIN STREET SALT LAKE CITY, UT 84101	87-0298910	501(C)(3)	100,000.	0.			SUPPORT
SENIOR CITIZENS SERVICES 1717 DAUPHIN STREET MOBILE, AL 36604	63-0590039	501(C)(3)	100,000.	0.			SUPPORT
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843035 RICHMOND, VA 23284	54-6001758	STATE/CITY	144,991.	0.			SUPPORT
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	144,314.	0.			SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE FEDERATION FOR SENIOR AND SUPPORTIVE HOUSING INC - 2345 BROADWAY - NEW YORK, NY 10024	13-2926433	501(C)(3)	90,000.	0.			SUPPORT
WESTCHESTER COMMUNITY OPPURTUNITY PROGRAM INC. - 2 WESTCHESTER PLAZA - ELMSFORD, NY 10523	13-2547122	501(C)(3)	86,309.	0.			SUPPORT
WISCONSIN INSTITUTE FOR HEALTHY AGING - 1414 MACARTHUR ROAD, SUITE B - MADISON, WI 53714	27-3001041	501(C)(3)	94,979.	0.			SUPPORT
WORKFORCE ESSENTIALS, INC. 523 MADISON STREET, SUITE A CLARKSVILLE, TN 37040	62-1498440	501(C)(3)	1,174,970.	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 UNIFORM GUIDANCE REPORTS AS APPROPRIATE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAMSEY ALWIN PRESIDENT & CEO	(i)	442,886.	48,180.	150.	43,700.	7,037.	541,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSHUA HODGES CHIEF CUSTOMER OFFICER	(i)	271,881.	11,475.	96.	16,499.	18,131.	318,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN MADDEN CFO	(i)	278,397.	14,025.	413.	16,805.	4,785.	314,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KAREN DAVIS CMO THRU 5/2025	(i)	267,046.	14,098.	221.	16,023.	3,019.	300,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HOWARD BEDLIN SENIOR DIRECTOR THRU 12/2024	(i)	244,275.	0.	1,219.	15,037.	29,853.	290,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE KNOWLES SENIOR DIRECTOR	(i)	217,698.	11,930.	221.	13,755.	42,506.	286,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN SMITH SENIOR DIRECTOR THRU 4/2025	(i)	194,562.	10,409.	634.	12,003.	29,785.	247,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN CAMERON SENIOR DIRECTOR THRU 12/2024	(i)	185,704.	11,450.	634.	11,550.	29,591.	238,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ALFREDA DAVIS CHIEF OF STAFF THRU 12/2024	(i)	199,783.	13,916.	1,978.	12,075.	3,632.	231,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AISHA WILLIAMS SENIOR DIRECTOR	(i)	176,584.	10,997.	100.	10,595.	2,327.	200,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NATIONAL COUNCIL ON AGING, INC.	Employer identification number 13-1932384
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FORM 990, PAGE 1, LINE 5, NUMBER OF EMPLOYEES
 NCOA HAD 121 EMPLOYEES DURING CALENDAR YEAR 2024. THERE WERE ALSO 448
 W-2S SENT TO ENROLLEES OF U.S. GOVERNMENT GRANT PROGRAMS THAT ARE
 INCLUDED FOR THE TOTAL OF 569 REPORTED IN PART V, LINE 2A.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 FOUNDED IN 1950, WE ARE THE OLDEST NATIONAL ORGANIZATION FOCUSED ON
 OLDER ADULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 AWARENESS AND OUTREACH
 EXPENSES \$ 4,363,366. INCLUDING GRANTS OF \$ 19,000. REVENUE \$ 4,251,525.

PUBLIC POLICY AND ADVOCACY
 EXPENSES \$ 1,459,720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AGING MASTERY PROGRAM
 EXPENSES \$ 142,434. INCLUDING GRANTS OF \$ 0. REVENUE \$ 99,003.

FORM 990, PART VI, SECTION B, LINE 11B:
 AN INDEPENDENT ACCOUNTING FIRM PREPARES THE 990 WHICH IS REVIEWED AND
 APPROVED BY THE MANAGEMENT AND THE AUDIT, COMPLIANCE AND RISK MANAGEMENT
 COMMITTEE, A SUBCOMMITTEE OF THE NCOA BOARD. THE FULL NCOA BOARD IS SENT A
 COPY BY EMAIL BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
 OFFICERS, DIRECTORS AND KEY EMPLOYEES ANNUALLY CONFIRM UNDER THE CONFLICT
 OF INTEREST POLICIES AND PROCEDURES IN JANUARY OF EACH YEAR. ANY IDENTIFIED
 CONFLICTS ARE SHARED WITH THE FULL BOARD AND THE CHAIR WILL ASK THOSE WITH
 CONFLICTS TO RECUSE THEMSELVES FROM VOTES AS APPROPRIATE.

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. THE COMPENSATION APPROVAL
 FOR THE CEO TOOK PLACE AT THE OCTOBER 2024 BOARD MEETING.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NV, NC, ND
 OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
 NCOA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED
 FINANCIAL STATEMENTS AND THE ANNUAL FORM 990'S ARE ALSO PROVIDED IN A LINK
 FROM NCOA'S WEBSITE.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule O (Form 990) (Rev. 12-2024)**

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

PROGRAM SERVICE EXPENSES	9,553,630.
MANAGEMENT AND GENERAL EXPENSES	841,366.
FUNDRAISING EXPENSES	131,976.
TOTAL EXPENSES	10,526,972.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	324,045.
MANAGEMENT AND GENERAL EXPENSES	220,539.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	544,584.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	40,494.
MANAGEMENT AND GENERAL EXPENSES	50,843.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,337.

LICENSES/FEES:

PROGRAM SERVICE EXPENSES	49,791.
MANAGEMENT AND GENERAL EXPENSES	46,767.
FUNDRAISING EXPENSES	14.
TOTAL EXPENSES	96,572.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,259,465.

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST	312,919.
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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

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

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
NCOA AGE PLUS ACTION NETWORK, INC - 33-4777038, 251 18TH STREET S SUITE 500, ARLINGTON, VA 22202	LOBBYING SERVICES	VIRGINIA	501(C)(4)		N/A		X

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

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

