

Form **990**

Return of Organization Exempt From Income Tax

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

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

2018 Open to Public 9

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information								Inspection						
		_		ar year, or tax y		2.3		, and ending	511110			, 20		
<u> '</u>	<u> </u>			e of organization			, ,		٥	Employer ide	ntificat			
В	heck if a	oplicable		LANCE FOR	AGING, I	NC				65-010	1947			
X	Addre			business as	<u> </u>		-							
1	chang	e change			O box if mail is	not delivered to street ac	ldress)	Room/suite	Ε	Telephone nu	mber			
\vdash	┪	return	760	NW 107TH	AVENUE			214		(305) 67	0-6	500		
\vdash	Final	return/				and ZIP or foreign postal	code					·		
-	termi:	ded	-	AMI, FL 33					G	G Gross receipts \$ 41,500,262				
\vdash	return Applic	etion	_	e and address of p		MAX B. ROTI	HMAN, JD,	LLM		H(a) is this a group return for Yes X				
_	pend:	ng		·	•	#214, MIAMI,			\sim \mid ^{μ}	subordinates (b) Are all subord		\vdash		
_	Tax-ex	empt sta		X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1)	or 52) /-			st (see instructions)		
				ALLIANCEFO			1 1017(2)(1)	/ 	∕∕∕╢╫	I(c) Group exem	ption nu	mber >		
				X Corporation	Trust		er 🕨	L Year of				of legal domicile FL		
	art I		mmary		1	7.100001011011		<u> </u>		. 1				
	1				ion's mission o	or most significant acti	vities ALLIA	NCE FOR	AGING	, INC. I	S TH	HE AREA'S		
a	'	AGEN	OCY C	N AGING FO	OR MIAMI-I	DADE & MONROE	COUNTIES	THE PU	RPOSE	IS TO				
auc						ING, COORDINA					· •			
Governance	2					discontinued its opera								
Š	3				•	body (Part VI, line 1a	•				Ĭ 3	16.		
	1			_		the governing body (F					4	16.		
Activities &	i					endar year 2018 (Part					5	105.		
Ξ						sary)			a		6	35.		
Act						/III, column (C), line 1:			19		7a	0.		
	ı					Form 990-T, line 38		7070	11.		7b	12,340.		
_		1100 011	Ciateo	business taxabi	e moone nom	1 0111 000 1, 1110 00	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Prior Year		Current Year		
	8	Contril	hutions	and grants (Part	VIII line 1h)					8,123,10	2.	41,363,284.		
Revenue	l										0.	0.		
š	10					es 3, 4, and 7d)				11,67	9.	20,837.		
ž	l			,		6d, 8c, 9c, 10c, and				67,171.		69,117.		
				•		t equal Part VIII, colun			3	8,201,95	_	41,453,238.		
_	13					umn (A), lines 1-3)			3	3,054,09	2.	35,864,989.		
	14				· ·	ımn (A), line 4)				·	0.	0.		
"	l					efits (Part IX, column				3,880,10	9.	4,228,247.		
ışei						n (A), line 11e)					0.	0.		
Expense	ь					D), line 25) ▶	10 10				-			
ũ	17					la-11d, 11f-24e)				653,27	3.	1,026,649.		
						l Part IX, column (A), I			3	7,587,47	4.	41,119,885.		
				expenses Subti	,					614,47	8.	333,353.		
5 e								· · · . <u>· · · · · · · · · · · · · · · ·</u>	Beginni	ng of Current	Year	End of Year		
Net Assets or Fund Balances	20	Total a	issets (I	Part X, line 16)						6,568,71	0.	8,670,987.		
Ass	21		,							4,506,88	7.	6,329,858.		
E'E	22					1 from line 20				2,061,82	3.	2,341,129.		
	rt II			Block										
Und	der per	alties o	f perjury	, I declare that I h	ave examined th	is return, including acc	ompanying sched	dules and staten	nents, and	to the best of	f my kı	nowledge and belief, it is		
true	e, corre	ct, and o	complete	Declaration of pre	eparer (other than	n officer) is based on all	information of wr	nich preparer na	s any knov	wieage				
			A	2 cm	91	•				10/1	3/20)19		
Sig			gnatur	e of officer			•			Date				
He	re		STAN	MCNEESE			VP OF	FINANCE						
		 	Type or	print name and title					_					
		Print/7	Гуре рге	parer's name		Preparer's signature	0	Date		Check	ıf P	TIN		
Paid		MICH	IAEL	H NOVAK			4	John !	ار ا	self-employ		P01074800		
-	parer	Fırm's	name	▶MARCUM,	LLP			14-5	F	ım's EIN ▶ 1	1-1	986323		
use	Only				AVENUE, SUIT	TE 1100 MIAMI, FL :	33131					995-9600		
May	v the					r shown above? (se		5)				X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (20)8

_	rm 990 (2018)	Page 2
, P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	. X
'	Briefly describe the organization's mission ALLIANCE FOR AGING ("THE ALLIANCE") IS THE AREA AGENCY ON AGING FOR	
	MIAMI-DADE AND MONROE COUNTIES. THE PURPOSE OF THE ALLIANCE IS TO	
	FUNCTION AS A REGIONAL PLANNING, COORDINATING, ADVOCATING, AND GRANT	
	MANAGING AGENCY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3		
		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 meass expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 16,992,719 including grants of \$ 16,137,528) (Revenue \$)
	ATTACHMENT 1	
415	(Code) (Europe C	
	(Code	1
	ELDERLY PROGRAM PROVIDES COMMUNITY-BASED SERVICES ORGANIZED IN A	
	CONTINUUM OF CARE TO HELP FUNCTIONALLY IMPAIRED OLDER PEOPLE LIVE	
	IN THE LEAST RESTRICTIVE YET MOST COST-EFFECTIVE ENVIRONMENT	
	SUITABLE TO THEIR NEEDS.	
	COLLINGUE TO THEIR REDECT.	
	· · · · · · · · · · · · · · · · · · ·	
		-
4c	(Code) (Expenses \$ 6,686,228 including grants of \$ 6,661,564) (Revenue \$	
	THE LOCAL SERVICES PROGRAM (LSP) PROVIDES FUNDING TO EXPAND	
	LONG-TERM CARE ALTERNATIVES ENABLING ELDERS TO MAINTAIN AN	_
	ACCEPTABLE QUALITY OF LIFE IN THEIR OWN HOMES AND AVOID OR DELAY	
	NURSING HOME PLACEMENT. THE LSP PROVIDES COMMUNITY-BASED SERVICES	
	TO PRESERVE ELDER INDEPENDENCE, SUPPORT CAREGIVERS, AND TARGET AT	
	RISK PERSONS. THROUGH THE PROVISION OF MEALS, TRANSPORTATION	
	SERVICES, CAREGIVER SUPPORT, IN-HOME SERVICES AND EXPANDED RESPITE	
	AND DAY CARE SERVICES, LSP ASSISTS ELDERS TO LIVE IN THE LEAST	
	RESTRICTIVE ENVIRONMENT THAT MEETS THEIR NEEDS.	
	Other program services (Describe in Schedule O) ATTACHMENT 2	
	(Expenses \$ 8,677,826 including grants of \$ 6,176,298) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 39,529,710.	
JSA	- ^^	_

Form 990 (2018)
Part IV

Page 3

Pari	Checklist of Required Schedules		Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			-
-	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		-
3		3		
	candidates for public office? If "Yes," complete Schedule C, Part I	'		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			•
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	_ _ _		-
10		10		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		i
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			ı
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	Х	-
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
		11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-
124		12a	х	
	Schedule D, Parts XI and XII	120		-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
40		'''		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	Х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	_
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			P	

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Pag	e	4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.40		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ĺ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28		-		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{1}{X}$
		20a	-	
В	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive more than \$25,000 in non-cash contributions in ves, complete schedule w Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31.		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334	+	
J	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		330		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		_ X
20	· · · · · · · · · · · · · · · · · · ·	37-		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	х	
Part		J 30		
rart				
	Check if Schedule O contains a response or note to any line in this Part V	 .	Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		162	140
	and the hamber reported in Box 6 or 1 of the 1000 Effect of it not applicable		Ì	1
	Effect the number of Forms vv-20 included in line to Effect-0- it not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		(2018)
ISA		1 01111		(2010)

بلتكمي	Statements Regarding Other IKS Fillings and Tax Compliance (continued)	—							
		F (5-)	Yes √%%	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	220		125					
	Statements, filed for the calendar year ending with or within the year covered by this return.	25300000	X	-200					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		:5(8)					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X						
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
4 a		4a		Х					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	12: 1	4.35°						
D	If "Yes," enter the name of the foreign country	8.84.							
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization								
Оa	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
D	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	9.20		11.2					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
a	and services provided to the payor?	7a		Х					
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
·	required to file Form 8282?	7c		Х					
ч	If "Yes," indicate the number of Forms 8282 filed during the year	100 m	Parky	. 33					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organizations maintaining donor advised raines. Bid a donor advised raine maintaining by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		145,5						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter	5 Bar No.		1					
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	, , , <u>, , , , , , , , , , , , , , , , </u>		1,30					
11		2000							
	Gross income from members or shareholders		獨發						
	Gross income from other sources (Do not net amounts due or paid to other sources	()	48. 2.2	() ()					
	against amounts due or received from them)	1		200					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4.5	S)(j.	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\$ 193 mg							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O	35.							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans	18 Apr	32.						
c	Enter the amount of reserves on hand			128					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-						
	excess parachute payment(s) during the year?	15							
	If "Yes," see instructions and file Form 4720, Schedule N	i in		-20					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
	If "Yes," complete Form 4720, Schedule O	3 / 1	:: ### ·	178					
		_	000						

Sect	ion A. Governing Body and Management						
		A 1/9+ 2 0.00000	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	. 6					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		100 m				
b	Enter the number of voting members included in line 1a, above, who are independent	9	١, ٠. ا				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	شذ	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6_		X			
7a							
	one or more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.8%	r4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	the year by the following	- <u></u>		لتنا			
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	 ^- -				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х			
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	Λ			
Jecu	on b. Policies (This Section B requests information about policies not required by the internal Nevenue	Code	Yes	No			
40-	Did the argenization have level shorters broughed as offiliates?	10a		X			
10a	Did the organization have local chapters, branches, or affiliates?			_			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b		\$. \$ \$ \$ \$ \$ \$ \$ \$	χ.ξ.,				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١,,				
	describe in Schedule O how this was done	12c	Х	···			
13	Did the organization have a written whistleblower policy?	13	,,	Х			
14	Did the organization have a written document retention and destruction policy?	14	X	. 1			
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?	200					
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	, , ,				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a		16a	*** >- 2.	X			
_	with a taxable entity during the year?		ijer -	 公全 4			
Ð	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		Ć.	4			
	organization's exempt status with respect to such arrangements?	16b	h				
Secti	on C. Disclosure		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	T (Sec	tion 5	01(c)			
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	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 record B ROTHMAN JD, LLM 760 NW 107TH AVENUE, SUITE 214 MIAMI, FL 33172 305-670-6500 '	ds ▶					
	NOTATION OF THE TOTAL WAS TOTAL AND MODEL STATES THE MINNEY, IT 331/2 303-6/0-6300 ' .		990	· · · · · · ·			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	rson	than of the both use Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MADELEINE G ARRITOLA	2.00									
CHAIR	0.	Х		Х				0.	0.	0.
(2)SHERYL J. MANNING, JD	2.00									
VICE-CHAIR	0.	Х		Х				0.	0.	0.
(3)PAM MARTIN	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)GLORIA M PERUYERA	2.00]								
SECRETARY	0.	Х		Х				0.	0.	0.
(5)IVĒRIS L MARTINEZ	2.00									
IMMEDIATE PAST CHAIR	0.	Х	L		ļ			0.	0.	0.
(6)ROBERT H FOLEY	2.00									
PAST CHAIR	0.	Х					<u>_</u>	0.	0.	0.
(7)SEN. DAPHNE CAMPBELL	2.00									
DIRECTOR	0.	Х	L					0.	0.	0.
(8)DEAN CHURACK	2.00									_
DIRECTOR	0.	Х						0.	0.	0.
(9) JEFFREY A. CODALLO	2.00							_	_	_
DIRECTOR	0.	Х			<u> </u>			0.	0.	0.
(10)KENNETH CORMIER	2.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0.
(11)MARIA LUISA GONZALEZ SILVA	2.00							_	_	_
DIRECTOR	0.	Х					ļ	0.	0.	0.
(12)LORRAINE HARRIS	2.00								_	_
DIRECTOR	0.	Х			_		_	0.	0.	0.
(13)CAREN LESSER	2.00				1			_	_	_
DIRECTOR	0.	Х	_				<u>_</u>	0.	0.	<u>0</u> .
(14)YONI MARKHOFF	2.00								_	_
DIRECTOR	0.	Х					<u>L</u>	0.	0.	0.

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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	officer and a director/tr					an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		other compense		of Ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org an	om the anizatio d related anization	on d
15) GERALD PIERRE DIRECTOR	2.00	Х						0.		0.			0.
16) ROSE T. ROMERO, ESQ. DIRECTOR	2.00	x						0.		0.			0.
17) MAX B. ROTHMAN, JD, LLM PRESIDENT/CEO	40.00	Λ		х						0.			0.
18) KARLENE PEYTON VP OF OPERATIONS & DEVELOPMENT	40.00				<u> </u>		ļ	147,112.					
VP OF OPERATIONS & DEVELOPMENT	0.			Х				100,289.		0.			0.
											-		
									:				
				_									
			i										
to Sub-total	ection A .						* * *	247,401. 247,401.		0. 0.			0.
2 Total number of individuals (including but not reportable compensation from the organization		nose I 2		d at	bove	e) who	o re	ceived more than	\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru ıvıdı	ıste ual	e, l	key e	emp	loyee, or highes	compens	ated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations greater	sum of rep	ortab \$15	le c	om 00?	pen	satior "Yes	nar s," o	nd other compens	sation from le J for	the such			
<i>individual</i>	accrue cor	mpen:	satio	on f	from	any	uni	related organization	on or indivi	dual	4		
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	e Sch	redu	le J	for	such	pers	son			5		Х
1 Complete this table for your five highest com- compensation from the organization. Report of year	pensated in compensation	ndepe on for	the	ent d cal	cont	racto lar ye	rs t ar e	hat received more inding with or with	than \$100 nin the orga),000 c anizatio	of n's tax		
(A) Name and business add	Iress							(B) Description of se	rvices	c	(C) Compens		
				_									
		_					+			<u>.</u>			
Total number of independent contractors (in more than \$100,000 in compensation from the contractors to the contractors of				nited		thos	ie Ir	sted above) who	received		<u> </u>		

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Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	'1a b c d e f	Federated campaigns	40,868,500 494,784 25,000				All Care			
a G	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		41,363,284						
ě	ί	10a	Business Code							
Program Service Revenue	2a b c d e	All other program service revenue				ď				
<u>_</u>	9.	Total Add lines 2a-2f		. 0						
	3 4 5	Investment income (including dividen and other similar amounts)	▶ proceeds . ▶	20,837			20,837			
	6a b	Gross rents	(II) Personal	0						
	d 7aʻ b	Gross amount from sales of assets other than inventory Less cost or other basis	(II) Other							
	c, d	and sales expenses	<u> </u>	. 0						
nue	8a	Gross income from fundraising	-							
Reve		events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a	116,141							
Other	b	Less direct expenses b	47,024							
	,c ∙9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 a	▶	69,117			69,117			
Ì	b	Less direct expenses b	0				E - 105 1			
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less		0						
	b c	_returns.and.allowances,,a- Less cost of goods sold b Net income or (loss) from sales of inventory	0	0						
•		Miscellaneous Revenue	Business Code	A\$6.548.54	1 (Mar.) 23 (
	11a b c				·					
	d e 12	All other revenue		0 41,453,238		200 0, 200, 200	89,954			

Part X Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations				4				
	and domestic governments See Part IV, line 21	34,703,915.	34,703,915.						
2	Grants and other assistance to domestic		İ						
	individuals See Part IV, line 22	1,161,074.	1,161,074.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
	Compensation of current officers, directors,			•					
	trustees, and key employees	147,112.	102,359.	44,753.					
6	Compensation not included above, to disqualified				ı				
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	3,098,639.	2,155,992.	942,647.	,				
	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)	205,735.	149,274.	56,461.					
۵	Other employee benefits	525,144.	381,026.	144,118.					
	Payroll taxes	251,617.	182,565.	69,052.					
	Fees for services (non-employees)	,							
	Management	0.							
		90,180.	1,531.	88,649.					
	Legal	42,539.	722.	41,817.					
	Accounting	0.							
	Lobbying	. 0.	87 - 77 - 4225 - 71型 - 7型 - 7型 - 7型 - 7型 - 7型 - 7型 - 7	A CONTRACTOR					
		0.	15. See 3. 16.00	1 201 A WE W.					
	Investment management fees								
9	Other (If line 11g amount exceeds 10% of line 25, column	81,832.	64,930.	16,902.					
42	(A) amount, list line 11g expenses on Schedule O)	11,290.	9,099.	2,191.					
	Advertising and promotion	105,876.	68,626.	37,250.					
13 14	Office expenses	33,444.	19,666.	13,778.					
	Information technology	0.	,						
15	Royalties	335,864.	297,072.	38,792.					
10	Occupancy	32,274.	16,028.	16,246.					
17	Travel	32,2,11	10,020.	10,210.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			•				
40	Conferences, conventions, and meetings	0.			5				
		0.							
20	Interest	0.		-					
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	29,968.	8,585.	21,383.					
23	Insurance	23,300.	07505.		14-1500000000000000000000000000000000000				
24	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)								
	EQUIPMENT	31,276.	18,854.		12,422.				
	REPAIRS & MAINTENANCE	30,042.	17,033.	13,009.	12,722.				
-	DECORATIONS	5,195.	2,309.	2,886.					
-		3,195.	2,309. 1,772.						
_	DUES & SUBSCRIPTIONS	· ·		2,215. 25,604.					
	All other expenses	192,882.	167,278.		12 422				
	Total functional expenses Add lines 1 through 24e	41,119,885.	39,529,710.	1,577,753.	12,422.				
20	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	_							
	following SOP 98-2 (ASC 958-720)	0.							
					Form 990 (2018)				

Pa	rt X	Balance Sheet	·			
		Check if Schedule O contains a response or not	e to any line in this P	art X		х х
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		763,451.	1	1,041,932.
	2	Savings and temporary cash investments	0.	2	0.	
	3	Pledges and grants receivable, net	5,239,068.	3	6,646,138.	
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and forme				
		trustees, key employees, and highest compet		0.		0.
	_	Complete Part II of Schedule L	nplete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (at 4958(f)(1)), persons described in section 4958(c)(3)(B), and				
		and sponsoring organizations of section 501(c)(9) voluntary	employees' beneficiary		200	
(A)		organizations (see instructions) Complete Part II of Schedule L		0.	6	0.
ssets	7	Notes and loans receivable, net		0.	7	0.
As	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		163,942.	9 45.34 x x 22	522,409.
		Land, buildings, and equipment cost or	222 464	1988年度第10回にファインスのできる	332	
		other basis Complete Part VI of Schedule D Less accumulated depreciation	222,464.		(C 33)	0.
		Less accumulated depreciation	222,464.	402,249.	10c	460,508.
	11	Investments - publicly traded securities	Aich	402,249.	11	480,308.
	12	Investments - other securities See Part IV, line 11		0.	12	0.
	13	Investments - program-related See Part IV, line 11		0.	13	0.
	14	Intangible assets	0.	14	, <u>0.</u>	
	15	Other assets See Part IV, line 11		6,568,710.	15 16	8,670,987.
	16	Total assets. Add lines 1 through 15 (must equal line 3		297,506.	17	350,666.
	17	Accounts payable and accrued expenses		4,022,923.	18	5,537,977.
	18 19	Grants payable		100 170	19	441,215.
	20	Tax-exempt bond liabilities			20	0.
	21 .	Escrow or custodial account liability Complete Part IV	of Schedule D	0.	21	0.
s	22	Loans and other payables to current and former			W.C.	- C.
Liabilities		trustees, key employees, highest compensated				
ΞĢ		disqualified persons Complete Part II of Schedule L		0.	22	0.
ڐ	23	Secured mortgages and notes payable to unrelated thir		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third p		0.	24	0.
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17-2	4) Complete Part X			
		of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25		4,506,887.	26	6,329,858.
ses		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	k here ▶ X and			
anc	27	Unrestricted net assets		2,061,823.	27	2,341,129.
Bal	28	Temporarily restricted net assets		. 0.	28	0.
pu	29	Permanently restricted net assets		0.	29	0.
ssets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chec complete lines 30 through 34	k here ▶ and			
ţ	30	Capital stock or trust principal, or current funds			30	
-SS	31	_Paid_in_or_capital_surplus,_or land,_building,_or_equipmer	nt_fund		_3.1_	
⋖	32	Retained earnings, endowment, accumulated income,	or other funds		32	
Net	33	Total net assets or fund balances		2,061,823.	33	2,341,129.
	34	Total liabilities and net assets/fund balances	<u> </u>	6,568,710.	34	8,670,987.
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Nam	e of ti	he organization					Employer identifi	cation number
AL]	LIAI	NCE FOR AGING, INC					65-01019	47
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	irt) See instructions	S
_	_	anization is not a private four	_ -	- -				
1	M	A church, convention of chu		-	-			$\mathcal{N}\mathcal{L}$
2		A school described in section						()7
3	-	A hospital or a cooperative						0 1
4	\vdash	A medical research organiz						(iii) Enter the
•	ш		·	conjunction with a not	pital uc.	301 IDCU II	13000011110(0)(1)(1)	(iii). Litter the
_		hospital's name, city, and st An organization operated t		a college or universit		d or one	rated by a governme	untal unit described in
5		•		a college of universit	y owner	a or ope	rated by a governme	intai unit described ii
_	$\overline{}$	section 170(b)(1)(A)(iv). (C						
6	\square	A federal, state, or local go						
7	X	An organization that norma			pport fro	om a go	vernmental unit or tro	om the general public
		described in section 170(b)		•				
8	Щ	A community trust describe						
9		An agricultural research org	-					
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Ei	nter the i	name, city, and state of	f the college or
	_	university						
10		An organization that norma	lly receives (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt t	unctions - subject to o	sertain e	xception	s, and (2) no more that s section 511 tax) from	husinesses
		acquired by the organizatio	n after June 30, 19	975 See section 509	a)(2). (C	Complete	Part III)	20000000
11		An organization organized	and operated exclu	usively to test for publi	c safety	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	isively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that de	escribes the type of si	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting orga	anization operated	supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
-		the supported organization						
		supporting organization				, ,		
b	Г	Type II. A supporting org	•			with its	supported organization	on(s) by having
-	_	control or management of						
		organization(s) You must	_	-	tile oaiii	c person	o that control of man	ago ino oupportou
_	Г	Type III functionally integ	•		ted in c	onnectio	n with and functional	Ilv integrated with
С	_	its supported organization						ny intogratou with,
		Type III non-functionally						ted organization(s)
d	_	* *	-					
		that is not functionally inte						an allentiveness
_	Г	requirement (see instructi						II Type III
е	_	_ Check this box if the orga						ii, Type iii
	- -	functionally integrated, or				organizat	ION	
'_		ter the number of supported						
9		ovide the following information	1	(iii) Type of organization	(54) to 45 a		(v) Amount of monetary	(vi) Amount of
	(1) 14	ame of supported organization	(II) EIN	(described on lines 1-10		organization ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
B)								
	_		_					
(C)								
				<u> </u>	ļ			
(D)								
					ļ			
(E)								
<u>-,</u>						<u> </u>		
Tota	- اد							
	41	l l	i					

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

Schedule A (Form 990 or 990-EZ) 2018

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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)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36,297,357	39,178, <u>438</u>	38,276,129	38,123,102	41,363,284	193,238,310		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		. 0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					, O		
4	Total Add lines 1 through 3	36,297,357	39,178,438	38,276,129	38,123,102	41,363,284	193,238,310		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
_6	Public support. Subtract line 5 from line 4	the "" . " . " . "	San		1. 17 17 18 18		193,238,310		
<u>Sec</u>	tion B. Total Support	· · · · ·	,			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	36,297,357	39,178,438	38,276,129	38,123,102	41,363,284	193,238,310		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,026	13,416	7,989	11,679	20,837	67,947		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		To a state of the		2 5/2	20 33 2 200 0 3 2 a	0_		
11	Total support. Add lines 7 through 10					1 1	193,306,257		
12	Gross receipts from related activities, etc. (see instructions) .	• • • • • • •		• • • • • • • •	12	410,051		
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>						
	tion C. Computation of Public Sup			44 1 (6)			99.96%		
14	Public support percentage for 2018 (li						99.81%		
15	Public support percentage from 2017								
ıoa	331/3% support test - 2018. If the or box and stop here. The organization q								
h	331/3% support test - 2017. If the org						• • • —		
D	this box and stop here. The organizati								
17a	10%-facts-and-circumstances test -			-					
		_							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	_10%-facts-and-circumstances-test		_		<u>-</u>				
18	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the "	facts-and-circún	nstances" test	The organization	on qualifies as a	publicly ▶		
	instructions					<u> </u>	▶ 🔲		
					_	shedule A /Form 9			

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)∕2018	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities				۱ ,	ľ	
	furnished in any activity that is related to the				/		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the				/		
	organization's benefit and either paid to				/		
	or expended on its behalf				/		
5	The value of services or facilities				/		
	furnished by a governmental unit to the				/		
	organization without charge				/	.,	<u> </u>
6	Total Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons				_		
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)			,		<u> </u>	<u> </u>
	tion B. Total Support	(=) 2014	(h) 2045	(=) 2016	(4) 2017	(a) 2019	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(i) Total
9	Amounts from line 6		/				
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	Unrelated business taxable income (less						-
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income Do not include gain or	/					
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						<u> </u>
14	First five years If the Form 990 is for	or the organizat	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this pox and stop here.	.	. <u></u>			<u> </u>	▶ 🔲
Sec	tion C. Computațión of Public Supr						
15	Public support percentage for 2018 (line 8,	, column (f), divid	ed by line 13, colu	mn (f))		. 15	%
16	Public support percentage from 2017 Sche	dule A, Part III, lin	ie 15	<u>.</u>		16	%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2018 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017					18	%_
19 a	33/13% support tests - 2018. If the org	ganization did no	ot check the box	on line 14, and	line 15 is mor	e than 331/3 %,	and line
	17 is not more than 331/3%, check thi						
/ 6	331/3% support tests - 2017. If the orga	inization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331	/3 %, and
	line 18 is not more than $331/3\%$, check	this box and st	op here The or	ganization qualifie	es as a publicly	supported organ	nization ►
20	Private foundation If the organization of	did not check	a box on line	14, 19a, or 19b			
JSA					9	chedule A (Form	990 or 990-EZ) 2018

Part IV Supporting Organizations

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

Sacti	on A. All Supporting Organizations			
Secu	on A. Ali Supporting Organizations	T	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain		Maria Varia Lipag	
2 .	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		EVI
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		لننــ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		الند
, b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	3)- 3,2	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	}	
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		To de
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990 -EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	***	المست
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described _in-section-509(a)(-1)-or-(2))?_If_"Yes,"_provide-detail-in-Part-VI	्र <u>४</u> र् _9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		~4

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	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	N Supporting Organizations (continued)		_	,
		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		200 Y.	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	- 1.		
	·	825 X25 X36 X36	/es	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1 7 7 E		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	**************************************		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		(3) (3) d	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 8000000000000000000000000000000000000	720	N/20/4 /- 1: 12 E
2	Did the organization operate for the benefit of any supported organization other than the supported		3.47	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		in the	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		سنتشفد	Time d
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations		. 1	
		1 3/m	res	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			\$ d
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3.	
	or management of the supporting organization was vested in the same persons that controlled or managed			160 C)
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	!	<u>res</u>	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	14 3 7 1	%	
	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		0.350.350	2.07
	provided?	1 . 32	·	786 3
, 2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported) Popu	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		7.77	لنسة
		2	, Max	· ~ 1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	SANGE 1		養山
	significant voice in the organization's investment policies and in directing the use of the organization's	2		£
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	<u> </u>	Spire	
Cooti		3		
<u>Section</u>	on E. Type III Functionally Integrated Supporting Organizations Check the box port to the method that the proportion used to satisfy the Integral Part Test during the year (see ins	to intic	nc1	
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ucuo	113)	
a b	The organization satisfied the Activities rest <i>Complete line 2 below</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	The organization is the parent of each of its supported organizations complete line's below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructi	nne)	
·			res	No
2	Activities Test Answer (a) and (b) below.	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	Z~1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			製得
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determinedthat_these_activities_constituted substantially all of its activities	2a		الاشت. هنشد ا
				2.274
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		(1977) 284	300
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		學"才	劉 海
	reasons for the organization's position that its supported organization(s) would have engaged in these	عديجا ع		<u> </u>
	activities but for the organization's involvement	2b	17.3° /	82. J.68
3	Parent of Supported Organizations Answer (a) and (b) below.		類的	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ئسگ	<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	\$4, 9x	July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		NETTY.	ž Ø
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
		(A) D	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	- 23		
instructions for short tax year or assets held for part of year)	1		Sec.
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	14,4		**************************************
factors (explain in detail in Part VI)	1 1/2		\$7%·冷心
2 Acquisition indebtedness applicable to non-exempt-use assets	2	1	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	-	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A CONTRACTOR OF THE PROPERTY O	
2 Enter 85% of line 1	2	/ 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	ġ .
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	E 31 31 V . Z.	
4 Enter greater of line 2 or line 3	4	TO THE STATE OF TH	×
5 Income tax imposed in prior year	5	1964 Mar 1864 Mar 1864	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	13 4 2 2 2 2 2	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	v inte		organization (see
instructions)	,	2	

Schedule A (Form 990 or 990-EZ) 2018

2	•	•
αч	-	

Sect	ion D - Distributions		uons (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer		ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	1	. ,	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		,	•
7,	Total annual distributions. Add lines 1 through 6		,	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	,
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013		A CONTRACTOR OF THE PROPERTY O	
<u> </u>	From 2014	The state of the s	7.7077 - 7.404 - 7.50	
<u>c</u>	From 2015		4.2	25
d	From 2016	7.50		
e	From 2017		200 100 100 100 100 100 100 100 100 100	
f	Total of lines 3a through e	 マーマットでは 100mm 100mm		
<u>' g</u> h	Applied to underdistributions of prior years Applied to 2018 distributable amount			~
<u></u>	Carryover from 2013 not applied (see instructions)	San		\$35. \b. \\$300\\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
-	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from	65		
•	Section D, line 7 \$			
а	Applied to underdistributions of prior years	\$ 5.7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
b	Applied to 2018 distributable amount		77 A. 14 Sept. 1885	4
c	Remainder Subtract lines 4a and 4b from 4			13 1 \$2005
5	Remaining underdistributions for years prior to 2018, if	331120000000000000000000000000000000000		Section 1
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	180		
6 ·	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in	i,		
•	Part VI. See instructions			
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c			
<u>8</u>	Breakdown of line 7	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Excess from 2014			
b	Excess from 2015			
<u>C</u>	Excess from 2016		The same of the same and the sa	gog in a manufacturing in a manufacturing in a
<u>, d</u>	Excess from 2017	V. SAN STATES		
<u>e</u>	Excess from 2018		to the same	A (Form 990 or 990-FZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

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.

20**18**

Open to Public Inspection

Employer identification number

ALLIANCE FOR AGING, INC 65-0101947 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. 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? 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year а 2a 2b 2с Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Schedule D (Form 990) 2018

Sche	Jule D (Form 990) 2018										-	۲	²age ∠
Pa	rt III Organizations Maintainir	ng Colle	ctions of	Art, Histo	rical Tre	asures	, or	Other	Similar A	Ssets (continu	ed)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	c any of	f the	follow	ing that a	re a sig	nıfıcant	use c	of its
	collection items (check all that apply	y)											
а	Public exhibition			d [Loan	or excha	inge	progran	ns				
b	Scholarly research			еГ	Other			_					
С	Preservation for future generation	ations			_								
4	Provide a description of the organ		collections	s and expla	ain how t	hey furt	ther	the org	anization'	s exemp	t purpo:	se in	Part
	XIII					,		`	•				
5	During the year, did the organization	n solicit (or receive o	donations o	f art. histo	orical tre	easu	res. or o	other simil	ar			
-	assets to be sold to raise funds rathe										Yes		No
Pa	rt IV Escrow and Custodial Ar												
	Complete if the organization			es" on For	m 990, F	Part IV.	line	9, or re	eported a	n amou	nt on Fo	orm	
	990, Part X, line 21				, .		-	-, -	•				
1a	Is the organization an agent, trustee	e. custo	dian or othe	er intermed	lary for c	ontributi	ions	or other	r assets no	t			
	included on Form 990, Part X?				-						Yes	[No
h	if "Yes," explain the arrangement in						• • •			[<u> </u>	Je
-	ii 100, Oxpiaii iio arrangomone iii			p1010 1.10 10		ſ				Amoun	<u></u>		
С	Beginning balance					ŀ	10			7			
	Additions during the year												
e	Distributions during the year												
_							1f						
f	Ending balance							ntodial	account lis	bility2	Yes		No
	<u> </u>											<u> </u>	100
	If "Yes," explain the arrangement in Endowment Funds.	I Part All	ii Check n	ere ii the ex	xpianation	nas bee	en pr	ovidea	on Part All			-!	
Pa	rt V Endowment Funds. Complete if the organization	tion and	word "Ve	oc" on Eor	m 000 E	Oart IV	lına	10					
	Complete it the organiza			1		(c) Two			(d) Theory	aam bask	(a) Fau		haak
	+	(a) Cui	rrent year	(b) Prio	r year	(C) 1WC	year	S DACK	(d) Three y	ears back	(e) Four	years	Dack
1 a	Beginning of year balance L												
b	Contributions												
С	Net investment earnings, gains,					l							
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses	_											
g	End of year balance										l		
2	Provide the estimated percentage of	of the cu	rrent year	end balance	e (line 1g,	column	(a))	held as					
а	Board designated or quasi-endowment			_%	, ,								
b	Permanent endowment ▶	%											
С	Temporarily restricted endowment	>	%										
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%									
3a	Are there endowment funds not in t	he poss	ession of th	he organiza	tion that	are held	dano	dadmin	istered for	the	_		
	organization by											Yes	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
ь	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended us	-		· ·									
	rt VI Land, Buildings, and Equ	ipment.											
	Complete if the organiza	tion ans	swered "Y										
	Description of property			r other basis stment)		or other ba ther)	ISIS		cumulated eciation	(d) Book va	lue	
12	Land		(111455	anont)			\dashv	чері	Junion				
	Buildings		 				-+		_				
						14,63	1		14,631.	•			
	Leasehold improvements					207,83			07,833.				
	Equipment		-			.01,03			·, · · · · · · · · · · · · · · · · · ·				
	Other		t oqual Ear	n 000 Dad	V colum	n (B) In	0.10	<u> </u>					

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25	Part VII	Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·	
(Including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9	·	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b See Form 990,	Part X, line 12
(2) Closely-held equity interests		(a) Description of security or category (including name of security)	(b) Book value		
(2) Closely-held equity interests	(1) Financi	al derivatives			
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely	-held equity interests			
(b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
(C) (D) (E) (F) (G) (H) (F) (G) (G) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)				
(E) (E) (F) (G) (H) Total (Column (b) must equal Form 990, Part X, col (B) ine 12) P (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (d) Method of valuation Cost or end-of-year market value (e) Method of valuation Cost or end-of-year market value (f) (f)	(B)			-	
(E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (F) (G) (F) (G) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(C)				
(F) (C) (C) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)				
(G) (H) Total (Column (b) must equal Form 990, Part X cot (B) ine 12) ▶ Part VIII	(E)	•			,
Column (b) must equal form 990, Part X, col (8) line 12) Total (Column (b) must equal form 990, Part X, line 13	(F)				
Total (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related	(G)				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13	(H)				
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 (c) Cost or end-of-year	Total (Colum	n (b) must equal Form 990, Part X, col (B) line 12)			
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(4) (5) (6) (7) (8)	(2)				
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(7) (8) (9)					
(8)		·	-		
(0)					
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				[2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	~< TO THE REPORT OF THE PROPERTY OF THE PARTY OF THE PART
		nn (b) must equal Form 990. Part X. col. (B) line 25.)	<u> </u>		

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

ALLIANCE FOR AGING, INC 65-0101947 Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 41,446,215. 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 -54,0472b c Recoveries of prior year grants............ -54,047.2e 41,500,262. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a a Investment expenses not included on Form 990. Part VIII, line 7b -47,024. -47,024. 4c 41,453,238. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 41,166,909. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2b 2c c Other losses....... 47,024. 2d 47,024. 2e 41,119,885. 3 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 4c 41,119,885. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 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 SEE PAGE 5

JSA 8E1271 1 000

Part-XIII Supplemental Information (continued)

SCHEDULE D, PARTS X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS THE ALLIANCE ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH GAAP, WHICH REQUIRES RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD. THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE ALLIANCE HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS AND NO ADJUSTMENTS TO ITS FINANCIAL POSITION. ACTIVITIES OR CASH FLOWS WERE REQUIRED. THE ALLIANCE DOES NOT EXPECT THAT UNRECOGNIZED TAX BENEFITS WILL INCREASE WITHIN THE NEXT TWELVE MONTHS.

THE ALLIANCE DID NOT RECORD ANY INTEREST OR PENALTIES ON UNCERTAIN TAX POSITIONS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2018 OR THE ACCOMPANYING STATEMENT OF ACTIVITIES FOR THE YEAR THEN ENDED. IF THE ALLIANCE WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES.

SCHEDULE D, PARTS XI & XII - OTHER ADJUSTMENTS TO REVENUE & EXPENSES TOTAL SPECIAL EVENT EXPENSES: \$47,024.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

	tment of the Treasury al Revenue Service	▶G	o to www irs gov/Forms	990 for instr	uctions and	the latest instructions		Inspection
	of the organization						Employer identification	on number
ALL	IANCE FOR AG						65-0101947	
Par		ing Activities. Com 0-EZ filers are not				l "Yes" on Form	990, Part IV, line	17
1		the organization rais				activities Check a	all that apply	
а	Mail solicita	tions	e	Solid	itation of	non-government g	rants	
b	internet and	email solicitations	f	Solid	itation of	government grant	s	
С	Phone solici	itations	g	Spec	cial fundra	ising events		
d	In-person so	olicitations						
2a	Did the organiza	tion have a written o	r oral agreement w	ith any ind	dividual (ir	cluding officers, o	lirectors, trustees,	_
		s listed in Form 990	•				-	Yes No
D		10 highest paid indi- least \$5,000 by the o		(tundraise	rs) pursua	int to agreements	under which the	tundraiser is to be
	(i) Name and addr or entity (fu		(II) Activity	custody c	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
							col (ı)	Organization
1				Yes	No			
2								
3								
4								
5								
6				-				
7								
8								
9								
10								
Total	· · · · · · · · · · · · · · · · · · ·				•			
3		which the organizationsing	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
								-
								
		· · · · · · · · · · · · · · · · · · ·						
								
				-				. .

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Schedule G (Form 990 or 990-EZ) 2018

152893

Pa	rt l	Fundraising Events. Comple more than \$15,000 of fundra events with gross receipts gre	aising event contribut			
			(a) Event #1 LUNCHEON	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
a			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	116,141.			116,141
и.	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	116,141.			116,141
	4	Cash prizes				
" A	5	Noncash prizes	 			
enses	6	Rent/facility costs	20,419.			20,419
Orrect Expenses	7	Food and beverages				
Dire	8	Entertainment				-
	9	Other direct expenses	26,605.			26,605
Pa	11	Direct expense summary Add lin Net income summary Subtract lii Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)	<u> </u>	47,024 69,117
		\$15,000 on Form 990-EZ, lin	e 6a			Teported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes			,	
Direct	4	Rent/facility costs			(
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary Su	btract line 7 from line	1. column (d)	•	
9 a b		Enter the state(s) in which the orgalis the organization licensed to configure	anization conducts ga	ming activities in each of these state		Yes No
10 a b		Were any of the organization's gaming If "Yes," explain	licenses revoked, susp		• • • • • • • • • • • • • • • • • • • •	Yes No
		-			Schedule G	G (Form 990 or 990-EZ) 2018

Page 3 Schedule G (Form 990 or 990-EZ) 2018 Does the organization conduct gaming activities with nonmembers?......... 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 13 Indicate the percentage of gaming activity conducted in % Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶_____ Address ►_____ 15a Does the organization have a contract with a third party from whom the organization receives gaming b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$ _____ c If "Yes," enter name and address of the third party Name ▶_____ Address ► _____ Gaming manager information Name ▶_____ Gaming manager compensation ► \$ _____ Description of services provided > _____ Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part IV Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2018

65-0101947

SCHEDULE I

(Form 990)

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

OMB No 1545-0047 Open to Public 2018

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

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number 65-0101947 ALLIANCE FOR AGING, INC Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

- 8 \ × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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. Part II

1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of orant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) ALLAPATTAH COMMUNITY ACTION							
2257 NW N RIVER DR MIAMI, FL 33125	59-2000654	501 (C) (3)	720,845				TO PROVIDE GRANTS TO
(2) CATHOLIC CHARITIES							
25 SE 2ND AVE, STE 220 MIAMI, FL 33131	65-0804650	501(C)(3)	433, 608				TO PROVIDE GRANTS TO
(3) САТНОЪІС НОМЕ НЕАLTH							
4790 N STATE ROAD 7 LAUD LAKES, FL 33319	59-2824874	501 (C) (3)	357, 658				TO PROVIDE GRANTS TO
(4) CITY OF HIALEAH GARDENS							
10001 NW 87 AVE HIALEAH GARDENS, FL 33016	59-6014921	115(1)	365, 655				TO PROVIDE GRANTS TO
(5) CITY OF HIALEAH							
7400 WEST 24TH AVENUE HIALEAH, FL 33016	26-3087651	115(1)	1,619,752				TO PROVIDE GRANTS TO
(6) CITY OF MIAMI SPRINGS							
201 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	59-6000374	115(1)	165,100	-			TO PROVIDE GRANTS TO
(7) CITY OF SWEETWATER							
500 SW 109 AVE SWEETWATER, FL 33174	59-6000374	115(1)	862,799				TO PROVIDE GRANTS TO
(8) CITY OF WEST MIAMI							
901 SW 62 AVENUE MIAMI, FL 33144	59-6000374	115(1)	341,160				TO PROVIDE GRANTS TO
(9) DOUGLAS GARDENS							
5200 NE 2ND AVE MIAMI, FL 33137	65-1151478	501 (C) (3)	382,997				TO PROVIDE GRANTS TO
(10) COMMUNITY COALITION, INC							
2100 CORAL WAY #402 CORAL GABLES, FL 33145	65-0848128	501 (C) (3)	244,670		-		TO PROVIDE GRANTS TO
(11) EASTER SEALS SOUTH FLORIDA							
1475 NW 14TH AVE MIAMI, FL 33125	59-0722783	501 (C) (3)	1,197,267				TO PROVIDE GRANTS TO
(12) FIRST QUALITY							
6152 SW 123 AVE MIAMI, FL 33187	45-4425746	N/A	2,794,065				TO PROVIDE GRANTS TO
2 Enter total number of section 501(c)(3) and government		organizations lis	organizations listed in the line 1 table	le		•	
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table					
ı							

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Schedule 1 (Form 990) (2018)

SCHEDULE I (Form 990)

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

es" on Form 990, Part IV, line 21 or 22.

2018
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OMB No 1545-0047

Open to Public

/aaa				COVERINGINS, AND MUNICI
				Complete if the organization answered "Y
epartment of the Treasury	VINSES			► Attach to F
temal Revenue Service) g			► Go to www.irs.gov/Form990
ame of the organization	tton			
ALLIANCE FOR AGING, INC	R AGIN	JG,	INC	

Part I

Employer identification number 65-0101947 for the latest information. orm 990. General Information on Grants and Assistance

Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

ישונים, יייוס ביי, וסי מוון וכמומנים מוויים ומנים מוויים		· · · · · · · · · · · · · · · · · · ·	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	oc daplication is a		coordinate.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIALEAH HOUSING AUTHORITY, INC							
75 EAST 6TH STREET HIALEAH, FL 33010	59-1220360	501 (C) (3)	1,018,491				TO PROVIDE GRANTS TO
(2) INDEPENDENT LIVING SYSTEMS, LLC							
5200 BLUE LAGOON DR, #500 MIAMI, FL 33126	45-0481642	N/A	770,277				TO PROVIDE GRANTS TO
(3) JEWISH COMMUNITY SERVICES							
735 NE 125TH ST NORTH MIAMI, FL 33161	59-0637867	501 (C) (3)	1,373,626				TO PROVIDE GRANTS TO
(4) LEGAL SERVICES OF GREATER MIAMI							
3000 BISCAYNE BLVD , #500 MIAMI, FL 33137	59-1227481	501 (C) (3)	166,540				TO PROVIDE GRANTS TO
(5) LITTLE HAVANA ACTIVITIES AND NUTRITION CENT							
700 SW 8TH ST MIAMI, FL 33130	23-7378008	501 (C) (3)	4,356,115				TO PROVIDE GRANTS TO
(6) MASADA HOME CARE INC							
735 NE 125TH STREET NORTH MIAMI, FL 33161	65-0736904	501 (C) (3)	14,443				TO PROVIDE GRANTS TO
(7) MIAMI-DADE ELDERLY SERVICES							
275 NW 2ND STREET MIAMI, FL 33128	59-3502843	115(1)	3, 945, 713				TO PROVIDE GRANTS TO
(8) MICHAEL-ANN RUSSELL JEWISH COMMUNITY CENTER							
18900 NE 25TH AVE MIAMI, FL 33180	59-2791269	501 (C) (3)	114,319				TO PROVIDE GRANTS TO
(9) MONROE COUNTY							
1100 SIMONTON STREET KEY WEST, FL 33040	59-0624414	115(1)	637, 491				TO PROVIDE GRANTS TO
(10) MOUNT SINAI							
4300 ALTON RD MIAMI BEACH, FL 33140	59-0624424	501 (C) (3)	129,889				TO PROVIDE GRANTS TO
(11) NORTH MIAMI FOUNDATION							
620 NE 127TH ST NORTH MIAMI, FL 33161	59-1582766	501 (C) (3)	220,567				TO PROVIDE GRANTS TO
(12) SOUTHWEST SOCIAL SERVICES							
25 TAMIAMI BLVD MIAMI, FL 33144	59-2102294	501 (C) (3)	1,915,414				TO PROVIDE GRANTS TO
2 Enter total number of section 501(c)(3) and government	povernment c	rganizations list	organizations listed in the line 1 table.	ole		•	
		; ;				•	

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

Schedule I (Form 990) (2018)

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

Part

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

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

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OMB No 1545-0047

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► Attach to Form 990.

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

Employer identification number 65-0101947 ALLIANCE FOR AGING, INC

~	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?
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Ра	Partil 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	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THELMA GIBSON HEALTH INITIATIVE, INC.							
3634 GRAND AVE MIAMI, FL 33133	45-2835389	501 (C) (3)	15,648				TO PROVIDE GRANTS TO
(2) UNITED HOME CARE							
8400 NW 33RD ST STE 400 DORAL, FL 33122	59-1523943	501(C)(3)	7,719,060				TO PROVIDE GRANTS TO
(3) URGENT INC							
1000 NW 1ST AVENUE, #100 MIAMI, FL 33136	65-0516506	501 (C) (3)	30,516				TO PROVIDE GRANTS TO
(4)							
(5)							
(9)							
							_
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government o	l government c	rganizations lis	rganizations listed in the line 1 table.		• • • • • • • • • •	A · · · · · · · · · · · · · · · · · · ·	25.
3 Enter total number of other organizations listed in the line	sted in the line	1 table				▲ :: :: :: ::	2.

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Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2

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 non-cash assistance
1 ELECTE	ELECTRICAL POWER ASSISTANCE	845	381,851			
2 GRANTS	2 GRANTS TO CAREGIVERS	1,101	779, 223			
	-					
4						
5	-					
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b), and any of	ther additional

SCHEDULE I, PART I, LINE 2 - MONITORING PROCESS FOR GRANTS

THE ALLIANCE FOR AGING IS REQUIRED TO MONITOR EVERY PROVIDER THAT

RECEIVES FUNDING AT LEAST ANNUALLY. THERE IS A FORMAL MONITORING PROCESS

THAT CONSISTS OF A DETAILED PROGRAMMATIC AND FISCAL COMPONENT, THE

MONITORING FINDINGS ARE THEN DOCUMENTED IN A WRITTEN REPORT WITH A

CORRECTIVE ACTION PLAN, WHICH IS PRESENTED TO THE PROVIDERS. THE

PROVIDERS MUST COMPLY WITH THE SPECIFIED FINDINGS BY COMMITTING TO

MODIFICATIONS AS REQUESTED.

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE FOR AGING, INC

Employer identification number 65-0101947

PART VI, SECTION B, LINE 11B - REVIEW OF FORM 990

A COPY OF FORM 990 IS SENT VIA EMAIL WITH ATTACHMENTS TO EACH BOARD

MEMBER TO REVIEW AND APPROVE PRIOR TO FILING WITH THE IRS.

PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST

IF ANY STAFF MEMBER, BOARD OR ADVISORY COUNCIL MEMBER HAS A POTENTIAL

CONFLICT OF INTEREST, THEY MUST DISCLOSE THIS TO THE BOARD IMMEDIATELY

AND, IF IT'S DETERMINED BY THE BOARD THAT A CONFLICT EXISTS, HE/SHE MUST

ABSTAIN FROM VOTING ON THE ISSUE BEING CONSIDERED. THE ALLIANCE HAS

CONSISTENT MONITORING OF ANY CONFLICTS OF INTEREST, WHICH IS USUALLY DONE

AT REGULAR MONTHLY MEETINGS.

PART VI, SECTION B, LINE 15 - COMPENSATION REVIEW

EACH YEAR, THE BOARD REVIEWS INDUSTRY STANDARDS AND SETS A COMPENSATION

BASELINE FOR EACH OFFICER'S POSITION. THE BOARD THEN REVIEWS THE

PERFORMANCE OF EACH OFFICER DURING THE YEAR AND DETERMINES HIS/HER

APPROPRIATE COMPENSATION FOR THE SUBSEQUENT YEAR.

PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OLDER AMERICANS ACT TITLE III - THE FEDERAL OLDER AMERICANS ACT
PROVIDES ASSISTANCE IN THE DEVELOPMENT OF NEW OR IMPROVED PROGRAMS

Name of the organization ALLIANCE FOR AGING, INC

Employer identification number 65-0101947

ATTACHMENT 1 (CONT'D)

TO HELP OLDER PERSONS BY AWARDING GRANTS TO THE STATES FOR COMMUNITY PLANNING AND SERVICES. THERE ARE THREE SERVICES AND ACTIVITIES THE ALLIANCE PROVIDES: CONGREGATE MEALS, HOME-DELIVERED MEALS, AND SUPPORTIVE SERVICES. THE PROGRAM PROVIDES CONGREGATE MEALS AND NUTRITION EDUCATION IN STRATEGICALLY LOCATED CENTERS SUCH AS SCHOOLS, CHURCHES, COMMUNITY CENTERS, SENIOR CENTERS, AND OTHER PUBLIC OR PRIVATE FACILITIES WHERE PERSONS MAY RECEIVE OTHER SOCIAL AND REHABILITATIVE SERVICES. THE PROGRAM ALSO PROVIDES HOME-DELIVERED MEALS AND NUTRITION EDUCATION TO HOMEBOUND INDIVIDUALS. LASTLY, THE PROGRAM PROVIDES SUPPORTIVE SERVICES TO BOOST THE WELL-BEING OF ELDERS AND TO HELP THEM LIVE INDEPENDENTLY IN THEIR HOME ENVIRONMENT AND THE COMMUNITY.

TODY OOG DADE III IIVE AD OFFIDE DECEDING CERVIT	ana	ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
HOME CARE FOR THE ELDERLY	2,627,445.	2,751,929.	
ALZHEIMER'S DISEASE INITIATIVE	1,998,851.	1,998,851.	
NON-DOEA PROGRAMS	894,398.	1,561,980.	
AGING RESOURCE CENTER	0.	1,046,371.	
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM	372,132.	531,211.	
MEDICAID WAIVER SPECIALIST	0.	275,907.	
RELIEF	160,578.	174,078.	
OTHER DOEA PROGRAMS	122,894.	122,894.	
SHINE	0.	113,222.	
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDER	0.	80,116.	

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Page 2

Schedule O (Form 990 or 990-EZ) 2018 Name of the organization

ALLIANCE FOR AGING, INC

Employer identification number

65-0101947

ATTACHMENT 2 (CONT'D)

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

ELDER ABUSE PREVENTION

0.

21,267.

TOTALS

6,176,298.

8,677,826.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING

COST

DESCRIPTION

BOOK VALUE

OR FMV

MUTUAL FUNDS - EQUITY

460,508.

FMV

TOTALS

460,508.