WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

NATIONAL ALLIANCE FOR CAREGIVING 1730 RHODE ISLAND AVE NW, NO. 812 WASHINGTON, DC 20036

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning

<b>B</b> c	heck if	C Name of organization	D Employer identific	cation number						
	Addre	NATIONAL ALLIANCE FOR CAREGIVING								
$\vdash$	Chang Name chang		−   52-19313	57						
$\vdash$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s								
$\vdash$	   Final	1730 PHODE TOTAND AVE NW 812	301-718-							
	⊣return/ termin ated		G Gross receipts \$	1,238,403.						
	Ameno		H(a) Is this a group re							
F	Applic		for subordinates							
	pendir	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in							
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or		list. (see instructions)						
		e: ► CAREGIVING.ORG	<del></del>	H(c) Group exemption number						
			ear of formation: 1999 N							
Pa	art I	Summary								
Ф	1	Briefly describe the organization's mission or most significant activities: ${ t WE \;\; BUILD}$	PARTNERSHIPS	IN						
Activities & Governance		RESEARCH, ADVOCACY, AND INNOVATION TO MAKE L	IFE BETTER FO	R FAMILY						
ern;	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its net as							
ŏ	l .		3 4	10						
ø		Number of independent voting members of the governing body (Part VI, line 1b)		10						
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		10						
Ξ		Total number of volunteers (estimate if necessary)		50						
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.						
	b	Net unrelated business taxable income from Form 990-T, line 39		0.						
ne	_	0	Prior Year 738,631.	Current Year 781,439.						
	l	Contributions and grants (Part VIII, line 1h)	63,072.	455,387.						
Revenue	l .	Program service revenue (Part VIII, line 2g)	796.	1,577.						
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7 90 •	1,377.						
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	802,499.	1,238,403.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	7,500.						
	l .	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
w	l		471,271.	636,850.						
Se	16a	Professional fundraising fees (Part IX column (A) line 11e)	0.	0.						
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  59,422.		-						
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	513,984.	693,004.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	985,255.	1,337,354.						
		Revenue less expenses. Subtract line 18 from line 12	-182,756.	-98,951.						
or ces		<u>.</u>	Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	623,957.	1,232,654.						
t dB idB	21	Total liabilities (Part X, line 26)	269,228.	976,876.						
	22	Net assets or fund balances. Subtract line 21 from line 20	354,729.	255,778.						
	art II	Signature Block								
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	·	y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.							
		Signature of officer	I Date	_						
Sigi										
Her	е	C. GRACE WHITING, J.D., CHIEF EXECUTIVE O	FFICER							
		D. 10	Date Check	PTIN						
Paid	i	GLENN MILLER, CPA	10/29/2020 if							
	arer	Firm's name WEGNER CPAS, LLP	seit-employi	39-0974031						
	Only	Firm's address 419 N LEE ST	I IIIII 3 LIIV							
	,	ALEXANDRIA, VA 22314-2301	Phone no 70	3-519-0990						
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)	11 110110 110.7 0	X Yes No						

Form 990 (2019)

Page **2** 

Pai	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE BUILD PARTNERSHIPS IN RESEARCH, ADVOCACY, AND INNOVATION TO MAKE
	LIFE BETTER FOR FAMILY CAREGIVERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 956,701 • including grants of \$ 7,500 • ) (Revenue \$ 455,387 • )
	THE NATIONAL ALLIANCE FOR CAREGIVING WORKS IN THREE KEY AREAS:
	RESEARCH, ADVOCACY, AND INTERNATIONAL ADVOCACY. WE PROVIDE TECHNICAL
	SUPPORT AND NETWORKING FOR MORE THAN 80 STATE AND LOCAL CAREGIVING COALITIONS ACROSS THE UNITED STATES. WE ALSO STAFF AND SUPPORT THE
	INTERNATIONAL ALLIANCE OF CARER ORGANIZATIONS (IACO), A MULTI-NATIONAL
	COALITION THAT REPRESENTS 16 NATIONS WITH CARE INFRASTRUCTURE. SOME OF
	THE EFFORTS OF THE ALLIANCE DURING 2019 INCLUDE: RELEASE OF RIDING THE
	ROLLER COASTER OF INFLAMMATORY BOWEL DISEASE: A NATIONAL STUDY OF
	CAREGIVERS OF INDIVIDUALS WITH CROHN'S DISEASE OR ULCERATIVE COLITIS;
	RELEASE OF BURNING THE CANDLE AT BOTH ENDS: SANDWICH CAREGIVING IN THE
	U.S.; RELEASE OF PAVING THE PATH FOR FAMILY-CENTERED DESIGN: A NATIONAL
	REPORT ON FAMILY CAREGIVER ROLES IN MEDICAL PRODUCT DEVELOPMENT;
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 956,701.
	Form <b>990</b> (2019)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	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			x
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
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		Х
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>.</b>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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

	<del></del>		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			7.7
0.4	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
27	If "Yes," complete Schedule R, Part V, line 2  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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?	4a		X				
b	If "Yes," enter the name of the foreign country	_							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		Х				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	CI-						
-	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the paver?	7-		х				
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		- 25				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		75						
·	to file Form 8282?		7с		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х				
f									
g									
h	h 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 organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	 							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ا مدا							
	Gross income from members or shareholders	11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b							
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or							
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Fam	990	(0040)				

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	)				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10	)				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 w	as filed?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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,	stockh	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, 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 boo	dy befo	ore filing the form?	11a	Х			
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," a	escribe					
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>		
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			l		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	on's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(	3)s only	/) avail	lable		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	nd fina	ncial			
	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 bo	ooks a	nd records					
	C. GRACE WHITING, J.D 301-718-8444	2.0	036					
	1730 RHODE ISLAND AVE NW, NO. 812, WASHINGTON, DC	∠ (	036					

932006 01-20-20

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)					1001	(D)	(E)	(F)
Name and title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person			is bot	h an	compensation	compensation	amount of
	week	_				1741 43	1	- Irom	from related	other
	(list any hours for	Individual trustee or director				P		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
-	line)	Pu	lus	Officer	Ke	Hig	균			
(1) JANET MCULSKY	3.00	X		x				0.	0.	0
CHAIR	2.00	^		_				0.	0.	0.
(2) MICHELE OSHMAN	2.00	Х		x				0.	0.	0.
VICE CHAIR (3) DONNA WAGNER	3.00	^		_				0.	0.	<u></u>
TREASURER THRU APRIL 2019	3.00	X		x				0.	0.	0.
(4) JAMES MURPHY, M.S.	1.00	^		<u> </u>				0.	0.	<u>0.</u>
DIRECTOR	1.00	х						0.	0.	0.
(5) SUSAN C. REINHARD, RN, PH.D., F	1.00							•		
DIRECTOR	<del></del>	x						0.	0.	0.
(6) ROBERT STEIN	1.00							•	•	
DIRECTOR THRU APRIL 2019		х						0.	0.	0.
(7) SCOTT T. WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) STEFANI BENEFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CINDY HOUNSELL, J.D.	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) SANDY MARKWOOD, M.S.	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) LAKELYN HOGAN, M.A., M.B.A	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) REGINA SHIH, PH. D.	1.00	,,							0	0
DIRECTOR	E0 00	Х						0.	0.	0.
(13) C. GRACE WHITING, J.D.	50.00			x				114 607	0.	16 021
CHIEF EXECUTIVE OFFICER				_				114,607.	0.	16,031.
		$\vdash$	$\vdash$	_		$\vdash$	$\vdash$			
		1								
						_				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)			((				(D)	(E)		(F)		
	Name and title	Average	(do		Pos		than o	nno	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is both	n an	compensation compensation			an	nount	of
		week	_	cer an	id a d	recto	or/trust	tee)	from	from related	t		other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	98			ated		organization	(W-2/1099-MIS	SC)		om th	
		organizations	ustee	trust		g.	ubeus		(W-2/1099-MISC)				anizat d relat	
		below	ual tr	tional		ploye	st con yee	_					a reiai anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgo	inzaci	0110
			=	=			T 0							
	Subtotal							<b>&gt;</b>	114,607.		0.	1	<u>6,0</u>	31.
С	Total from continuation sheets to Part V	II, Section A					l	<b>&gt;</b>	0.		0.			0.
d	Total (add lines 1b and 1c)						]	<u> </u>	114,607.		0.	1	<u>6,0</u>	31.
2	Total number of individuals (including but n	not limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization													1
											ı		Yes	No
3	Did the organization list any <b>former</b> officer,			key e	emp	loye	e, or	hig	ghest compensated emp	loyee on				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													77
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	dual for services	•			37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
	tion B. Independent Contractors									<b>.</b>				
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	npens	ation t	rom	
-	(A)								(B)			(C	;)	
1625	Name and business		10	11				_	Description of s		С	ompe	nsatio	'n
	THEW GREENWALD & ASSOCT NNECTICUT AVE NW STE 62				ר∩ין	J	חר		RESEARCH AND ANALYSIS IN			1 Ω	1 2	15.
COLLINE IN SIE CEO, MISHEMOTOR, DO MINIBIDED IN CHILDOTVI									<u> </u>	<u> </u>				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Pa	I L V	/ 1111				5			
			Check if Schedule O	contains a respon	se or note to any II	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
S S	-	_	Fodorated compaigns	1a					000110110 0 12 0 1 1
ant	٠		Federated campaigns Membership dues			-			
Ω.E			Fundraising events			-			
ifts ar A			Related organizations			-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr			-			
Sil			All other contributions, gifts,	· -		-			
her		•	similar amounts not included		781,439.				
QĘ.		a	Noncash contributions included in		, , , , , , , , ,				
Sor		-	Total. Add lines 1a-1f			781,439.			
_			Totall / Ida iii ioo ia ii		Business Code	, ,			
ø	2	а	MEMBERSHIP DU	JES	900099	398,175.	398,175.		
Z (	_	b	IACO SECRETAR		900099	39,086.			
Program Service Revenue		c	CONFERENCE RE			5,650.			
an		d	HONORARIA AND			3,653.	3,653.		
ogr.		e			_				
Pr			All other program service	revenue	900099	8,823.	8,823.		
			Total. Add lines 2a-2f			455,387.			
	3		Investment income (include						
			other similar amounts)		<b>&gt;</b>	1,577.			1,577.
	4		Income from investment of						
	5		Royalties		<b>)</b>				
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
		С	Rental income or (loss)	6c					
		d	Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of	(i) Securitie	s (ii) Other				
			assets other than inventory	7a					
		b	Less: cost or other basis						
nue			and sales expenses						
Revenue			Gain or (loss)						
er R			Net gain or (loss)		<b></b>				
Othe	8	а	Gross income from fundraising	- ,					
0				of					
			contributions reported on		_				
			Part IV, line 18		8a   8b	-			
			Less: direct expenses						
	0		Net income or (loss) from		s				
	9	а	Gross income from gamin Part IV, line 19	-	9a				
		h	Less: direct expenses		9b	-			
			Net income or (loss) from						
	10		Gross sales of inventory, I	т т г	<b>_</b>				
	10	u	and allowances		10a				
		h	Less: cost of goods sold		0b	-			
			Net income or (loss) from	·					
				Sales St Alvertiony	Business Code				
Miscellaneous Revenue	11	а							
ane	•	b			-				
e e e		c			-				
Aisc			All other revenue						
-			Total. Add lines 11a-11d						
	12		Total revenue. See instruction			1,238,403.	455,387.	0.	1,577.

### Part IX | Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,500.	7,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 600		26 522	40 544
	trustees, and key employees	130,638.	83,585.	36,509.	10,544
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 001	256 225	111 600	20 161
7	Other salaries and wages	403,084.	256,227.	114,693.	32,164
8	Pension plan accruals and contributions (include	00 100	10 545	U 100	0 540
	section 401(k) and 403(b) employer contributions)	29,193.	19,545.	7,100.	2,548 3,429
9	Other employee benefits	39,284.	26,301.	9,554.	3,429
10	Payroll taxes	34,651.	23,199.	8,427.	3,025
11	Fees for services (nonemployees):				
а	Management	24 000	F00	24 210	
b	Legal	24,800.	590.	24,210.	070
С	Accounting	40,058.	2,364.	37,424.	270
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200 000	274 277	15 504	0.0
	column (A) amount, list line 11g expenses on Sch O.)	389,980.	374,377.	15,504.	99.
12	Advertising and promotion	69,996.	53,929.	14,268.	1 700
13	Office expenses	18,364.	12,788.	4,307.	1,799 1,269
14	Information technology	10,304.	12,700.	4,307.	1,209
15	Royalties	34,966.	24,349.	8,201.	2,416
16	Occupancy	51,403.	47,360.	2,761.	1,282
17	Travel	31,403.	47,300.	2,701.	1,202
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	15,106.	14,111.	906.	89
19	Conferences, conventions, and meetings	13,100.	<u> </u>	300.	09
20	Interest Payments to offiliates			+	
21	Payments to affiliates  Depreciation, depletion, and amortization	852.		852.	
22		2,375.		2,375.	
23 24	Insurance Other expenses. Itemize expenses not covered	4,313		4,313.	
<b>24</b>	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  BAD DEBT	28,980.		28,980.	
a b	DUES AND SUBSCRIPTIONS	16,124.	10,476.	5,160.	488
C		10/124	±0/±/0•	3,100.	±00
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,337,354.	956,701.	321,231.	59,422
26	Joint costs. Complete this line only if the organization	, ,	,	- ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form <b>990</b> (2019

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			115,540.	1	51,632
	2	Savings and temporary cash investments			434,401.	2	918,329
	3	Pledges and grants receivable, net	17,768.	3	130,108		
	4	Accounts receivable, net	14,087.	4	110,072		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ន្ទ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges			6,000.	9	5,368
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,153.			
	b	Less: accumulated depreciation	10b	6,452.	1,362.	10c	4,701
1	11	Investments - publicly traded securities		11			
1	12	Investments - other securities. See Part IV, line		12			
1	13	Investments - program-related. See Part IV, lin		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11			34,799.	15	12,444
_   1	16	Total assets. Add lines 1 through 15 (must ed			623,957.	16	1,232,654
1	17	Accounts payable and accrued expenses			50,936.	17	94,831
1	18	Grants payable			18		
1	19	Deferred revenue	218,292.	19	872,153		
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Complet			21		
ဂ္ဂ 2	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		22	
<b>-</b>   2	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
2	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
2	25	Other liabilities (including federal income tax, I	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X			
		of Schedule D			0.	25	9,892
2	26	Total liabilities. Add lines 17 through 25			269,228.	26	976,876
, l		Organizations that follow FASB ASC 958, c	heck he	re ▶ X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			216,384.	27	222,606
<u> </u>	28	Net assets with donor restrictions			138,345.	28	33,172
<b>Í</b>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
-		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund			29		
)   3	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
<u> </u>	31	Retained earnings, endowment, accumulated		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			354,729.	32	255,778
<u> </u> 3	33	Total liabilities and net assets/fund balances			623,957.	33	1,232,654

Pa	Tt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		L,23				
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	L,33				
3	Revenue less expenses. Subtract line 2 from line 1	3	-98,951				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35	4,7	29.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	25	5,7	78.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2019)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number Name of the organization NATIONAL ALLIANCE FOR CAREGIVING 52-1931357 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		•	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	, ,	. ,	, ,	, ,	` '	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	628,961.	754,946.	572,663.	738,631.	781,439.	3476640.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	600 061			F00 604	<b>504</b> 400	245642	
	Total. Add lines 1 through 3	628,961.	754,946.	572,663.	738,631.	781,439.	3476640.	
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,						0.50 104	
	column (f)						969,124.	
	Public support. Subtract line 5 from line 4.						2507516.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015 628, 961.	(b) 2016 754, 946.	(c) 2017 572,663.	(d) 2018 738,631.	(e) 2019 781, 439.	(f) Total 3476640.	
	Amounts from line 4	020,901.	734,340.	372,003.	730,031.	101,433.	34/0040•	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	151.	515.	470.	796.	1,577.	3,509.	
_	and income from similar sources	131.	313.	4/0.	790.	1,377.	3,303.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						3480149.	
12	Gross receipts from related activities,	etc (see instructi	one)			12	671,234.	
	First five years. If the Form 990 is for							
	organization, check this box and stop							
Sec	ction C. Computation of Publ							
14	Public support percentage for 2019 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	72.05 %	
	Public support percentage from 2018					15	77.67 %	
	33 1/3% support test - 2019. If the o					nore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the							
	organization meets the "facts-and-circ						<b>&gt;</b>	
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organia	zation.
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2019. If the						i / is not ⊾
	more than 33 1/3%, check this box ar						<b>P</b>
k	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.*
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- **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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Par	t IV	Supporting Organizations (continued)			
		(=		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations		· ·	<u>.                                    </u>
	D: -1 41-			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b>			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.		
Sect	ion 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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
_		de details in <b>Part VI</b> ). See instructions.		-	
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	<u> </u>	amount arriage by line o amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	EXCES	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL ALLIANCE FOR CAREGIVING

52-1931357

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Inc. 1. Complete Parts I and II.					
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the elty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \fr					
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

### NATIONAL ALLIANCE FOR CAREGIVING

52-1931357

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 38,082.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 340,646.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number

### NATIONAL ALLIANCE FOR CAREGIVING

52-1931357

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Name, audiess, and Zir + +	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 37,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

### NATIONAL ALLIANCE FOR CAREGIVING

52-1931357

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given  (c)  FMV (or estimate)  (See instructions.)		(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
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Name of organization **Employer identification number** 52-1931357 NATIONAL ALLIANCE FOR CAREGIVING Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL ALLIANCE FOR CAREGIVING

**Employer identification number** 52-1931357

Schedule D (Form 990) 2019

organization answered "Yes" or Form 990, Part IV, line 7  1 Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value of contributions to (during year)  4 Aggregate value of contributions to (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for the torson and the second property of the donor advisors in writing that the second property subject to purpose (so for second property subject to advisor) in the form of a consentation of a historically important land area protection of natural habitat  Pesservation of a certified historic structure included in (a)  2 b Total acreage restricted by conservation easements  3 total conservation easements and cuttling historic structure included in (a)  4 Number of conservation easements and cuttling historic structure included in (a)  5 Number of conservation easements and cuttling histo	Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
Total number at end of year	I al			3 Of Accounts. Complete if the
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Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (held all that apply).				
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply).	6			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easements is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it hidds?  4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  5 Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization statements that describes the organization saccounting for conservation easements.  Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the orga		• •	or donor advisor, or for any other purpose	
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listed in the National Register	С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  **Namount of expenses incurred in the year  **Namount of expenses incurred in the year  **No **No **No **No **No **No **No **N		year >		-
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ***Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  **Namount of expenses incurred in the year  **Namount of expenses incurred in the year  **No **No **No **No **No **No **No **N	4	Number of states where property subject to conservation ea	sement is located	
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Shapes and conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XIII, line 1  (ii) Assets included in Form 990, Part XIII, line 1  (iii) Assets included on Form 990, Part XIII, line 1  (iv) Assets included on Form 990, Part XIII, line 1  (iv) Assets included on Form 990, Part XIII, line 1	5			
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ▶ \$  Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X				
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S   Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   and section 170(h)(4)(B)(ii)?	6	·		
<ul> <li>▶ \$</li></ul>		<b>&gt;</b>	,	5 ,
<ul> <li>▶ \$</li></ul>	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
Boos each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part VIII, line 1  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  A S S S S S S S S S S S S S S S S S S			, ,	3 ,
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X			•	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	9			
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1			·	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1			G	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$	Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1				
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	b	· ·		
provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$	_			
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1		•		
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>		•		<b>&gt;</b> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1				
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	2			
a Revenue included on Form 990, Part VIII, line 1	_			ai gairi, provide
	9	- · · · · · · · · · · · · · · · · · · ·	_	<b>&gt;</b> \$

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

Pai	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	er Sim	ilar Asse	<b>ts</b> (conti	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	I	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explain	n how th	ney further t	he organizati	on's exe	mpt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er simila	r assets	3		
	to be sold to raise funds rather than to be main	ntained as part of t	he orgar	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	line 9, o	r
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ns or other as	sets not	include	ed	_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing t	able:						
									Amoun	ıt
С	Beginning balance						10	;		
	Additions during the year							ı		
е	Distributions during the year						16	;		
f	Ending balance						11		_	
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabi	lity?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII. C									
Pai	t V Endowment Funds. Complete if t	the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line	10.			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Thre	e years back	<b>(e)</b> Fou	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizati								3b	
4	Describe in Part XIII the intended uses of the c		wment f	funds.						
Pal	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investri			or other (other)		ccumul preciati		(d) Boo	k value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other				1,153.		6,	452.		4,701.
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colun	nn (B), line 1	10c.)			▶		4,701.

Schedule D (Form 990) 2019 NATIONAL AL	LIANCE FOR CA	REGIVING	52-1931357 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		
	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)	(a) zook raide	(c) meaned or raidallerin cool	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	114. 666 1 6111 666, 1 4117, 1116 16	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.	,		· 1
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2) DEFERRED LEASE LIABILITY			9,892
(3)			

(2) DEFERRED LEASE LIABILITY 9,892.

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

Pan	t XI Reconciliation of Revenue per Audited Finan	cial Statements With Revenu	ıe per Return	-
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial states	ments	1	1,238,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,238,403.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			1,238,403.
Par	t XII Reconciliation of Expenses per Audited Final		ses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,337,354.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,337,354.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Fart Alli.)	4D		
С	Add lines 4a and 4b			0.
c 5 <b>Par</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Pat <b>XIII</b> Supplemental Information.	rt I, line 18.)	5	1,337,354.
5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Pa	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pat XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa	5	1,337,354.

Schedule D (Form 990) 2019

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  NATIONAL	ALLIANCE	FOR CAREGIV	/ING				Employer identification number 52–1931357
Part I General Information on Grants a							
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance? ocedures for monit	toring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 5  1 (a) Name and address of organization or government	\$5,000. Part II can <b>(b)</b> EIN	be duplicated if addit (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded.  (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
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organizations</li> </ul>							

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR THE NATIONAL CONFERENCE	5	7,500.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ne 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
ALL GRANT RECIPIENTS UNDERGO A PR	E-AWARD P	ROCESS, AT	WHICH TIM	E AWARDEES	
ARE SELECTED BY THE CEO AFTER REV	IEW OF QU	ALIFIED AP	PLICATIONS	•	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2019
Open to Public Inspection

Name of the organization

NATIONAL ALLIANCE FOR CAREGIVING

Employer identification number 52-1931357

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAREGIVERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL CONVENING OF RESEARCHERS EXPLORING CAREGIVING AND THE CREATION

OF A RESEARCH COLLABORATIVE FROM THAT CONVENING; HOSTING OF A NATIONAL

CONFERENCE FOR STATE AND LOCAL ADVOCATES IN NEW ORLEANS, LA; AND

CREATION OF THE ADVOCACY COLLABORATIVE TO DEVELOP A 50-STATE STRATEGY

FOR CAREGIVING.

FORM 990, PART VI, SECTION A, LINE 4:

SINCE LAST FILING THE FORM 990, THE ORGANIZATION UPDATED ITS MISSION TO BE
"WE BUILD PARTNERSHIPS IN RESEARCH, ADVOCACY, AND INNOVATION TO MAKE LIFE

BETTER FOR FAMILY CAREGIVERS." FURTHER, THE ORGANIZATION AMENDED ITS

BYLAWS TO CLARIFY TERM LIMITS FOR BOARD OF DIRECTORS, AS WELL AS TO CLARIFY

THAT THE BOARD OF DIRECTORS SHALL CONSIST OF REPRESENTATIVES OF NATIONAL,

REGIONAL, OR LOCAL ORGANIZATIONS THAT ARE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

NAC HAS MEMBERS, HOWEVER, MEMBERS DO NOT HAVE ORGANIZATIONAL DECISION-MAKING POWER.

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

THE 990 IS REVIEWED BY OUR OUTSIDE CFO CONSULTANT AND SENT TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. AFTER APPROVAL BY THE FINANCE COMMITTEE,

THE 990 IS SENT TO BOARD MEMBERS PRIOR TO FILING.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** NATIONAL ALLIANCE FOR CAREGIVING 52-1931357 FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL OFFICERS AND DIRECTORS COMPLETE A CONFLICT OF INTEREST IN THE EVENT A CONFLICT OF INTEREST ARISES, THE INDIVIDUAL OUESTIONNAIRE. WITH THE CONFLICT OF INTEREST ABSTAINS FROM VOTING OR MAKING A DECISION ON THE MATTER IN WHICH A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS NEGOTIATED A TWO YEAR CONTRACT WITH THE CEO WHEN SHE WAS HIRED BASED ON COMPARABLE SALARIES GIVEN DUTIES, GEOGRAPHICAL LOCATION, AND ORGANIZATION'S SIZE. SALARIES OF OTHER EMPLOYEES ARE DETERMINED BY THE CEO BASED UPON DUTIES PERFORMED, GEOGRAPHICAL LOCATION, AND ORGANIZATION'S SIZE. THIS CONTRACT WAS EFFECTIVE THROUGH 12/31/2019. SALARIES OF OTHER EMPLOYEES ARE DETERMINED BY THE CEO BASED UPON DUTIES PERFORMED, GEOGRAPHICAL LOCATION, AND ORGANIZATION'S SIZE. FORM 990, PART VI, SECTION C, LINE 19: NAC MAKES AVAILABLE THEIR FORM 1023, FORM 990'S, FORM 990-T'S, ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 9,423.

MANAGEMENT AND GENERAL EXPENSES 15,344.

FUNDRAISING EXPENSES 99.

TOTAL EXPENSES 24,866.

932212 09-06-19

MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  CONSULTING FEES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  108,620  FUNDRAISING EXPENSES  0  TOTAL EXPENSES  108,780	Name of the organization  NATIONAL ALLIANCE FOR CAREGIVING	Employer identification number 52-1931357
PROGRAM SERVICE EXPENSES         256,334           MANAGEMENT AND GENERAL EXPENSES         0           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         256,334           CONSULTING FEES:         108,620           MANAGEMENT AND GENERAL EXPENSES         160           FUNDRAISING EXPENSES         0           TOTAL EXPENSES         108,780		
MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  CONSULTING FEES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  108,620  FUNDRAISING EXPENSES  0  TOTAL EXPENSES  108,780	RESEARCH CONTRACTED SERVICES:	
FUNDRAISING EXPENSES 256,334  CONSULTING FEES:  PROGRAM SERVICE EXPENSES 108,620  MANAGEMENT AND GENERAL EXPENSES 160  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	PROGRAM SERVICE EXPENSES	256,334.
TOTAL EXPENSES 256,334  CONSULTING FEES:  PROGRAM SERVICE EXPENSES 108,620  MANAGEMENT AND GENERAL EXPENSES 160  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	MANAGEMENT AND GENERAL EXPENSES	0.
CONSULTING FEES:  PROGRAM SERVICE EXPENSES 108,620  MANAGEMENT AND GENERAL EXPENSES 160  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES 108,620  MANAGEMENT AND GENERAL EXPENSES 160  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	TOTAL EXPENSES	256,334.
PROGRAM SERVICE EXPENSES 108,620  MANAGEMENT AND GENERAL EXPENSES 160  FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	CONSULTING FEES:	
FUNDRAISING EXPENSES 0  TOTAL EXPENSES 108,780	PROGRAM SERVICE EXPENSES	108 620.
TOTAL EXPENSES 108,780	MANAGEMENT AND GENERAL EXPENSES	160.
	FUNDRAISING EXPENSES	0.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 389,980	TOTAL EXPENSES	108,780.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	389,980.