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Form 990

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 0812

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1220 L STREET, N,W. 800

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

F Name and address of principal officer:

D Employer identification number
23-7455377

E Telephone number
(202) 637-8400

G Gross receipts $ 25,671,255.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 03

J Website: ▶ WWW.NCBA-AGED.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	2973
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	23,792,630.	25,671,255.
	9	Program service revenue (Part VIII, line 2g)	16,963.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,809,593.	25,671,255.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,315,720.	23,495,650.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,362,669.	2,191,608.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,678,389.	25,687,258.
	19	Revenue less expenses Subtract line 18 from line 12	131,204.	<16,003.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,296,150.	2,576,264.
	21	Total liabilities (Part X, line 26)	1,868,221.	2,091,055.
	22	Net assets or fund balances Subtract line 21 from line 20	427,929.	485,209.

Part II Signature Block

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

Sign Here

▶ Karyne Jones — Signature of officer — Date: 11/2/2009

▶ KARYNE JONES, PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Stephanie Kane, CPA — Date 10/30/09 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
BERT SMITH & CO.
1090 VERMONT AVE., NW
WASHINGTON, DC 20005

EIN ▶

Phone no. ▶ (202) 393-5600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

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Name of the organization: NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC.

Employer identification number: 23-7455377

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End of year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NCBA HOUSING DEVELOPMENT CORPORATION - 52-1101506, 2801 14TH STREET NW, WASHINGTON, DC 20009	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	DISTRICT OF COLUMBIA	501(C)3	SECTION 170(B)(1)A	
NCBA HOUSING SERVICES FOR MISSISSIPPI I - 64-0679139, 811 FOREST AVENUE, JACKSON, MS 39206	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	MISSISSIPPI	501(C)3	SECTION 170(B)(1)A	
NCBA HOUSING SERVICES FOR MISSISSIPPI II - 64-0606980, 2780 COLLEGE STREET, HERNANDO, MS 38632	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	MISSISSIPPI	501(C)3	SECTION 170(B)(1)A	
NCBA HOUSING SERVICES FOR MISSISSIPPI III - 64-0696987, 100 ROSEBUD ST, MAYERSVILLE, MS 39113	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	MISSISSIPPI	501(C)3	SECTION 170(B)(1)A	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end of year assets	(H) Percentage ownership
NCBA HOUSING MANAGEMENT CORPORATION - 52-1214322 2801 14TH STREET WASHINGTON , DC 20009	MANAGE SENIOR HOUSING 8 PROJECTS	DC		C CORP	0.	0.	100%

Part V Transactions With Related Organizations

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NCBA HOUSING SERVICES FOR MISSISSIPPI IV - 57-0884935, HIGHWAY 3, MARKS, MS 38646	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	MISSISSIPPI	501(C)3	SECTION 170(B)(1)A	
NATIONAL CAUCUS ON BLACK AGED, INC. - 58-1528222, 1737-H S. SCALES STREET, REIDSVILLE, NC 27320	PROVIDE SECTION 8 HOUSING TO SENIOR CITIZENS	NORTH CAROLINA	501(C)3	SECTION 170(B)(1)A	