		EXTENDED TO NOV	EMBE	ER 18, 2	2020_			-
Form <b>990-T</b>	E	Exempt Organization Bu				ax Return	۱ إ	OMB No 1545-0047
А		(and proxy tax und	der se	ction 6033(	(e))	1017		2040
- + <b>*</b>	Forca	elendar year 2019 or other tax year beginning		, and end	_		- 1	2019
Department of the Treasury Internal Revenue Service	l ▶	● Go to www.irs gov/Form990T for i Do not enter SSN numbers on this form as it ma					ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization ( Check box if name					D Empl	oyer identification number loyees' trust, see
address changed	1		_					ictions)
B Exempt under section	Print	AARP FOUNDATION						2-0794300
X 501(c()(3)	or Type	Number, street, and room or suite no If a P.O. bo						ated business activity code nstructions )
408(e) 220(e)	""	601 E STREET, NW, TAX					-	
408A530(a) 529(a)		City or town, state or province, country, and ZIP WASHINGTON, DC 20049	or toreig	n postal code			532	000
C Book value of all assets at end of year		F Group exemption number (See instructions )	<b>&gt;</b>					
<u>598,934,8</u>		G Check organization type X 501(c) co		n 501(	(c) trust	401(a)	trust	Other trust
	-	ation's unrelated trades or businesses	1			the only (or first) un		
trade or business here						complete Parts I-V.		•
		ace at the end of the previous sentence, complete P	arts I an	d II, complete a	Schedule	M for each addition	al trade	or
business, then complete		i-v. poration a subsidiary in an affiliated group or a pare	nt cube	udiani controllad	aroup?	<u> </u>	Ye	s X No
		tifying number of the parent corporation	มเเ-อนมอ	iulary controlleu	group			15 <u>[28]</u> NU
The books are in care of		PATRICIA D. SHANNON		·	Telepho	ne number 🕨 (	202	)434-3399
Part Unrelate	d Trac	de or Business Income		(A) Incor		(B) Expenses		(C) Net
1 a Gross receipts or sale	es					****	,	. /
b Less returns and allo	wances	c Balance	1c					/
2 Cost of goods sold (S		•	2			<del></del>		
3 Gross profit Subtract			3					/
4 a Capital gain net incon	•	•	48		<del></del>	····		
c Capital loss deduction		Part II, line 17) (attach Form 4797)	4b 4c		+			
·		ship or an S corporation (attach statement)	5	101,	845.			101,845.
6 Rent income (Schedu		or an electrical (allasi) statement,	6			<del></del>		
7 Unrelated debt-finance	ed incor	me (Schedule E)	7					
8 Interest, annuities, roy	yaltıes, a	and rents from a controlled organization (Schedule F)	8			·		
		on 501(c)(7), (9), or (17) organization (Schedule G	) 9		$\longrightarrow$			
10 Explorted exempt acti			10					
11 Advertising income (S		•	11	/	+			
12 Other income (See in:  Total, Combine lines		•	12	101,	845			101,845.
Part Deductio	ns No	ot Taken Elsewhere (See instructions f	or limite	ations on dedu	ctions)	** ***		101,043.
		pe directly connected with the unrelated busin			,			
14 Compensation of off	icers, dı	rectors, and trustees (Schedule K)	47	- No. 104 A04 4 A		<del></del>	14	
15 Salaries and wages				ECEIV	ΕD		15	
16 Repairs and mainten	ance		≂¹ .	12		%	16	
17 Bad debts			6) 1	10 1 (2 4) 2(	020	RS-080	17	
18 Interest (attach sche	dule) (s	ee instructions)	Ł			<u> </u>	18	
<ul><li>19 Taxes and licenses</li><li>20 Depreciation (attach</li></ul>	Form 45	562)	_ 0	GDEN <sub>L</sub>	UT	-	19	
		n Schedule A and elsewhere on return			1a		21b	
22 Depletion				شا دروه که ه			22	
23 Contributions to defe	erred cgi	mpensation plans					23	
24 Employee benefit pro	ograms						24	
25 Excess exempt exper							25	
26 Excess readership co				<b>~</b>	a=		26	
27 Other deductions (at		•		SEE	STAT.	EMENT 1	27	86,649.
28 Total deductions A 29 Uprelated business t		-14 through 27 ncome before net operating loss deduction. Subtrac	ot line of	from line 40			28	86,649.
/		ncome before het operating loss deduction. Subtractions arising in tax years beginning on or after Janua					29	15,196.
(see instructions)	viauily l	ooo anomy in aax yearo beginning on or diet Janus		SEE	STATE	ement-2	30	256.
/	<u>axabl</u> e ır	ncome, Subtract line 30 from line 29	(Dai)	(+ T)		(1)	31	14,940.
7		work Reduction Act Notice, see instructions	/		*******************	-	1	Form 990-T (2019)
			_				r	

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Form 99	0-T (2019)	AARP FOUNDATION				52-079	94300 Page 2
Part	<b>4</b> 11	Total Unrelated Business Taxal	ole Income				
32	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instituations	1 1	32	14,940.
33	Amoun	ts paid for disallowed fringes		7 - 7 - 1	1 '	33	
34	Charita	ble contributions (see instructions for limitatio	n rules)			3,4	0.
35	Total ur	related business taxable income before pre-20	118 NOLs and specific deduction Subtract	line 34 from the sum of	lines 32 and 33	35	14,940.
36	Deduct	on for net operating loss arising in tax years b	eginning before January 1, 2018 (see inst	ructions)		38	
37	Total of	unrelated business taxable income before spe	ecific deduction. Subtract line 36 from line	35	7	37	14,940.
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptions)		8	38	1,000.
39		ed business taxable income Subtract line 3	3 from line 37. If line 38 is greater than line	e 37,			
in S		e smaller of zero or line 37				39	13,940.
		Tax Computation				па	
40	-	ations Taxable as Corporations. Multiply lin	¥ 0		<b>&gt;</b>	40	2,927.
41		Taxable at Trust Rates. See instructions for to	· · · · · · · · · · · · · · · · · · ·	t on line 39 from:			
40		ax rate schedule or Schedule D (Form	1041) '			411	
42	-	ax. See instructions				<del></del>	
43		tive minimum tax (trusts only)				43	
44 `45		Noncompliant Facility Income See instruction National Section See Instruction National See Incompliant See Instruction National See Incompliant See Instruction National S			7	45	2,927.
		Tax and Payments	isver applies	·····i			
	<del>'''</del>	tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	46a		~, # 4	
		redits (see instructions)	Oart III	48b		1 1	
C		business credit. Attach Form 3800	h-11 / (()	46c		<b>-</b>	1
d		or prior year minimum tax (attach Form 8801	or 8827)	46d		7 - 1	
e	Total c	edite. Add lines 46a through 46d	,	1		46e	
47	Subtrac	et line 46e from line 45				47	2,927.
48	Other to	exes. Check if from: Form 4255	Form 8611 Form 8697 Form	1 8866 🔲 Other	(attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)			4	49	2,927.
50	2019 n	et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3		-	50	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019	<i>~</i> (.	51a		_  '.	
b	2019 es	stimated tax payments	Gb.	) 5/16	35,000.	네	
C	Tax dep	osited with Form 8868		5៧០		- `;-	
	_	organizations: Tax paid or withheld at source	(see instructions)	5 d		J· `	
		withholding (see instructions)		5 e		-	
		or small employer health insurance premiums		5 ir		-  . :	
9			orm 2439	_   [.]		1	
<b>E</b> 0		orm 4136 Orm	ther Total	510		52	35,000.
52 53		ed tax penalty (see instructions). Check if Forr	n 2220 is attached			53	33,000.
54		e. If line 52 is less than the total of lines 49, 50				54	· <del>······························</del>
55		yment. If line 52 is larger than the total of line			ĺ.	55	32,073.
56	•	e amount of line 55 you want: Credited to 20		2,073. Re	funded	58	0.
Part		Statements Regarding Certain					
57	At any	ime during the 2019 calendar year, did the org	janization have an interest in or a signature	e or other authority			Yes No
	over a 1	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financ	al Accounts. If "Yes," enter the name of the	e foreign country			
	here	► SEE STATEMENT 3					X
58	During	the tax year, did the organization receive a dist	tribution from, or was it the grantor of, or i	transferor to, a forei	ıgn trust?	•	X
	If "Yes,	see instructions for other forms the organizat	ion may have to file.				"
59		e amount of tax-exempt interest received or a				*****	
Sign	Ui co	nder penalties of perjury, I declare that I have examined y ect, and complete declaration of preparer (other than	this return, including accompanying schedules and taxpayer) is based on all information of which prep	d statements, and to the parer has any knowledge	best of my knowle e	edge and belief, it is	; true,
Here		Lisa Marsh Ryerson	11/10/2020   1:38 PM EST			May the IRS discuss	
11616		Signal direction of the signal	Date PRESI	DENT		he preparer shown	
		T	T			nstructions)? X	Yes No
		Print/Type preparer's name	Preparer's signature	Date		if PTIN	
Paid		DADUTH VAN ENGED	P. 11/2 E	11/05/2020	self- employed		551/2
	oarer	PARVIN VAN ENGER Firm's name ► ANDERSEN TAX	LLC	17/03/2020	Eurolo Citi	P0095	197384
Use	Only	400 SOUTH		1000	Firm's EIN	33-1.	13/304
		Firm's address LOS ANGELE			Phone no.	213-593-	-2300
923711	01-27-20	Trans address P HOD ANGELLE	D, CA 50071		Triiolia IIO. 4		1 <b>990-T</b> (2019)
020711	2, -20					rulli	(2019)

AARP	FOUNDATION

52-0794300

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
INVESTMENT EXPENSES TAXES & LICENSES		86,637. 12.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	86,649.

3

NET INCOME OR (LOSS)
101,845
101,845

PURSUANT TO NOTICE 2018-67 THE TAXPAYER IS AGGREGATING ALL OF THEIR PARTNERSHIP INVESTMENTS INTO A SINGLE ACTIVITY. ALL OF THE AGGREGATED PARTNERSHIP INVESTMENTS PASS EITHER THE REQUIRED DE MINIMIS TEST OR CONTROL TEST. THE FOLLOWING INVESTMENTS ARE BEING AGGREGATED:

GENSTAR CAPITAL PARTNERS VIII BL, LP GENSTAR CAPITAL PARTNERS IX, LP OAKTREE CAPITAL GROUP, LLC STATE STREET MSCI ACWI EX USA INDEX ADVENT INTERNATIONAL GPE IX LIMITED PARTNERSHIP AUDAX PRIVATE EQUITY FUND VI-B, L.P. ASF VIII-B, L.P.