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-000 T	EXTENDED TO NOVE		y Doturn	OMB No 1545-0047
Form 990-T	Exempt Organization Busi (and proxy tax unde			ONID 10 1343-0047
	For calendar year 2019 or other tax year beginning	, and ending	1912	2019
Department of the Treasury	Go to www.irs.gov/Form990T for ins		on.	2010
Internal Revenue Service	Do not enter SSN numbers on this form as it may be		on is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name ch	anged and see instructions.)	. [¯ (Em	ployer identification number aployees' trust, see tructions)
	D AARD FOIDIDATION		1	52-0794300
B Exempt under section X 501(c)(3)	Print AARP FOUNDATION Or Number, street, and room or suite no. If a P.O. box,	see instructions	E Unr	elated business activity code
408(e) 220(e)	Type 601 E STREET, NW, TAX D		(Sec	nstructions)
408A 530(a)	City or town, state or province, country, and ZIP or			
529(a)	WASHINGTON, DC 20049		53	2000
C Book value of all assets	F Group exemption number (See instructions.) 11. G Check organization type X 501(c) corporation	-	4044 \ \	011
598,934,8	organization's unrelated trades or businesses	oration 501(c) trust	401(a) trust	
	► INVESTMENTS		e only (or first) unrelate Implete Parts I-V. If mo	
	plank space at the end of the previous sentence, complete Part			
business, then complete				
	the corporation a subsidiary in an affiliated group or a parent	t-subsidiary controlled group?	> '	Yes X No
	and identifying number of the parent corporation.			0.424 2200
	► PATRICIA D. SHANNON d Trade or Business Income	(A) Income	e number ► (20) (B) Expenses	2)434-3399 (C) Net
1a Gross receipts or sale		(A) IIICOIIIC	(D) Expenses	(0) (0)
b Less returns and allo		10		
2 Cost of goods sold (S		2		
3 Gross profit. Subtract		3		<i>P</i>
4 a Capital gain net incon	· · · · · · · · · · · · · · · · · · ·	4a		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction		40		101 045
	partnership or an S corporation (attach statement)	5 101,845.	<u></u>	101,845.
8 Rent income (Schedu	· · · · · · · · · · · · · · · · · · ·	6 7		
	ed income (Schedule E) yalties, and rents from a controlled organization (Schedule F)	8	· · · · · · · · · · · · · · · · · · ·	
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
	vity income (Schedule I)	10	•	
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	11		
12 Other income (See in	structions; attach schedule)	12	_	
13 Total. Combine lines	3 through 12	13 101 8450		101,845.
	ons Not Taken Elsewhere (See instructions for must be directly connected with the unrelated busine			
		1 5		
14 Compensation of off Salaries and wages	ficers, directors, and trustees (Schedule K)	DEC 2 8 2020) SE 14	
Repairs and mainter	nance	النا ا	17 18	
Bad debts		OGDEN	17	
Ξñ	odule) (see instructions)	UGG	18	
Taxes and licenses			19	
	Form 4562)	20		
	aimed on Schedule A and elsewhere on return	21a	216	<u> </u>
22 Depletion			22	
Contributions to def	erred compensation plans		23	
24 Employee benefit pr	,		24 25	+
Depletion Contributions to def Contributions Contri			25 26	
27 Other deductions (at		SEE STATE		86,649.
	add lines 14 through 27		28	86,649.
/	taxable income before net operating loss deduction. Subtract	line 28 from line 13	29	15,196.
,	perating loss arising in tax years beginning on or after January	y 1, 2018	T	T
(see instructions)		SEE STATE	7 4 1	256.
Q====================================	taxable income Subtract line 30 from line 29			14,940.
923701 01-27-20 LHA F	or Paperwork Reduction Act Notice, see instructions		•	Form 990-T (2019)

		AARR GOIDIDAGTON				E 2	-0794300	١. (
		AARP FOUNDATION Total Unrelated Business Tax	able Income	<u>.</u>		34	-0/34300	/ Page /
				(()		112	14,9	110
		unrelated business taxable income computi	ed from all unrelated trades of pusines	ses (see instructions)		32	14,3	40.
-		s paid for disallowed fringes	YU!"	† '		33		0.
34	-	le contributions (see instructions for limitat	•			الثالث	14,9	
35		related business taxable income before pre-			of lines 32 and 33	, , ,	14,3	40.
36		on for net operating loss arising in tax years			4	36	14 0	140
37	Total of	unrelated business taxable income before s	pecific deduction. Subtract line 36 fror	n line 35		37	14,9	
38		deduction (Generally \$1,000, but see line 3				6 38	<u> </u>	000.
39		ed business taxable income. Subtract line	38 from line 37. If line 38 is greater the	an line 37,	1		12.0	
P		e smaller of zero or line 37				* 89	13,9	40.
		ax Computation	<u> </u>	11	<u> </u>	1.1		107
		ations Taxable as Corporations Multiply i		11	1	► 40	2,9	27.
41	Trusts'T	axable at Trust Rates. See instructions for	tax computation. Income taxkoh thelai	mount on line 39 from:				
	Ta	x rate schedule or Schedule D (Fo	rm 1041)		•	► <u>[41</u>]		
42	Proxy ta	See instructions			•	► 4 2		
43	Alternat	ive minimum tax (trusts only)	,			43		
44	Tax on 1	Noncompliant Facility Income See Instruc	tions		7	44		
45		dd lines 42, 43, and 44 to line 40 or 41, wh	ichever applies			45	2,9	27.
		ax and Payments						
- / 1		tax credit (corporations attach Form 1118;	trusts attach Form 1116)	46a		⊣		
(b)	_	edits (see instructions)	0.12111	46b		→		
C		business credit. Attach Form 3800	111 TXX	46c		⊣ i l		
d	Credit fo	or prior year minimum tax (attach Form 880	1 or \$827)	<u> 46d </u>		-		
е	Total cr	edits. Add lines 46a through 46d	`			46e		
47	Subtrac	t line 46e from line 45				47	2,9	27.
48	Other ta	xes. Check if from: Form 4255	☐ Form 8611 ☐☐ Form 8697 ☐☐	Form 8866 Other	(attach schedule			
49		x. Add lines 47 and 48 (see instructions)				4 49	2,5	27.
50		et 965 tax liability paid from Form 965-A or l	Form 965-B, Part II, column (k), line 3	1.3.1		50	-	<u> </u>
		its: A 2018 overpayment credited to 2019		5)a	25 000	<u> </u>		-
		timated tax payments		60 2 p	35,000	'-		
		osited with Form 8868		5 c				
d	Foreign	organizations: Tax paid or withheld at source	ce (see instructions)	5114		⊣ i l		
		withholding (see instructions)		5 te	 			
		or small employer health insurance premiun		51f	 	¹		
9		edits, adjustments, and payments:	Form 2439	-		. []		
		orm 4136	Other T	otal 🕨 🚺 📗			25 6	
52		ayments. Add lines 51a through 51g				52	35,0	000.
53		ed tax penalty (see instructions). Check if Fo				53		
54		e. If line 52 is less than the total of lines 49,	·		10	► <u>54</u>	22 (172
55		yment. If line 52 is larger than the total of li			(-	55	32,0	_
1 56		e amount of line 55 you want: Credited to 2 Statements Regarding Certain			efunded	► 56		0.
Par				·-·-			l Vac	Ť Na
57		ime during the 2019 calendar year, did the d					Yes	No
		inancial account (bank, securities, or other)	-				}	
		Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name	or the foreign country			X	+
	here	► SEE STATEMENT 3	Later transfer or the greater	of as transferes to a face	van truot?		— <u>^</u>	X
58		the tax year, did the organization receive a d		JI, OF HAIISIEFOF 10, A 1016	sign trust?		 	12
59		see instructions for other forms the organia e amount of tax-exempt interest received or	·					1
		der penalties of perjury, I declare that I have examin		iles and statements, and to the	e best of my know	wledge and b	pelief, it is true,	
Sign		rrect, and complete Declaration of preparer (other the	nan taxpayer) is based on all information of whi	ch preparer has any knowled	ge ´			
Here		Assaul Ru	12.4.20 N PRE	SIDENT			S discuss this return ir shown below (see	with
		Signature of officer	Date Title				s)? X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTII		
		Time 13 po proparor a fiamo	- Topardi d dignatoro	""	self- employ		· •	
Paid		PARVIN VAN ENGER	You a Va Esas	11/05/2020	omploy		00955143	3
	parei	Firm's name ► ANDERSEN TA	X LLC		Firm's EIN		3-119738	
USE	Only	400 SOUTH		E 1000				
		Firm's address N.O.S. ANGET.			Phone no	213-	593-2300)

Form **990-T** (2019)

FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 1
DESCRIPTION	1			AMOUNT
INVESTMENT TAXES & LIC				86,637 12
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27		86,649
FORM 990-T	NET	OPERATING LOSS D	EDUCTION .	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	256.	0.	256.	256.
	/ER AVAILABLE THIS	YEAR	256.	256.

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

FORM 990-T

DENMARK
INDONESIA
ISRAEL
NORWAY
PORTUGAL
SOUTH KOREA
SWEDEN
UNITED KINGDOM
TURKEY
MEXICO

STATEMENT 3

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	· ·	NET INCOME OR (LOSS)
INVESTMENTS - OTHER INCOME (LOSS)		101,845
TOTAL INCLUDED O	N 990T, PART I, LINE 5	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.