, ,,,	i in ar .	7\ N.	IENDED RETURN -	SECTIO	ואו בז	2/31/71 1	ולים סבים	293	932	0/00718
1.	ajet.		cempt Organi					Tax Retu	rn l	0.15.11.15.15.05.05
Form	ո 990-T <sup>լ</sup>	_^				der sectio			112	OMB No 1545-0687
		For caler	•	•			•	1	1812	. ୬⋒ <b>1</b> ໘
Dena	rtment of the Treasury	For calendar year 2018 or other tax year beginning, 2018, and ending, 20 Lee Book Book Book Book Book Book Book Bo								<u> </u>
•	al Revenue Service	▶Do	not enter SSN numbers						(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Z	X Check box if		Name of organization (	Check bo	ox if nan	ne changed and	see instruction:	s )		yer identification number
	address changed								(Empic	oyees' trust, see instructions )
	empt under section		<u>ALLI</u> ANCE FOR	AGING,	INC	•			_	
Х	501( Ci)(-3_)	Print	Number, street, and room	n or suite no l	faPO	box, see instruct	ions			101947
	408(e) 220(e)	or Type								ated business activity code structions)
	408A530(a)		760 NW 107TH					214		,
	529(a)		City or town, state or pro		y, and Z	IP or foreign post	al code			
	ok value of all assets end of year		MIAMI, FL 33						<u> </u>	
	•		up exemption number (							
			eck organization type				501(c)		401(a)	
			inization's unrelated trad	es or busine	sses l					(or first) unrelated
	ade or business her						• .	•		e than one, describe the
	•		end of the previous se	entence, cor	nplete	Parts I and II, o	complete a S	chedule M for ea	ach additioi	nal
	ade or business, th									. I I IVI
			corporation a subsidiar				t-subsidiary o	controlled group	'	▶ Yes X No
			identifying number of th		rporatio	on ►	<del></del>	e number ▶ 3	05 670	6500
			AX B. ROTHMAN		1	445.1				
			or Business Incom	e	.	(A) Inc	ome	(B) Expe	nses	(C) Net
1a	·									
ь				c Balance ▶	$\overline{}$					
2			ule A, line 7)		2					
3	-		2 from line 1c	١	3					
4a			attach Schedule D)	•	4a					<del>                                     </del>
b	•		Part II, line 17) (attach For		4b					·
c			trusts		4c	_				<del>                                     </del>
5 6			r an S corporation (attach stater		6					
7			come (Schedule E)		7					
8			ents from a controlled organization		$\vdash$					
9		-	i1(c)(7), (9), or (17) organizatio		<del>                                     </del>		-			
10			ncome (Schedule I)		10			_		
11		-	dule J)		11					<del></del>
12			ctions, attach schedule)		<del>-                                    </del>					
13	•		ough 12		-		0.			*
Pa	rt II Deductio	ns Not	Taken Elsewhere	(See instr	uctio	ns for limita	tions on d	eductions)	Except f	or contributions,
14 15 16	deduction	s must	he directly connec	ted with t	he un	related hus	iness inco			·
14	Compensation of	officers,	directors, and trustees (	Schedule K		- D = - O E 1/	/:	<u> </u>	14	
n 15	Salaries and wage	es				RECEN	/EU		15	
<b>j</b> 16	Repairs and main	tenance			ചി.			g	16	
<b>&gt;</b> 17	Bad debts				爲	. MAR. <b>3 0</b> .	.2020 . 🏻	?	17	
= 18	Interest (attach s	chedule) (	(see instructions)		의		$\ldots $ $\begin{cases} c \\ c \end{cases}$	?	18	
19			See instructions for limit					:	19	
20	Charitable contrib	outions (S	See instructions for limit	ation rules)	<u> '</u>	<u> </u>	<u>,                                    </u>	ل	20	
20 21 21 222 222 23			4562)							_
ર્સું 22			on Schedule A and else						22b	
<b>⇔</b> 23	Depletion					<b></b> .			23	
24			compensation plans							<u> </u>
25			s							<u> </u>
26			Schedule I)							<u> </u>
27			ichedule J)							1 200
28			schedule)							1,360.
29			es 14 through 28						29	1,360.
30			ole income before net							-1,360.
31			ig loss arising in tax ye							1 200
32	Unrelated busine	ss taxable	e income_Subtract line	31 from line	30	<u> </u>	<del></del>	<u> </u>	<u>51   \$2</u>	-1,360.

## ALLIANCE FOR AGING, INC.

Form 9	990-T (2018)	Page 2
Par	Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	<b>33</b> -1,360.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	35
		33
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 360
	of lines 33 and 34	36 -1,360.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b> 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	
	enter the smaller of zero or line 36	<b>38</b> -1,360.
Par	Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	
70		40
		41
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44
Par	Tax and Payments	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	
	Other credits (see instructions)	
	General business credit Attach Form 3800 (see instructions)	i !
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	
u		45e
	Subtract line 45e from line 44	46
46		<del></del>
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	
48	Total tax Add lines 46 and 47 (see instructions)	70
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
50 a	Payments A 2017 overpayment credited to 2018	
b	2018 estimated tax payments	
С	Tax deposited with Form 8868- · · · · · · · · · · · · · · · · · · ·	]
d	Foreign organizations Tax paid or withheld at source (see instructions)	
e	Backup withholding (see instructions)	1
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1
	Other credits, adjustments, and payments Form 2439 ATCH 2	1
y	Carbo drodne, adjustino ne, and paymonto	
	Total payments. Add lines 50a through 50g	1
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 2,591.
55	Enter the amount of line 54 you want	2,591.
Par	Statements Regarding Certain Activities and Other Information (see instruction	s)
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-
	here >	X
	· · · · · · · · · · · · · · · · · · ·	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the distribution from the tax year, did the organization receive a distribution from the tax year, did the organization receive a distribution from the tax year, did the organization receive a distribution from the tax year.	gn trust/
	If "Yes," see instructions for other forms the organization may have to file	1
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the titue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	sest of my knowledge and belief, it is
Sigr	Ma	ay the IRS discuss this return
Here	STAN MCNEESE (V) (M) (03/04/2020 VP OF FINANCE with	th the preparer shown below
	Signature of officer Date Title (se	e instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Chec	PTIN
Paid	\.\.\.\.\.\.\.\\\\\\\\\\\\\\\\\\\\\\\\	employed P01074800
Prep	arer	SEIN ► 11-1986323
Use		e no 305-995-9600
	rimms address ▶ ONE SE ITIIND AVENUE, SUITE ITOU, FITATI, FE SSISI   Phone	
JSA		Form <b>990-T</b> (2018)

Form 990-T (2018)											Page 3
Schedule A - Cost of Goods	Sold. Er	iter method	of invent	ory v	valuation	<b>&gt;</b>					
1 Inventory at beginning of year .	1			6	Inventory	at end of yea	ar	6			
2 Purchases	2				Cost of goods sold. Subtract line						
3 Cost of labor	3				6 from	line 5 En	ter here and in	l			
4a Additional section 263A costs		_			Part I, line	2		7			
(attach schedule)	4a			8	Do the	rules of	section 263A (w	rith re	espect to	Yes	No
<b>b</b> Other costs (attach schedule) .	4b			property produced or acquired for resale) apply							
5 Total Add lines 1 through 4b .	5				to the org	anization? .	<u> </u>		<u></u>	İ	X
Schedule C - Rent Income (Fro (see instructions)	m Real P	roperty ar	nd Perso	nai	Property	Leased V	Vith Real Prope	rty)			
Description of property	_										
(1)		-			***	-					
(2)	-										
(3)											
(4)		•									
·	. Rent recei	ved or accrue	ed					-			
(a) From personal property (if the percent	age of rent	(b) F	rom real and	pers	onal property	(if the	3(a) Deductions di	rectiv c	onnected with	the inc	ome
for personal property is more than 10% but not percentage of more than 50%)  more than 50%)  (b) From personal property is more than 10% but not percentage of 50% or if the			age of rent fo	or per	sonal propert	perty exceeds in columns 2(a) and 2(b) (attach schedule)					
(1)		<del>                                     </del>									
(2)						<u> </u>					
(3)	_				_						
(4)								-			
Total		Total									
(c) Total income Add totals of columns	s 2(a) and 2						(b) Total deduction Enter here and on		ı		
here and on page 1, Part I, line 6, column (A)						Part I, line 6, column (B)					
Schedule E - Unrelated Debt-F			e instructi	ions)	)						
1 Description of debt-finance		•	2. Gross	ıncor	me from or bt-financed	3 [	Deductions directly cor debt-finance			ble to	
1 Description of debt-infanc	zed property			rope			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	Colu dıvıd colun	ed		7 Gross income reportable (column 2 x column 6)  8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals							re and on page 1, ne 7, column (A)		er here and t I, line 7, co		

Form **990-T** (2018)

Schedule F-Interest, Ann	uities, Royalties	, and R	ents Fro	m Contro	lled Or	ganizat	i <b>ons</b> (see	e instruction	ons)		
		Ex	empt Co	ntrolled Or	ganızatı	ons					
Name of controlled organization	2 Employer identification number		Net unrela (loss) (see in				included	art of column 4 that is uded in the controlling nization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)							<u> </u>				
(4)											
Nonexempt Controlled Organi	zations			<del></del>			· · · · · · · · · · · · · · · · · · ·			•	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			9 Total of specified payments made		10 Part of column 9 to included in the control organization's gross in		ntrolling		Deductions directly     nected with income in     column 10	
(1)	-									<del>.</del>	
(2)					-						
(3)				_			-				
(4)											
Totals				· · · · · · · · · · · · · · · · · · ·	<b>.</b> ►	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, , art I, line 8, column (B)	
Schedule G-Investment li	ncome of a Sec	tion 50	1(c)(7),	<del></del>		nizatio	(see ins	tructions)			
1 Description of income	2 Amount of	ıncome		3 Deduction of the 3 directly cor (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and o	olumn (A)								Enter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Exc	empt Activity In	come, C	Other Th	an Advert	ising Ir	come (	see instru	ictions)		. 1	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ted with ction of elated s income	or business (column 3) of If a gain, compute		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			<del></del>								
(2)											
(3)			-								
(4)								İ			
	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)					Enter here and on page 1, Part II, line 26			
Schedule J- Advertising I	ncome (see instri	ictions)		I						1	
Part I Income From Per			Consoli	idated Ras	eie .					-	
income i rom en		cu on u	00113011	Tauted Bas	<b>51.</b> 5			1			
1 Name of periodical	2 Gross advertising income		erect ing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				1			-				
(2)				1				1		$\neg$	
(3)	, ,			1						7	
(4)				1		· ·				<b>-</b>	
	† <u> </u>										
Totals (carry to Part II, line (5))										5 990 T (0040)	

Form **990-T** (2018)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				•		
(2)					1	
(3)	,					
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						,
Schedule K - Compensatio	n of Officers, D	irectors, and T	rustees (see instr	uctions)		
	•		•	3 Percent of		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
2)		%	
3)		%	
4)		%	
Total Enter here and on page 1. Part II. line 14			

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREP FEES

1,360.

PART II - LINE 28 - OTHER DEDUCTIONS

1,360.

65-0101947 ATTACHMENT 2

## FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

PAYMENT WITH ORIGINALLY FILED RETURN

2,591.

TOTAL LINE 50G - OTHER CREDITS AND PAYMENTS 2,591.

Taxpayer: EIN:

Alliance For Aging, Inc. 65-0101947

12/31/2018

Tax Period: Tax Form:

990T

## STATEMENT EXPLAINING CHANGES RESULTING FROM AMENDED TAX RETURN

LINE NUMBER	CHANGE FROM ORIGINAL RETURN	REASON FOR CHANGE
Part III, Line 34	-16,333	Repeal of Section 512(a)(7)