	€5 Form	990-T	E	Exempt Organ	TENDED TO M  nization Bus  nd proxy tax und	sines	ss Income 1		<b>)</b>	OMB No 15	45-0687			
		1	1904	2010										
			For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 20						<u>.9</u>	<u>9</u>   <b>ZUIO</b>				
		tment of the Treasury	▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							Open to Public 501(c)(3) Organi	Inspection for			
	intern	al Revenue Service								501(c)(3) Organi oyer identificatio				
	A L	Check box if address changed		Name of organization ( Check box if name changed and see instructions.)				(Employees' trust, see instructions)						
	<u> </u>	xempt under section	Print or Type	INSTITUTE ON AGING					94-2978977					
	_	501(c <u>(x(3</u> ) ,		Number, street, and room or suite no. If a P.O. box, see instructions.					E Urrelated business activity code					
	ᢡ	408(e) 220(e)		3575 GEARY BOULEVARD						nstructions)				
	늗	1408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						1				
	F	]529(a)		SAN FRANCIS							900099			
	C Bo	ok value of all assets		E Group exemption number (See instructions.)										
	- at 4	50,029,8	) trust	0′	ther trust Z									
	H En	at end of year 50, 029, 836. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust  H Enter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) unrelated												
	tra	trade or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If moi												
	des	scribe the first in the bl	ank spa	ce at the end of the previou	us sentence, complete P	arts I and	III, complete a Schedule	e M for each addition	al trade	or				
	<u>bu</u>	siness, then complete l	Parts III-	-V	·									
				oration a subsidiary in an a		nt-subsid	diary controlled group?	<b>▶</b> l	Yes No					
				ifying number of the paren				<del></del>	445	\ <del> </del>	101			
				ROXANA R. BLA		•				)7 <u>50-4</u>				
				le or Business Inc	ome	<del>,                                    </del>	(A) Income	(B) Expense:	<u> </u>	(C) I	vet			
		Gross receipts or sale									*			
		Less returns and allow			c Balance	1c		<del> </del>			* * -			
		Cost of goods sold (Se				3		<del>                                     </del>		<del></del>				
	3	Gross profit. Subtract					h-	٧,						
<b>(3</b>		Capital gain net incom	•	n Schedule D) art II, line 17) (attach Form	4707)	48 4b	<del></del>	<del>                                  </del>						
2020		Capital loss deduction			14/9/)	4c		<del>                                     </del>						
2 2	5	•		hip or an S corporation (at	tach statement)	5								
0.2	ß	Rent income (Schedul		mp or an o corporation (at	tach statementy	6	· <del></del> .							
		Unrelated debt-finance		ne (Schedule E)		7	······································	· · · · · · · · · · · · · · · · · · ·	$\neg$					
NOV				nd rents from a controlled o	organization (Schedule F)	8								
		-		n 501(c)(7), (9), or (17) or	•	<del></del>								
ANNED		Exploited exempt activ				10								
Z	11	Advertising income (S	chedule	J)		11								
Z	12	Other income (See ins	truction	s; attach schedule)		12		J Han a						
	13	Total. Combine lines			·- <del></del>	13	0.	l						
S	Pa			t Taken Elsewher										
		(Except for c	ontribu	tions, deductions must	be directly connected	d with th	ne unrelated business	income)	, —					
	14	Compensation of offi	cers, dır	ectors, and trustees (Sche	dule K) C E \	/Fr			14					
	15	Salaries and wayes		5	וכ		ပ္ပါ		15_					
	16	Repairs and maintena	ance	100 A	MAY 2 2 20 OGDEN, I	120			16					
	17	Bad debts		1		120			17					
_	18	Interest (attach sched	dule) (se	e instructions)	OFFICE	-	왕		18					
ער. ע	19 20	Taxes and licenses	no /Coo	unatruationa for limitation	ODEIA' (	J I	~-		19					
R P	21	Depreciation (attach l	•	instructions for limitation	rules)		24		20					
<u>p</u>	22	•		Schedule A and elsewhere	on return		21 22a		22b					
ζ	23		iiiieu oii	Schedule A and eisewhere	[228]		23							
₹	24	Depletion  Contributions to deferred companyation plans							24					
	25	Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28												
•	26													
	27									<del>-</del>				
•	28													
	29										0.			
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							29 30		0.			
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)									7			
	32										31 0.			
,	82370			work Reduction Act Notice						Form <b>990</b>	<b>)-T</b> (2018)			

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Form 990-	(2018) INSTITUTE ON AGING	94-29	7897	7	Page 2	
Part						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.	
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			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		"			
30	lines 33 and 34		36			
07		3	<b>გ</b>   30 −	<del></del>	1,000.	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	7	V 37		1,000.	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		]	ļ	^	
Dord	enter the smaller of zero or line 36		<u> 1 38</u> -	L	0.	
Part I	<del></del>					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	► <u>39</u>		0.	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			ĺ		
	Tax rate schedule or Schedule D (Form 1041)	•	► <u>40</u>			
41	Proxy tax. See instructions		► 41 <u>1</u>			
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income. See instructions		43		_	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		<u> </u>	
Part \	/ Tax and Payments		<u> </u>			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	_				
b	Table 1					
c	General business credit, Attach Form 3800 45c		7 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		7			
	Total credits. Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44		46		0.	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atte	ch echedule	_			
48	Total tax. Add lines 46 and 47 (see instructions)	o 301100010,	48		0.	
49			49		0.	
	$\mathcal{M}_{\mathbf{q}}$		43			
	Payments: A 2017 overpayment credited to 2018  2018 estimated tax payments  50b 16	5,960	⊣ i			
	e	3,480				
	, , , , , , , , , , , , , , , , , , ,	400	-			
	`		-			
	Backup withholding (see instructions) 50e					
	Credit for small employer health insurance premiums (attach Form 8941)		<b>⊣</b> 1			
9	Other credits, adjustments, and payments. Form 2439		1			
	Form 4136 Other Total ▶ 50g					
51	Total payments. Add lines 50a through 50g	200	51	2:	5,440.	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	63	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<i>公</i> ,▶	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	15▶	54		5,440.	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	led (🌉	55	25	5,440.	
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction	ns)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			L	Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	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	trust?			X	
	If "Yes," see instructions for other forms the organization may have to file.			Ī		
58	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 best	of my know	ledge and b	elief, it is true,		
Sign	correct, and complete Declaration of preserver (other tran taxpayer) is based on all information of which preparer has any knowledge					
Here	15.14.20 CEO	ı	May the IRS discuss this return with the preparer shown below (see			
		r shown below				
	Signatule of officer) (Date) Title				NO	
	Print/Type preparer's name Preparer's signature Date Che		if PTII	N		
Paid	04/20/20	- employe		012044	(11	
Prepa	rer LESLIE VAN LESLIE VAN 04/28/20	•		012944		
Use C	(11)	m's EIN	<u> </u>	1-0189	13TR	
	101 SECOND STREET SUITE 900		44-	0 F Z Z -		
	Firm's address ► SAN FRANCISCO, CA 94105	one no.	415-	<u>956-15</u>		
823711 OI	09-19			Form 99	0-T (2018)	

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

TRANSPORTATION AND PARKING FRINGE BENEFITS

TO FORM 990-T, PAGE 1