

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AARP FOUNDATION		D Employer identification number 52-0794300
	Doing business as		E Telephone number (202) 434-3399
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 E STREET, NW, TAX DEPT.		G Gross receipts \$ 966,873,763.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20049		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
F Name and address of principal officer: LISA MARSH RYERSON SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.AARP.ORG/FOUNDATION			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1961 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COUNTRY FREE OF POVERTY AND WHERE NO OLDER PERSON FEELS VULNERABLE. SEE SCHEDULE O.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 8
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 353
	6 Total number of volunteers (estimate if necessary) 6 41892
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 101,845. b Net unrelated business taxable income from Form 990-T, line 39 7b 13,940.
Revenue	8 Contributions and grants (Part VIII, line 1h) 248,393,739. Prior Year 263,901,185. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,121,191. 1,387,081.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,766,638. 30,703,169.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -198,827. -189,481.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 282,082,741. 295,801,954.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 70,197,948. 80,209,169.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,172,276. 38,099,911.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 1,137,486. 1,528,682.
	b Total fundraising expenses (Part IX, column (D), line 25) 22,730,179.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 62,415,930. 67,588,163.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 170,923,640. 187,425,925.	
19 Revenue less expenses. Subtract line 18 from line 12 111,159,101. 108,376,029.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 439,330,745. Beginning of Current Year 598,934,811. End of Year
	21 Total liabilities (Part X, line 26) 52,750,956. 64,765,477.
	22 Net assets or fund balances. Subtract line 21 from line 20 386,579,789. 534,169,334.

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	<i>Lisa Marsh Ryerson</i> Signature of officer	11/10/2020 1:37 PM EST Date			
	LISA MARSH RYERSON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PARVIN VAN ENGER	Preparer's signature <i>Parvin Van Enger</i>	Date 11/05/2020	Check if self-employed <input type="checkbox"/>	PTIN P00955143
	Firm's name ANDERSEN TAX LLC	Firm's address 400 SOUTH HOPE STREET SUITE 1000 LOS ANGELES, CA 90071	Firm's EIN 33-1197384	Phone no. 213-593-2300	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
AARP FOUNDATION ADDRESSES SENIOR POVERTY BY SPARKING BOLD, INNOVATIVE SOLUTIONS THAT HELP VULNERABLE OLDER ADULTS BUILD ECONOMIC OPPORTUNITY AND SOCIAL CONNECTEDNESS - FOSTERING RESILIENCE, STRENGTHENING COMMUNITIES AND RESTORING HOPE. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 72,044,853. including grants of \$ 56,513,567.) (Revenue \$ 935.)
THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) IS THE NATION'S OLDEST PROGRAM TO HELP LOW-INCOME, UNEMPLOYED INDIVIDUALS AGED 55+ FIND WORK. AARP FOUNDATION FIRST MATCHES ELIGIBLE OLDER JOB SEEKERS WITH LOCAL NONPROFITS AND PUBLIC AGENCIES SO THEY CAN INCREASE SKILLS AND BUILD SELF-CONFIDENCE, WHILE EARNING A MODEST INCOME. BASED ON THEIR EMPLOYMENT INTERESTS AND GOALS, PARTICIPANTS MAY ALSO RECEIVE SUPPORTIVE SERVICES AND SKILLS TRAINING THROUGH AN EDUCATIONAL INSTITUTION. THEIR SCSEP EXPERIENCE MOST OFTEN LEADS TO PERMANENT EMPLOYMENT. SCSEP IS ADMINISTERED BY THE U.S. DEPARTMENT OF LABOR. AARP FOUNDATION OPERATES IN 21 STATES AND PUERTO RICO. IN PROGRAM YEAR 2018/2019 MORE THAN 13,000 PEOPLE WERE SERVED AND MORE THAN 3,600 OBTAINED UNSUBSIDIZED EMPLOYMENT.

4b (Code: _____) (Expenses \$ 21,230,793. including grants of \$ _____) (Revenue \$ _____)
AARP FOUNDATION TAX-AIDE IS THE NATION'S LARGEST, FREE, VOLUNTEER-RUN TAX PREPARATION AND ASSISTANCE SERVICE. IT IS AVAILABLE TO LOW- AND MODERATE-INCOME TAXPAYERS WITH SPECIAL ATTENTION TO THOSE AGED 50 AND OLDER. IN 2019, OVER 35,000 AARP FOUNDATION TRAINED AND IRS-CERTIFIED VOLUNTEERS HELPED OVER 2.5 MILLION PEOPLE FILE THEIR TAXES, RESULTING IN OVER \$1.4 BILLION IN INCOME TAX REFUNDS FOR TAXPAYERS AND MORE THAN \$200 MILLION IN EARNED INCOME TAX CREDITS. SITES WERE OPEN LATE JANUARY/EARLY FEBRUARY THROUGH MID-APRIL FOR FACE-TO-FACE SERVICE. ONLINE ASSISTANCE WAS AVAILABLE THROUGHOUT THE REST OF THE YEAR. TAX-AIDE PREPARED RETURNS ARE ELECTRONICALLY FILED, WHICH HELPS TO INCREASE BOTH THE ACCURACY OF RETURNS PREPARED AND THE SPEED OF REFUNDS TO TAXPAYERS. HTTP://WWW.AARP.ORG/TAXAIDE

4c (Code: _____) (Expenses \$ 9,857,245. including grants of \$ 1,728,848.) (Revenue \$ 945,380.)
AARP FOUNDATION EXPERIENCE CORPS ("EXPERIENCE CORPS") IS AN EVIDENCE-BASED, VOLUNTEER TUTORING AND MENTORING PROGRAM THAT ADDRESSES A MAJOR CONTRIBUTOR TO POVERTY - THE INABILITY OF CHILDREN IN KINDERGARTEN THROUGH THIRD GRADE TO READ AT GRADE LEVEL.

EXPERIENCE CORPS HAS MORE THAN 2,000 HIGHLY TRAINED VOLUNTEERS WORKING IN MORE THAN 22 CITIES AND SERVES OVER 30,000 STUDENTS IN 2019 IN HIGH-NEED ELEMENTARY SCHOOLS. EACH EXPERIENCE CORPS SITE OPERATES ONE OF THREE TUTORING MODELS: ONE TO ONE; SMALL GROUP; AND LITERACY ASSISTANCE (WHERE VOLUNTEERS TUTOR AND HELP TEACHERS WITH CLASSROOM-WIDE ACTIVITIES). STUDIES SHOW THAT AARP FOUNDATION EXPERIENCE CORPS WORKS. AFTER ONE YEAR, MANY STUDENTS WHO WORK WITH

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 48,564,433. including grants of \$ 21,966,754.) (Revenue \$ 440,766.)

4e Total program service expenses **▶ 151,697,324.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 353		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, OK, IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PATRICIA D. SHANNON - (202) 434-3399**
601 E STREET, NW, WASHINGTON, DC 20049

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LLOYD JOHNSON BOARD CHAIR	6.00 10.00	X					0.	4,105.	0.	
(2) JAIME GUTIERREZ BOARD / VICE CHAIR / AUDIT	6.00	X					0.	0.	0.	
(3) HARRY E. JOHNSON BOARD MEMBER / FINANCE CHA	6.00	X					0.	0.	0.	
(4) DIANE D. MILLER BOARD MEMBER	6.00	X					0.	0.	0.	
(5) DAVID ADAME BOARD MEMBER	6.00	X					0.	0.	0.	
(6) PATRICIA BANKS BOARD MEMBER	6.00	X					0.	0.	0.	
(7) SUSAN WERTH BOARD MEMBER	6.00	X					0.	0.	0.	
(8) ANN DAW BOARD MEMBER	6.00	X					0.	0.	0.	
(9) LISA MARSH RYERSON PRESIDENT	40.00			X			468,741.	370.	66,255.	
(10) PATRICIA D. SHANNON CFO & SENIOR VICE PRESIDEN	40.00			X			406,669.	0.	57,755.	
(11) JAMI L. WYATT (AS OF 3/3/19) SECRETARY	1.00 40.00			X			0.	285,499.	66,630.	
(12) DAVID WHITEHEAD SVP & CHIEF DEVELOPMENT OF	40.00				X		346,314.	13,663.	66,914.	
(13) WILLIAM A. RIVERA SVP- LITIGATION	40.00				X		299,497.	1,307.	46,813.	
(14) EMILY S. ALLEN SVP - AARP FDN PROGRAMS	40.00				X		323,844.	0.	54,590.	
(15) KEANNE C. HENRY VP - EXPERIENCE CORPS	40.00					X	259,176.	0.	47,945.	
(16) STEVEN DELVECCHIO VP - DIRECT RESPONSE	40.00					X	192,399.	60,391.	41,853.	
(17) STEPHEN VENUTE VP - CORP & FOUNDATION REL	40.00					X	258,332.	0.	48,626.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK LANDERS VP - STRATEGY & INNOVATION	40.00					X	257,586.	0.	49,236.	
(19) DEMETRIOS ANTZOULATOS VP - FINANCE, GRANTS, & OPERATIONS	40.00					X	257,587.	0.	60,862.	
1b Subtotal							3,070,145.	365,335.	607,479.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,070,145.	365,335.	607,479.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 99

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HIRSCHFELD MARKETING SOLUTIONS 18540 STARCREEK DR, CORNELIUS, NC 28031	MEAL PACK MARKETING & OPERATIONS	1,569,586.
DIRECT MAIL SOLUTIONS 4500 SARELLEN RD, RICHMOND, VA 23231	COMMERCIAL PRINTING SERVICES	1,515,240.
CP DIRECT INC. 4600A BOSTON WAY, LANHAM, MD 20706	COMMERCIAL PRINTING SERVICES	1,362,410.
MEDIACOM WORLDWIDE, INC., 12180 MILLENNIUM DRIVE, SUITE 440, PLAYA VISTA, CA 90094	MEDIA OUTREACH OPTIMIZATION	1,067,774.
BSC ACQUISITION SUB LLC, 50 W. BROAD ST SUITE 1800, COLUMBUS, OH 43215	COMMERCIAL PRINTING SERVICES	1,058,399.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 91

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	111,795.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations	101,862,739.				
	1 e	Government grants (contributions)	87,185,832.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	74,740,819.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 31,840.				
	1 h	Total. Add lines 1a-1f		263,901,185.			
	Program Service Revenue	2 a	EXPERIENCE CORPS PROGRAM FEES	900099	945,380.	945,380.	
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue	900099	441,701.	441,701.		
2 g		Total. Add lines 2a-2f		1,387,081.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,687,555.		101,845.	
	4	Income from investment of tax-exempt bond proceeds				16,585,710.	
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	685,087,423.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	671,071,809.				
	7 c	Gain or (loss)	14,015,614.				
7 d	Net gain or (loss)		14,015,614.		14,015,614.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	CHARITABLE GIFT ANNUITY SEVERANCE	900099	215,914.		215,914.	
	11 b	MISCELLANEOUS REVENUE	900099	86.		86.	
	11 c	CHANGE IN VALUE- CHARITABLE GIFT	900099	-405,481.		-405,481.	
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		-189,481.			
12	Total revenue. See instructions		295,801,954.	1,387,081.	101,845.	30,411,843.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,345,062.	23,345,062.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,864,107.	56,864,107.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,967,507.	656,791.	931,465.	379,251.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,474,168.	22,760,582.	4,326,499.	3,387,087.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	935,140.	690,813.	141,839.	102,488.
9 Other employee benefits	2,815,990.	2,024,721.	498,627.	292,642.
10 Payroll taxes	1,907,106.	1,392,426.	304,146.	210,534.
11 Fees for services (nonemployees):				
a Management				
b Legal	236,636.	236,636.		
c Accounting	164,000.		164,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,528,682.			1,528,682.
f Investment management fees	1,956,439.		1,956,439.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	11,026,762.	8,920,746.	1,285,061.	820,955.
12 Advertising and promotion	3,835,328.	2,028,534.	940,029.	866,765.
13 Office expenses	10,629,257.	10,585,120.	26,102.	18,035.
14 Information technology	2,383,870.	1,976,639.	348,396.	58,835.
15 Royalties				
16 Occupancy	3,047,337.	2,698,145.	232,721.	116,471.
17 Travel	1,526,688.	1,272,147.	142,774.	111,767.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	672,911.	646,115.	8,356.	18,440.
20 Interest	375,130.	209,981.	110,026.	55,123.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,424,428.	763,718.	462,066.	198,644.
23 Insurance	2,381.		2,381.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND POSTAGE	20,791,096.	6,403,154.	58,398.	14,329,544.
b VOLUNTEER TRAVEL/ACTIVI	6,361,688.	6,318,411.	43,267.	10.
c MISCELLANEOUS OPERATING	1,909,711.	723,784.	976,552.	209,375.
d TELECOMMUNICATION EXPEN	1,244,501.	1,179,692.	39,278.	25,531.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	187,425,925.	151,697,324.	12,998,422.	22,730,179.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	14,897,483.	4,323,365.	0.	10,574,118.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	2,220,950.	1	3,393,270.		
	2 Savings and temporary cash investments	9,850,314.	2	19,697,220.		
	3 Pledges and grants receivable, net	9,263,625.	3	13,583,525.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	2,044,836.	9	867,035.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,088,261.				
	b Less: accumulated depreciation	10b 15,091,216.	15,835,661.	10c	14,997,045.	
	11 Investments - publicly traded securities	389,129,995.	11	534,768,098.		
	12 Investments - other securities. See Part IV, line 11	4,814,593.	12	5,209,704.		
	13 Investments - program-related. See Part IV, line 11	5,900,364.	13	6,165,767.		
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	270,407.	15	253,147.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	439,330,745.	16	598,934,811.			
Liabilities	17 Accounts payable and accrued expenses	15,212,537.	17	28,012,161.		
	18 Grants payable	6,177,902.	18	8,532,978.		
	19 Deferred revenue	3,305,114.	19	170,827.		
	20 Tax-exempt bond liabilities	25,000,000.	20	25,000,000.		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,055,403.	25	3,049,511.		
	26 Total liabilities. Add lines 17 through 25	52,750,956.	26	64,765,477.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	95,487,650.	27	112,088,429.		
	28 Net assets with donor restrictions	291,092,139.	28	422,080,905.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	386,579,789.	32	534,169,334.		
	33 Total liabilities and net assets/fund balances	439,330,745.	33	598,934,811.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	295,801,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	187,425,925.
3	Revenue less expenses. Subtract line 2 from line 1	3	108,376,029.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	386,579,789.
5	Net unrealized gains (losses) on investments	5	39,213,516.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	534,169,334.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: AARP FOUNDATION
Employer identification number: 52-0794300

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	152271399	281047140	249808214	248393740	263901186	1195421679.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	152271399	281047140	249808214	248393740	263901186	1195421679.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						433768582
6 Public support. Subtract line 5 from line 4.						761653097

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	152271399	281047140	249808214	248393740	263901186	1195421679.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2454168.	6172014.	10040083.	11340283.	16687555.	46694103.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	518,240.	1708479.	640,882.	922,364.	1197600.	4987565.
11 Total support. Add lines 7 through 10						1247103347.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	61.07 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	65.32 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART II, LINE 10(A);

2015 OTHER PROGRAM INCOME - \$105,873

2015 EXPERIENCE CORPS SCHOOL FEES - \$107,065

2015 CGA SEVERANCE - \$361,524

2015 CGA CHANGE IN VALUE - \$(56,222)

TOTAL PROGRAM SERVICES REVENUE - \$518,240

PART II, LINE 10(B);

2016 EXPERIENCE CORPS PROGRAM FEES - \$1,185,995

2016 ALL OTHER PROGRAM INCOME - \$372,069

2016 CGA SEVERANCE - \$244,961

2016 CGA CHANGE IN VALUE - \$(94,546)

TOTAL PROGRAM SERVICE & OTHER INCOME - \$1,708,479

PART II, LINE 10(C);

2017 EXPERIENCE CORPS PROGRAM FEES - \$765,957

2017 ALL OTHER PROGRAM INCOME - \$20,232

2017 CGA SEVERANCE - \$134,642

2017 CGA CHANGE IN VALUE - \$(279,949)

TOTAL PROGRAM SERVICE & OTHER INCOME - \$640,882

PART II, LINE 10(D);

2018 EXPERIENCE CORPS PROGRAM FEES - \$907,953

2018 ALL OTHER PROGRAM INCOME - \$213,238

2018 CGA SEVERANCE - \$226,859

2018 CGA CHANGE IN VALUE - \$(436,277)

2018 FUNDRAISING & MISCELLANEOUS INCOME - 10,591

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

TOTAL PROGRAM SERVICE & OTHER INCOME - \$922,364

PART II, LINE 10(E);

2019 EXPERIENCE CORPS PROGRAM FEES - \$945,380

2019 ALL OTHER PROGRAM INCOME - \$441,701

2019 CGA SEVERANCE - \$215,914

2019 CGA CHANGE IN VALUE - \$(405,481)

2019 MISCELLANEOUS INCOME - \$86

TOTAL PROGRAM SERVICE & OTHER INCOME - \$1,197,601

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

AARP FOUNDATION

Employer identification number

52-0794300

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AARP FOUNDATION	Employer identification number 52-0794300
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>72,042,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>11,021,674.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>101,862,739.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 1.2em;"></div>	\$ <u>9,060,203.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AARP FOUNDATION	Employer identification number 52-0794300
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization AARP FOUNDATION	Employer identification number 52-0794300
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: AARP FOUNDATION Employer identification number: 52-0794300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Held at the End of the Tax Year), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	307,583,157.	244,360,170.	141,651,935.	17,139,004.	17,983,362.
b Contributions	81,030,355.	78,113,983.	76,682,864.	116,229,945.	336,554.
c Net investment earnings, gains, and losses	55,109,672.	-13,990,060.	26,913,632.	9,190,695.	-328,393.
d Grants or scholarships					
e Other expenditures for facilities and programs	952,396.	-900,936.	888,261.	907,709.	852,519.
f Administrative expenses					
g End of year balance	442,770,788.	307,583,157.	244,360,170.	141,651,935.	17,139,004.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 5.41 %
 - b Permanent endowment 94.59 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,440,000.		4,440,000.
b Buildings		22,736,908.	13,372,594.	9,364,314.
c Leasehold improvements				
d Equipment				
e Other		2,911,353.	1,718,622.	1,192,731.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,997,045.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY LIABILITY	3,049,511.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,049,511.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	387,981,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	39,213,516.
b	Donated services and use of facilities	2b	55,081,386.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	94,294,902.
3	Subtract line 2e from line 1	3	293,686,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,115,806.
c	Add lines 4a and 4b	4c	2,115,806.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	295,801,954.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	240,391,505.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	55,081,386.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	55,081,386.
3	Subtract line 2e from line 1	3	185,310,119.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,115,806.
c	Add lines 4a and 4b	4c	2,115,806.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	187,425,925.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:**PERMANENTLY RESTRICTED ENDOWMENT**

IN JANUARY 2019, THE FOUNDATION RECEIVED A CONTRIBUTION OF \$78,917,500

FROM AARP, INC. FOR ITS PERMANENTLY RESTRICTED ENDOWMENT FUND. IN

ACCORDANCE WITH THE TERMS OF THE DONOR AGREEMENT, THE FOUNDATION IS

REQUIRED TO ADD ALL INVESTMENT INCOME AND GAINS TO THE BALANCE OF THIS

ENDOWMENT FUND UNTIL SUCH TIME AS ESTABLISHED BY THE DONOR.

BOARD DESIGNATED QUASI-ENDOWMENT

THE FOUNDATION'S UNRESTRICTED NET ASSETS INCLUDE AMOUNTS DESIGNATED BY ITS

BOARD OF DIRECTORS TO FUNCTION AS A QUASI-ENDOWMENT FUND.

Part XIII Supplemental Information (continued)

IN CONNECTION WITH ITS QUASI-ENDOWMENT FUND, THE BOARD HAS ADOPTED A SPENDING POLICY, WHICH PERMITS AN ANNUAL TRANSFER TO OPERATING FUNDS UP TO 6% OF THE PREVIOUS 12 QUARTERS' AVERAGE QUASI-ENDOWMENT FUND BALANCE.

ASSETS OF BOTH THE PERMANENTLY RESTRICTED AND QUASI-ENDOWMENT FUNDS ARE INVESTED IN A BROADLY DIVERSIFIED PORTFOLIO SPREAD OVER MULTIPLE ASSET CLASSES.

PART X, LINE 2:

AARP FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES TREATED AS CONTRA REVENUE ON FS	915,417.
INVESTMENT EXPENSES FROM K-1S INCLUDED IN UNREALIZED GAIN ON FS	1,200,389.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,115,806.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES TREATED AS CONTRA REVENUE ON FS	915,417.
INVESTMENT EXPENSES FROM K-1S INCLUDED IN UNREALIZED GAIN ON FS	1,200,389.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,115,806.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AARP FOUNDATION

Employer identification number

52-0794300

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHAPMAN CUBINE AND HUSSEY - 2000 15TH STREET NORTH SUITE	DIRECT MAIL PRODUCTION MANAGEMENT SERVICES		X	0.	780,532.	0.
GIFT STRATEGIES - 1539 FALLS RIVER AVE., SUITE 3, SEEKONK,	CALLING SERVICES TO INDIVIDUALS		X	0.	537,950.	0.
BLUE STATE DIGITAL - 101 AVENUE OF THE AMERICAS, 12TH	MARKETING ADVISORY SERVICES		X	0.	465,567.	0.
Total					1,784,049.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, CA, CT, CO, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AR, ME

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE AND HUSSEY

(I) ADDRESS OF FUNDRAISER:

2000 15TH STREET NORTH SUITE 550, ARLINGTON, VA 22201

(I) NAME OF FUNDRAISER: GIFT STRATEGIES

(I) ADDRESS OF FUNDRAISER:

1539 FALLS RIVER AVE., SUITE 3, SEEKONK, MA 02771

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

(I) ADDRESS OF FUNDRAISER:

101 AVENUE OF THE AMERICAS, 12TH FLOOR, NEW YORK, NY 10013

PART I, LINE 2B, COLUMN (V):

THESE ENTITIES DO NOT RAISE FUNDS DIRECTLY FOR AARP FOUNDATION, BUT PROVIDE COUNSEL, SERVICES, AND SUPPORT TO AARP FOUNDATION'S INTERNAL DEVELOPMENT OFFICE. THE AMOUNTS REFLECTED IN SCHEDULE G ARE FOR THE PROFESSIONAL SERVICES AND REIMBURSEMENTS PAID BY AARP FOUNDATION FOR PROMOTIONAL AND TRAVEL EXPENSES.

SCHEDULE G, PART I, LINE 2 B(V)

CHAPMAN CUBINE AND HUSSEY

PROFESSIONAL FUNDRAISING FEE	\$630,732
MISCELLANEOUS OFFICE EXPENSES	\$562
ADVERTISING & PROMOTION	\$149,238
TOTAL PAID TO CHAPMAN CUBINE AND HUSSEY	\$780,532

BLUE STATE DIGITAL

PROFESSIONAL FUNDRAISING FEE	\$360,000
CONSULTING SERVICES	\$105,567
TOTAL PAID TO BLUE STATE DIGITAL	\$465,567

GIFT STRATEGIES

PROFESSIONAL FUNDRAISING FEE	\$537,950
TOTAL PAID TO GIFT STRATEGIES	\$537,950

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **AARP FOUNDATION** Employer identification number **52-0794300**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AARP 601 E STREET, NW WASHINGTON, DC 20049	95-1985500	501(C)(4)	12,544,586.	0.			CHARITABLE WORK CONDUCTED ON BEHALF OF AARP FOUNDATION
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE & EDUCATION - 321 N CLARK STREET - CHICAGO, IL 60654	36-6110299	501(C)(3)	10,000.	0.			DONATION TO THE ABA 2019 NATIONAL AGING & LAW CONFERENCE
ACCESS HEARS 14301 COOPER RD. PHOENIX, MD 21131	47-4175242	501(C)(3)	150,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT - 1 LONG WHARF DR STE 1L - NEW HAVEN, CT 06511	06-0915531	501(C)(3)	44,651.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS AFTERSCHOOL PROGRAM
AUSTIN COMMUNITY COLLEGE DISTRICT 9101 TUSCANY WAY RM 153 AUSTIN, TX 78754	74-1742036		132,017.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
BENEFITS DATA TRUST CENTRE SQUARE WEST, 1500 MARKET STREET, SUITE 2800 - PHILADELPHIA, PA 19102	20-3455598	501(C)(3)	350,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 70

3 Enter total number of other organizations listed in the line 1 table ▶ 7

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREVARD WORKFORCE DEVELOPMENT BOARD INC - 297 BARNES BLVD - ROCKLEDGE, FL 32955	59-3031785	501(C)(3)	84,682.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
CARVER COMMUNITY ORGANIZATION INC 400 SE 8TH ST EVANSVILLE, IN 47713	35-0869030	501(C)(3)	77,475.	0.			GRANTS TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM AND SPONSORSHIP
CHICAGO COOK WORKFORCE 69 W. WASHINGTON, SUITE 2860 CHICAGO, IL 60602	36-4122225	501(C)(3)	210,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE RD PHOENIX, AZ 85034-4043	86-0227210	501(C)(3)	100,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S HOUSING PROGRAM
CITY OF TEMPE 20 E SIXTH ST TEMPE, AZ 85281	86-6000262		61,636.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS AFTERSCHOOL PROGRAM
EAST SIDE LEARNING CENTER 740 YORK AVE SAINT PAUL, MN 55106	04-3699678	501(C)(3)	66,880.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD STE 142 LONGWOOD, FL 32750	27-3274349	501(C)(3)	25,000.	0.			DONATION TO THE SNAP GAP PROJECT
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	100,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **AARP FOUNDATION**

52-0794300

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINANCIAL HEALTH NETWORK 135 SOUTH LASALLE STREET SUITE 2125 CHICAGO, IL 60603	20-3006098	501(C)(3)	1,210,500.	0.			GRANT TO SUPPORT AARP FOUNDATION'S INCOME SECURITY PROGRAM
FOOD RESEARCH AND ACTION CENTER 1200 18TH ST NW STE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	30,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM AND SPONSORSHIP
FOUNDATION FOR ART & HEALING 77 STEARNS ROAD BROOKLINE, MA 02446	33-1125148	501(C)(3)	250,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
GENERATIONS INCORPORATED 25 KINGSTON ST 4TH FL BOSTON, MA 02111	04-3227007	501(C)(3)	303,908.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS AFTERSCHOOL PROGRAM
GEORGIA LEGAL SERVICES PROGRAM 104 MARIETTA STREET, SUITE 250 ATLANTA, GA 30303	58-1111590	501(C)(3)	60,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
GREATER CLEVELAND VOLUNTEERS 4415 EUCLID AVE STE 200 CLEVELAND, OH 44103	34-1356768	501(C)(3)	62,102.	0.			GRANTS TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM AND SPONSORSHIP
MAINTAINING ACTIVE CITIZENS, INC. 909 PROGRESS CIRCLE SALISBURY, MD 21804	52-0992005	501(C)(3)	40,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S HOUSING PROGRAM
HOUSING ASSISTANCE COUNCIL 1025 VERMONT AVE NW STE 606 WASHINGTON, DC 20005	52-0939288	501(C)(3)	55,000.	0.			SPONSORSHIP OF CONFERENCE AND GENERAL SUPPORT
INFO LINE OF SAN DIEGO COUNTY DBA 2-1-1 SAN DIEGO - 3860 CALLE FORTUNADA SUITE 101 - SAN DIEGO, CA 92123	33-1029843	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES STREET - SYRACUSE, NY 13203	16-1064233	501(C)(3)	100,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
JEFFERSON STATE COMMUNITY COLLEGE 2601 CARSON RD BIRMINGHAM, AL 35215	63-0501357		114,482.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
LA'S BEST 200 N SPRING ST M 120 LOS ANGELES, CA 90012	95-4311058	501(C)(3)	32,694.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS AFTERSCHOOL PROGRAM
LEGAL SERVICES OF NORTHERN CALIFORNIA - 517 12TH ST - SACRAMENTO, CA 95814	94-1384659	501(C)(3)	100,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
LOS ANGELES REGIONAL FOOD BANK 1734 E. 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
MEDICAL COLLEGE OF VIRGINIA FOUNDATION - 1228 W. BROAD STREET, BOX 980234 - RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	518,698.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
MERCY HOUSING MOUNTAIN PLAINS 1600 BROADWAY, SUITE 2000 DENVER, CO 80202	20-1583332	501(C)(3)	8,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
METROPOLITAN FAMILY SERVICE 230 NE 2ND AVE STE 2 HILLSBORO, OR 97124	93-0397825	501(C)(3)	83,985.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
MEXICAN AMERICAN OPPORTUNITY FOUNDATION - 401 N GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	50,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI DADE COLLEGE 11011 SW 104TH ST ROOM 9254 MIAMI, FL 33176	59-1210485		305,716.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
NATIONAL FOUNDATION TO END SENIOR HUNGER - 1004 DUKE STREET - ALEXANDRIA, VA 22314	54-1780226	501(C)(3)	115,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
NATIONAL CONSUMER VOICE FOR QUALITY LONGTERM CARE - 1001 CONNECTICUT AVE NW STE 425 - WASHINGTON, DC 20036	52-1122531	501(C)(3)	360,000.	0.			GRANT TO SUPPORT AARP FOUNDATION LEGAL PROGRAM AND SPONSORSHIP OF RESIDENT'S RIGHTS
NATIONAL HEALTH LAW PROGRAM 1444 I ST NW STE 1105 WASHINGTON, DC 20005	95-3080947	501(C)(3)	10,000.	0.			SPONSORSHIP OF THE 2019 NHLP 30TH ANNUAL HEALTH ADVOCATES CONFERENCE
NATIONAL HOUSING CONFERENCE INC 1900 M ST NW STE 200 WASHINGTON, DC 20036	53-0208180	501(C)(3)	10,000.	0.			SPONSORSHIP OF NATIONAL HOUSING CONFERENCE
NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES COUNTY - 1102 E. CHEVY CHASE DRIVE - GLENDALE, CA 91205	95-2408642	501(C)(3)	150,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
NORTH VALLEY COMMUNITY FDN 240 MAIN STREET, SUITE 260 CHICO, CA 95928	68-0161455	501(C)(3)	356,475.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
NATIONAL OLDER WORKER CAREER CENTER - 3811 N. FAIRFAX DRIVE, SUITE 900 - ARLINGTON, VA 22203	52-2003078	501(C)(3)	200,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
PARENTIS HEALTH FOUNDATION 24012 CALLE DE LA PLATA 400 LAGUNA HILLS, CA 92653	81-1188544	501(C)(3)	27,500.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS AFTERSCHOOL PROGRAM AND EVENT SPONORSHIP

Schedule I (Form 990)

Schedule I (Form 990)

AARP FOUNDATION

52-0794300

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIMA COMMUNITY COLLEGE 4905 EAST BROADWAY, STE 113 TUCSON, AZ 85709-4905	86-0208787		56,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
PROJECT BREAD-THE WALK FOR HUNGER INC - 145 BORDER STREET - BOSTON, MA 02128	04-2931195	501(C)(3)	40,106.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
PROPEL NONPROFITS 1 SE MAINE STREET, SUITE 600 MINNEAPOLIS, MN 55114	41-1916337	501(C)(3)	146,699.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
QUALITY EDUCATION SERVICES OF MN INC - 1731 LOUISE AVE - SAINT PAUL, MN 55106	46-4014810	501(C)(3)	28,500.	0.			CONTRIBUTION TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
RHODE ISLAND PUBLIC HEALTH FOUNDATION DBA RHODE ISLAND PUBLIC HEALTH INSTITUTE - 121 SOUTH MAIN STREET BOX G-S121-8 - PROVIDENCE,	05-0474726	501(C)(3)	750,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
ROCK HEALTH INC 615 GRANT AVE 3RD FL SAN FRANCISCO, CA 94108	45-1204321	501(C)(3)	40,000.	0.			SPONSORSHIP OF ROCK HEALTH SUMMIT TO SUPPORT AARP FOUNDATION'S HOUSING PROGRAM
SACRAMENTO CHINESE COMMUNITY SERVICES CENTER, INC. - 420 I ST STE 5 - SACRAMENTO, CA 95814	94-2581434	501(C)(3)	20,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 3RD AVENUE - SACRAMENTO, CA 95817	94-3315566	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
SAN DIEGO HUNGER COALITION 4305 UNIVERSITY AVE. SUITE 545 SAN DIEGO, CA 92105	30-0507718	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
SANTA FE COLLEGE 3000 NW 83 ST GAINESVILLE, FL 32606	59-1207627	501(C)(3)	95,621.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
SC THRIVE 2211 ALPINE ROAD EXTENSION COLUMBIA, SC 29223	90-1011409	501(C)(3)	80,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
SENIOR HOUSING OPTIONS 1510 17TH STREET DENVER, CO 80202	84-0820084	501(C)(3)	14,500.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
SEQUOIA LIVING 1525 POST ST SAN FRANCISCO, CA 94109	94-1437728	501(C)(3)	230,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
SERVICES AND ADVOCACY FOR GLBT ELDERS - 305 7TH AVE 15TH FL - NEW YORK, NY 10001	13-2947657	501(C)(3)	300,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM AND GENERAL SUPPORT
SHEPERDS CENTERS OF AMERICA 5559 NW BARRY RD. BOX #333 KANSAS CITY, MO 64154	43-1056482	501(C)(3)	212,520.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
SUBSTANTIAL CLASSROOMS C/O PLAYWORKS EDUCATION ENERGIZED - 638 THIRD STREET - OAKLAND, CA 94607	94-3251867	501(C)(3)	95,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S INCOME SECURITY PROGRAM
THE CHILDREN'S INITIATIVE 3625 RUFFIN ROAD, SUITE 100 SAN DIEGO, CA 92123	77-0587835	501(C)(3)	20,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FINANCIAL CLINIC 254 36TH STREET, SUITE B321 BROOKLYN, NY 11232	76-0833915	501(C)(3)	280,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S INCOME SECURITY PROGRAM
THE RESEARCH FOUNDATION OF THE STATE UNIVERSITY AT NEW YORK - 907 KIMBALL TOWER - BUFFALO, NY 14214	14-1368361	501(C)(3)	337,143.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
TRI COUNTY TECH COLLEGE FOUNDATION PO BOX 587 PENDLETON, SC 29670	57-0734955	501(C)(3)	21,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
TEXAS HEALTH RESOURCES FOUNDATION 612 E. LAMAR BLVD., STE. 300 ARLINGTON, TX 76011	75-2022128	501(C)(3)	660,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
UNITED WAY OF GREATER ATLANTA 40 COURTLAND AVE NE ATLANTA, GA 30303	58-0566194	501(C)(3)	99,925.	0.			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
UNITED WAY OF NEW YORK CITY 205 E. 42ND ST., 12TH FLOOR NEW YORK, NY 10017	13-2617681	501(C)(3)	300,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
UNITED WAY OF NORTHERN CALIFORNIA PO BOX 990248 REDDING, CA 96099	94-1251675	501(C)(3)	150,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
URBAN INSTITUTE 500 L'ENFANT PLAZA, SW WASHINGTON, DC 20024	52-0880375	501(C)(3)	199,977.	0.			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM AND GENERAL SUPPORT
VENTURA COUNTY COMMUNITY FOUNDATION - 4001 MISSION OAKS BLVD., SUITE A - CAMARILLO, CA 93012	77-0165029	501(C)(3)	150,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS RESOURCE CENTERS OF AMERICA - 2455 BENNETT VALLEY ROAD, C-105 - SANTA ROSA, CA 95404	94-2699571	501(C)(3)	30,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
VIRTU-WEST JERSEY HEALTH SYSTEM, INC. - 303 LIPPINCOTT DR. - MARLTON, NJ 08053	21-0634532	501(C)(3)	52,833.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
YOUTH CO-OP 3525 NW 7 STREET MIAMI, FL 33125	23-7320351	501(C)(3)	231,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DRIVE OAKLAND, CA 94621	94-2960297	501(C)(3)	60,000.	0.			GRANT TO SUPPORT AARP FOUNDATION'S FOOD SECURITY PROGRAM
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET., SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	50,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - 181 E. SHASTA AVE. - CHICO, CA 95973	94-1640546	501(C)(3)	60,000.	0.			AARP FOUNDATION DISASTER RELIEF GRANT
UNIVERSITY OF WASHINGTON HEALTH PROMOTION RESEARCH CENTER - 1107 NE 45TH STREET, SUITE 400 - SEATTLE, WA 98105	91-6001537		137,179.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM
VOLUNTEERS OF AMERICA NATIONAL SERVICES - 7485 OFFICE RIDGE CIRCLE - EDEN PRAIRIE, MN 55344	41-1467162	501(C)(3)	12,500.	0.			GRANT TO SUPPORT AARP FOUNDATION'S ISOLATION PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCSEP ENROLLEE WAGES AND BENEFITS (SEE PAGE 2, PART III, LINE 4A)	13000	56,313,590.	0.		
EXPERIENCE CORPS MENTORING & TUTORING STIPENDS	2000	536,517.	0.		
EMPLOYEE CRISIS FUND	4	14,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AARP FOUNDATION HAS WRITTEN GRANT AGREEMENTS IN PLACE WITH FINANCIAL AND PROGRAMMATIC REPORTING REQUIREMENTS. THE REPORTS ARE REVIEWED AND FINAL PAYMENTS ARE NOT MADE UNTIL ALL WORK HAS BEEN COMPLETED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CONSUMER VOICE FOR QUALITY LONGTERM CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT AARP FOUNDATION

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **AARP FOUNDATION** Employer identification number **52-0794300**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a	X	
5b	X	
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA MARSH RYERSON PRESIDENT	(i)	357,715.	107,462.	3,564.	11,200.	21,078.	501,019.	0.
	(ii)	370.	0.	0.	33,977.	0.	34,347.	0.
(2) PATRICIA D. SHANNON CFO & SENIOR VICE PRESIDEN	(i)	322,910.	81,441.	2,318.	11,200.	12,578.	430,447.	0.
	(ii)	0.	0.	0.	33,977.	0.	33,977.	0.
(3) JAMI L. WYATT (AS OF 3/3/19) SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,112.	55,858.	529.	45,177.	21,453.	352,129.	0.
(4) DAVID WHITEHEAD SVP & CHIEF DEVELOPMENT OF	(i)	275,432.	68,905.	1,977.	11,200.	21,737.	379,251.	0.
	(ii)	13,663.	0.	0.	33,977.	0.	47,640.	0.
(5) WILLIAM A. RIVERA SVP- LITIGATION	(i)	239,923.	58,294.	1,280.	11,200.	1,636.	312,333.	0.
	(ii)	1,307.	0.	0.	33,977.	0.	35,284.	0.
(6) EMILY S. ALLEN SVP - AARP FDN PROGRAMS	(i)	259,712.	62,760.	1,372.	11,200.	9,413.	344,457.	0.
	(ii)	0.	0.	0.	33,977.	0.	33,977.	0.
(7) KEANNE C. HENRY VP - EXPERIENCE CORPS	(i)	208,403.	50,038.	735.	10,338.	6,246.	275,760.	0.
	(ii)	0.	0.	0.	31,361.	0.	31,361.	0.
(8) STEVEN DELVECCHIO VP - DIRECT RESPONSE	(i)	141,501.	48,788.	2,110.	10,027.	1,407.	203,833.	0.
	(ii)	60,391.	0.	0.	30,419.	0.	90,810.	0.
(9) STEPHEN VENUTE VP - CORP & FOUNDATION REL	(i)	207,096.	49,930.	1,306.	10,281.	7,156.	275,769.	0.
	(ii)	0.	0.	0.	31,189.	0.	31,189.	0.
(10) PATRICK LANDERS VP - STRATEGY & INNOVATION	(i)	205,413.	51,807.	366.	10,289.	7,734.	275,609.	0.
	(ii)	0.	0.	0.	31,213.	0.	31,213.	0.
(11) DEMETRIOS ANTZOULATOS VP - FINANCE, GRANTS, & OPERATIONS	(i)	205,514.	51,315.	758.	10,273.	19,424.	287,284.	0.
	(ii)	0.	0.	0.	31,165.	0.	31,165.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

ALL NON-EMPLOYEE OFFICERS AND DIRECTORS FOR AARP FOUNDATION SERVE ON A VOLUNTEER BASIS AND ARE NOT COMPENSATED FOR THEIR GENEROUS COMMITMENT TO AARP FOUNDATION. THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REIMBURSED BY AARP FOUNDATION FOR TRAVEL AND SUBSISTENCE COSTS INCURRED IN CARRYING OUT THEIR DUTIES. IN ADDITION, ALL NON-EMPLOYEE OFFICERS AND DIRECTORS ARE REIMBURSED FOR TRAVEL AND SUBSISTENCE COSTS INCURRED FOR SPOUSES/COMPANIONS ACCOMPANYING THEM TO FOUNDATION FUNCTIONS. ALL SPOUSE/COMPANION TRAVEL REIMBURSEMENTS, INCLUDING TAX GROSS-UP PAYMENTS, ARE TREATED AS TAXABLE INCOME AND FORM 1099-MISC ARE ISSUED AS REQUIRED BY LAW.

BOARD MEMBER L. JOHNSON SITS ON BOTH THE AARP, INC. BOARD AND THE AARP FOUNDATION BOARD. AARP, INC. PAYS ALL SPOUSE/COMPANION TRAVEL EXPENSES FOR THIS BOARD MEMBER AND ISSUES THE REQUIRED 1099-MISC WITH THE APPLICABLE INCOME TAX GROSS-UP PAYMENT. BOARD MEMBERS GUTIERREZ, H. JOHNSON, ADAME, MILLER, DAW, BANKS, AND WERTH SIT ONLY ON THE AARP FOUNDATION BOARD.

PART I, LINE 5:

AARP FOUNDATION PARTICIPATES IN AARP'S ENTERPRISE-WIDE COMPENSATION PLAN.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

UNDER THAT COMPENSATION PLAN, NUMEROUS ORGANIZATIONAL FACTORS ARE
CONSIDERED IN EMPLOYEE COMPENSATION, OF WHICH GROSS REVENUES IS ONE.

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

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **AARP FOUNDATION** Employer identification number **52-0794300**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	254839H48	10/21/04	25000000.	PURCHASE OF OFFICE SPACE		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	25,000,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	23,688,767.									
11 Other spent proceeds	1,311,233.									
12 Other unspent proceeds										
13 Year of substantial completion	2004									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government70	%			%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			%			%		%
6 Total of lines 4 and 570	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open To Public Inspection

Name of the organization AARP FOUNDATION	Employer identification number 52-0794300
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
DAVID ADAME	PRESIDENT OF CHI	0	RESTRICTED GR	SUPPORT FOR T

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AARP, INC.	AFFILIATED ENTITY	12,544,586.	GRANT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID ADAME

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT OF CHICANOS POR LA CAUSA INC AND BOARD MEMBER OF AARP FOUNDATION

(D) TYPE OF ASSISTANCE: RESTRICTED GRANT

(E) PURPOSE OF ASSISTANCE: SUPPORT FOR THE PROPERTY TAX-AIDE ARIZONA PILOT PROGRAM

PART IV, COLUMN (D)

GRANTS FOR PERFORMANCE OF CHARITABLE ACTIVITIES ON BEHALF OF AARP FOUNDATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **AARP FOUNDATION** Employer identification number **52-0794300**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	31,840.	HIGH / LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

**AARP FOUNDATION REPORTS THE NUMBER OF ITEMS RECEIVED. PER THE IRS
ISSUED INSTRUCTIONS TO SCHEDULE M, EACH SEPARATE CONTRIBUTION OF
PUBLICLY TRADED STOCK WAS TREATED AS AN ITEM.**

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

AARP FOUNDATION

Employer identification number

52-0794300

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AARP FOUNDATION SERVES VULNERABLE PEOPLE 50+ BY CREATING AND ADVANCING
EFFECTIVE SOLUTIONS THAT HELP THEM SECURE THE ESSENTIALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE OPERATE AT THE INTERSECTION OF COLLABORATION, INNOVATION, LEGAL
ADVOCACY AND GRANTMAKING, BY BRINGING TOGETHER INDUSTRY, GOVERNMENT,
ACTIVISTS, AND VOLUNTEERS TO FORGE PRACTICAL APPROACHES THAT PAIR
BRAINPOWER WITH SOME SERIOUS WILLPOWER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

[HTTP://WWW.AARP.ORG/AARP-FOUNDATION/OUR-WORK/INCOME/SCSEP/](http://www.aarp.org/aarp-foundation/our-work/income/scsep/)

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCE CORPS VOLUNTEER TUTORS ACHIEVE AS MUCH AS 60% IMPROVEMENT IN
CRITICAL LITERACY SKILLS COMPARED TO THEIR PEERS. VOLUNTEERS PROVIDE AN
AVERAGE OF 6-15 HOURS OF SUPPORT EACH WEEK THROUGHOUT THE SCHOOL YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD SECURITY-

AARP FOUNDATION'S FOOD SECURITY INITIATIVES ARE DEDICATED TO ENDING
HUNGER AMONG OLDER AMERICANS (50+) BY FOCUSING ON SUSTAINABLE,
LONG-TERM PUBLIC HEALTH AND MARKET-DRIVEN SOLUTIONS TO HELP MEET THE
DIETARY NEEDS OF OLDER ADULTS, ESPECIALLY THOSE OF THE NEARLY TEN

Name of the organization AARP FOUNDATION	Employer identification number 52-0794300
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MILLION FOOD INSECURE. OUR FOCUS IS ON SHOWING POSITIVE CHANGE IN FOOD SECURITY AMONG LOW INCOME OLDER ADULTS BY ENSURING THEY CAN AFFORD TO PURCHASE HEALTHY FOODS.

THROUGH GRANTMAKING, AARP FOUNDATION SUPPORTS NONPROFIT COMMUNITY ORGANIZATIONS IN 10 STATES THAT RECEIVED WAIVERS FROM THE USDA TO ENACT THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP). ESAP STREAMLINES THE APPLICATION PROCESS, MAKING IT EASIER FOR PEOPLE WHO ARE OVER 60 AND HAVE NO EARNED INCOME TO RECEIVE SNAP BENEFITS SO THEY CAN AFFORD TO BUY HEALTHY FOOD. IN 2019, WE FUNDED 16 ORGANIZATIONS IN SEVEN STATES, ENABLING THEM TO RAISE GREATER AWARENESS ABOUT ESAP AND HELP ALMOST 50,000 ELIGIBLE OLDER ADULTS APPLY FOR AND GET SNAP BENEFITS. EXPENSES \$ 4,588,345. INCLUDING GRANTS OF \$ 2,611,837. REVENUE \$ 0.

AARP SUB-GRANTS-

AARP FOUNDATION HAS AWARDED GRANTS TO AARP TO FURTHER THE FOUNDATION'S CHARITABLE MISSION OF HELPING LOW INCOME OLDER AMERICANS SECURE ESSENTIALS THROUGH PROGRAMS THAT FOCUS ON CAREGIVING, NURSING, DEMENTIA RESEARCH AND POLICY, AND DRIVER SAFETY TO COMBAT ISOLATION, AND ASSET PROTECTION TO SAFEGUARD INCOME. EXPENSES \$ 12,544,586. INCLUDING GRANTS OF \$ 12,544,586. REVENUE \$ 0.

LITIGATION-

AARP FOUNDATION LITIGATION (AFL) IS THE LITIGATING ARM OF AARP FOUNDATION. AFL ADVOCATES IN COURTS NATIONWIDE TO ADVANCE THE LEGAL RIGHTS AND INTERESTS OF PEOPLE 50 AND OLDER BY REPRESENTING THEM IN SIGNIFICANT CASES AND BY WRITING AMICUS CURIAE ("FRIEND OF THE COURT") BRIEFS. AFL FOCUSES ON WIDESPREAD PRACTICES OR POLICIES OF INDUSTRY,

Name of the organization AARP FOUNDATION	Employer identification number 52-0794300
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BUSINESS, OR GOVERNMENT THAT AFFECT OLDER AMERICANS' DAY-TO-DAY LIVES, INCLUDING EMPLOYMENT, PENSIONS, HOUSING, LONG-TERM CARE, AND FINANCIAL EXPLOITATION. WWW.AARPFFOUNDATION.ORG/LITIGATION EXPENSES \$ 4,785,770. INCLUDING GRANTS OF \$ 43,750. REVENUE \$ 158,014.

HOUSING-

THE HOUSING IMPACT AREA IS FOCUSED ON DEVELOPING NEW SOLUTIONS THAT ENABLE LOW-INCOME OLDER ADULTS TO AGE IN THEIR HOMES AND COMMUNITIES BY ENSURING THAT THEIR HOMES ARE AFFORDABLE, LIVABLE AND HEALTHY. PROPERTY TAX-AIDE WAS LAUNCHED IN 2019 TO HELP LOW-INCOME OLDER ADULTS ACCESS PROPERTY TAX RELIEF PROGRAMS AND HERE TO STAY, A PROGRAM THAT HELPS OLDER ADULTS WITH HOME MAINTENANCE.

PROPERTY TAX-AIDE USES AN INNOVATIVE ONLINE FINTECH TOOL TO SIMPLIFY THE PROCESS OF APPLYING FOR PROPERTY TAX REFUNDS AND CREDITS. IN 2019, THE 15,000 OLDER HOMEOWNERS AND RENTERS WHO USED PROPERTY TAX-AIDE WERE PROJECTED TO RECEIVE A TOTAL OF \$7 MILLION IN TAX REBATES AND CREDITS.

AARP FOUNDATION DEVELOPED HERE TO STAY: HOME UPKEEP FOR ALL. THE PROGRAM OFFERS IN-PERSON HOME MAINTENANCE WORKSHOPS. SINCE JUNE 2019, MORE 33,000 USERS HAVE DOWNLOADED THE TOOLKIT. EXPENSES \$ 1,663,954. INCLUDING GRANTS OF \$ 185,114. REVENUE \$ 265,403.

ISOLATION-

MORE THAN 8 MILLION OLDER ADULTS ARE SOCIALLY ISOLATED AND, THEREFORE, AT RISK OF POOR HEALTH. AARP FOUNDATION'S ISOLATION WORK IS FOCUSED ON DEVELOPING AND DELIVERING SOLUTIONS THAT HELP VULNERABLE INDIVIDUALS OVER 50 STAY SOCIALLY CONNECTED, PREVENT ISOLATION, AND IMPROVE RELATED

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HEALTH OUTCOMES. BECAUSE THE ISSUE OF SOCIAL ISOLATION IS SO COMPLEX,
AARP FOUNDATION SPEARHEADED CONNECT2AFFECT TO SEEK OUT SOLUTIONS.

THROUGH RESEARCH AND INNOVATIVE EFFORTS, THE FOUNDATION IS WORKING TO
CREATE A DEEPER UNDERSTANDING OF LONELINESS AND ISOLATION, DRAW CRUCIAL
ATTENTION TO THE ISSUE, AND CATALYZE ACTION TO END SOCIAL ISOLATION
AMONG OLDER ADULTS. THROUGH CONNECT2AFFECT (CONNECT2AFFECT.ORG), WE
PROVIDE VISITORS WITH RESEARCH AND TIPS ON STAYING CONNECTED, ALONG
WITH AN ASSESSMENT THAT ALLOWS USERS TO EVALUATE THEIR ISOLATION RISK
(OR THAT OF A LOVED ONE) AND GET GUIDANCE ON HOW TO STRENGTHEN THEIR
SOCIAL BONDS. NEARLY 100,000 VISITORS TO CONNECT2AFFECT.ORG HAVE TAKEN
THE ASSESSMENT TO FIND OUT WHETHER THEY ARE AT RISK OF ISOLATION.

IN 2018, AARP FOUNDATION SPONSORED A NATIONAL CONSENSUS STUDY WITH THE
NATIONAL ACADEMIES OF SCIENCE. THIS 18-MONTH STUDY, TO BE PUBLISHED IN
2020, EXAMINED HOW SOCIAL ISOLATION AND LONELINESS IMPACT HEALTH
OUTCOMES IN OLDER ADULTS AGED 50 AND OLDER, PARTICULARLY AMONG LOW
INCOME, UNDERSERVED, AND VULNERABLE POPULATIONS. THE STUDY PROVIDED
EVIDENCE-BASED RECOMMENDATIONS ON TRANSLATING RESEARCH INTO PRACTICE
WITHIN THE HEALTH CARE SYSTEM THAT COULD FACILITATE PROGRESS IN
REDUCING THE INCIDENCE AND ADVERSE HEALTH IMPACTS OF SOCIAL ISOLATION
AND LONELINESS AMONG THE LOW-INCOME 50+ POPULATION.

CONNECTED COMMUNITIES USES VOICE-ENABLED TECHNOLOGY TO REDUCE ISOLATION
IN AFFORDABLE SENIOR HOUSING FACILITIES. WE WORK WITH AFFORDABLE SENIOR
HOUSING PROVIDERS TO EQUIP THEIR COMMUNITIES WITH DEVICES, TOOLS AND
TRAINING THAT HELP RESIDENTS MAINTAIN THE SOCIAL CONNECTIONS THEY NEED
TO REMAIN INDEPENDENT AND AGE IN PLACE LONGER. MORE THAN 50% OF THE

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PARTICIPANTS IN THE CONNECTED COMMUNITIES SITES SAY THEY HAVE INCREASED OR MAINTAINED THEIR LEVEL OF SOCIAL PARTICIPATION SINCE THE PROGRAM WAS INTRODUCED TO THEIR COMMUNITY.

EXPENSES \$ 4,349,696. INCLUDING GRANTS OF \$ 2,366,396. REVENUE \$ 0.

INCOME SECURITY-

AARP FOUNDATION IS CREATING NEW PLATFORMS FOR ENSURING THAT LOW-INCOME OLDER ADULTS HAVE OPPORTUNITIES TO CONTINUE TO GENERATE INCOME AND BUILD SAVINGS TO HELP THEM BECOME MORE FINANCIALLY STABLE AND SECURE.

NEW INNOVATIONS WERE ALSO DEVELOPED IN 2019 THAT FOCUS ON ADAPTING FINANCIAL TECHNOLOGY PLATFORMS TO MAKE IT EASIER AND MORE AUTOMATIC FOR LOW INCOME OLDER ADULTS TO BUILD EMERGENCY SAVINGS.

IN 2019, WE LAUNCHED THE AARP FOUNDATION SELF-SAVER, WHICH AIMS TO CREATE A FUTURE OF SELF-EMPLOYED OLDER ADULTS WHO ARE FINANCIALLY RESILIENT. SELF-SAVER PROVIDES BOOKKEEPING AND TAX PREPARATION SUPPORT THAT MAKES IT EASY FOR SELF-EMPLOYED PEOPLE TO WITHHOLD AND SUBMIT QUARTERLY TAXES.

AARP FOUNDATION MYSAVINGSJAR IS A FREE COMMUNITY PLATFORM OF OVER 20,000 MEMBERS WHO ARE COMMITTED TO STARTING A MONTHLY SAVINGS HABIT SO THEY CAN SET ASIDE CASH FOR LIFE'S UPS AND DOWNS.

EXPENSES \$ 5,740,030. INCLUDING GRANTS OF \$ 1,490,490. REVENUE \$ 0.

BACK TO WORK 50+ -

AARP FOUNDATION LAUNCHED BACK TO WORK 50+ TO INCREASE THE SERVICES AND RESOURCES AVAILABLE TO 50+ JOB CANDIDATES NATIONALLY AND IN COMMUNITIES

Name of the organization AARP FOUNDATION	Employer identification number 52-0794300
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AND TO FACILITATE THEIR ACCESS TO IN-DEMAND JOBS TO ENABLE THEM TO GENERATE INCOME AND INCREASE THEIR FINANCIAL SECURITY. IN 2019, THE PROGRAM SERVED OVER 14,000 DIRECTLY AND THROUGH PARTNERS AND OVER 1,000 PEOPLE WERE EMPLOYED (WWW.AARP.ORG/BACKTOWORK50PLUS).

IN 2014 THE PROGRAM WAS AWARDED A SOCIAL INNOVATION FUND GRANT FROM THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE TO EVALUATE AND SCALE THE MODEL. BACK TO WORK 50+ PROVIDES JOB SEARCH GUIDES, WORKSHOPS, AND COACHING FOR STRUGGLING JOBSEEKERS 50 AND OLDER TO HELP THEM REGAIN THEIR CONFIDENCE, AND REFRESH THEIR SKILLS SO THEY CAN CONTINUE TO WORK FOR AS LONG AS NEEDED.

EXPENSES \$ 4,099,493. INCLUDING GRANTS OF \$ 1,284,581. REVENUE \$ 0.

CONTRIBUTIONS AND OTHER PROGRAMS-

THE FOUNDATION ALSO SPONSORED ORGANIZATIONS, EVENTS, AND CONFERENCES THAT HIGHLIGHTED TANGIBLE WAYS TO BUILD ECONOMIC OPPORTUNITY AND SOCIAL CONNECTEDNESS IN AMERICA FOR LOW-INCOME SENIORS, AND SUPPORTED RELIEF FOR OLDER VICTIMS OF CALIFORNIA WILDFIRES AND FLOODING IN NEBRASKA AND SOUTH DAKOTA.

EXPENSES \$ 10,792,559. INCL GRANTS OF \$ 1,440,000. REVENUE \$ 17,349.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

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

FORM 990, PART VI, SECTION A, LINE 7A:

THE AARP BOARD OF DIRECTORS APPOINTS UP TO TEN VOTING MEMBERS OF THE AARP

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FOUNDATION BOARD OF DIRECTORS. UP TO FOUR OF THE AARP FOUNDATION BOARD MEMBERS MAY BE CURRENT AARP BOARD MEMBERS. THE REMAINING BOARD MEMBERS SHALL BE UNAFFILIATED WITH AARP.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AARP BOARD OF DIRECTORS APPOINTS UP TO TEN VOTING MEMBERS OF THE AARP FOUNDATION BOARD OF DIRECTORS. UP TO FOUR OF THE AARP FOUNDATION BOARD MEMBERS MAY BE CURRENT AARP BOARD MEMBERS. THE REMAINING BOARD MEMBERS SHALL BE UNAFFILIATED WITH AARP. AN AARP FOUNDATION BOARD MEMBER MAY BE REMOVED, WITH OR WITHOUT CAUSE, BY FORMAL ACTION OF THE AARP FOUNDATION BOARD OF DIRECTORS, DESIGNATING A SUCCESSOR. THE AARP FOUNDATION BYLAWS PROVIDE THAT NO AMENDMENTS TO THE BYLAWS ADOPTED BY THE FOUNDATION MAY TAKE EFFECT UNTIL APPROVED BY THE AARP BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 FOR AARP FOUNDATION ("FOUNDATION") IS PREPARED BY AN OUTSIDE CONSULTANT AND REVIEWED BY AARP FOUNDATION'S CFO AND PRESIDENT AND OTHER INTERNAL REVIEWERS. THE FORM 990 IS THEN PROVIDED TO THE AARP FOUNDATION BOARD OF DIRECTORS. ONCE ALL REVIEWS ARE COMPLETE, THE RETURN IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL BOARD MEMBERS AND EMPLOYEES (INCLUDING OFFICERS) ARE REQUIRED TO REVIEW THE CODE OF CONDUCT, FORMALLY ACKNOWLEDGE THEIR UNDERSTANDING OF THE CODE, AND DISCLOSE ANY REAL OR POTENTIAL CONFLICTS OF INTEREST. DISCLOSURES ARE REVIEWED BY APPROPRIATE MANAGEMENT (OR IN THE CASE OF A BOARD MEMBER, THE BOARD CHAIR, AND IF NECESSARY, THE BOARD OF DIRECTORS), AND THE ETHICS & COMPLIANCE OFFICE. THE APPROPRIATE RESOLUTION PLAN IS

Name of the organization

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IMPLEMENTED (FOR EXAMPLE, RECUSAL FROM PARTICIPATING IN ANY DELIBERATIONS AND DECISIONS RELEVANT TO THE DISCLOSURE). THE ETHICS & COMPLIANCE OFFICE MONITORS COMPLIANCE WITH THESE REQUIREMENTS AND ENSURES PROPER FOLLOW-UP AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

THROUGH ITS SHARED SERVICES AGREEMENT WITH AARP, AARP FOUNDATION PARTICIPATES IN AARP'S ENTERPRISE-WIDE COMPENSATION REVIEWS. AARP HAS A COMPETITIVE POSITION IN THE MARKETPLACE THAT CONSIDERS RELEVANT FOR-PROFIT AND NOT-FOR-PROFIT DATA SINCE THIS IS THE LANDSCAPE IN WHICH AARP AND ITS AFFILIATES COMPETE FOR TALENT. ESTABLISHING THE APPROPRIATE COMPENSATION FOR POSITIONS AND JOBS CONSIDERS EXTERNAL MARKET PRICING (WHERE POSSIBLE) FROM AN INDEPENDENT, THIRD PARTY COMPENSATION CONSULTING FIRM, INTERNAL CRITERIA, AND AN INDIVIDUAL'S ACTUAL PERFORMANCE AND CONTRIBUTION. INTERNAL CRITERIA IS BASED ON A STANDARD APPROACH THAT MEASURES THE INTERNAL VALUE OF POSITIONS, INCLUDING: COMPLEXITY AND SCOPE OF RESPONSIBILITY, SKILL SET AND COMPETENCIES, EDUCATION AND EXPERIENCE, AND THE REPORTING RELATIONSHIP OF THE POSITION. AN INDIVIDUAL'S ACTUAL PERFORMANCE AND CONTRIBUTION IS MEASURED THROUGH AARP'S PERFORMANCE MANAGEMENT APPROACH AND THEN REWARDED THROUGH AARP'S ANNUAL BASE PAY MERIT AND INCENTIVE AWARD PROGRAMS. THIS PROCESS APPLIES TO ALL EMPLOYEES OF THE FOUNDATION INCLUDING THE PRESIDENT, CFO, AND KEY EMPLOYEES.

BASED ON THE PROCESS DESCRIBED ABOVE, THE AARP FOUNDATION BOARD CHAIR APPROVES ADJUSTMENTS TO THE PRESIDENT'S COMPENSATION PACKAGE. COMPENSATION PACKAGES FOR OTHER OFFICERS AND KEY EMPLOYEES ARE DISCUSSED BY THE STRATEGY AND GOVERNANCE COMMITTEE.

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FORM 990, PART VI, SECTION C, LINE 18:

AARP FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE AND UPON REQUEST TO THE AARP FOUNDATION'S OFFICE OF THE CFO.

FORM 990, PART VI, SECTION C, LINE 19:

AARP FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE AND UPON REQUEST TO THE AARP FOUNDATION'S OFFICE OF THE CFO.

PART VII, SEC. A, OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES
AARP FOUNDATION HAS A STANDARD 40 HOUR WORK WEEK AND THE AVERAGE HOURS ARE DISCLOSED ON FORM 990. OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES OFTEN WORK IN EXCESS OF THAT AMOUNT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AARP (CONSOLIDATED) - 95-1985500 601 E STREET, NW WASHINGTON, DC 20049	SOCIAL WELFARE ORGANIZATION DEDICATED TO PERSONS OVER AGE 50	DISTRICT OF COLUMBIA	501(C)(4)	N/A	N/A		X
LEGAL COUNSEL FOR THE ELDERLY - 52-1194741 601 E STREET, NW WASHINGTON, DC 20049	PUBLIC CHARITY PROVIDING LEGAL ASSISTANCE/EDUCATION TO DC ELDERLY RESIDENTS	DISTRICT OF COLUMBIA	501(C)(3)	509(A)(1)	AARP		X
AARP INSURANCE PLAN - 52-6069387 601 E STREET, NW WASHINGTON, DC 20049	GRANTOR TRUST HOLDING CERTAIN AARP GROUP HEALTH INSURANCE POLICIES	DISTRICT OF COLUMBIA	501(C)(4)	N/A	AARP		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AARP FINANCIAL SERVICES CORPORATION - 52-1367607, 601 E STREET, NW, WASHINGTON, DC 20049	REAL ESTATE HOLDING COMPANY	DE	AARP	C CORP					X
AARP SERVICES, INC. (CONSOLIDATED) - 52-2141065, 601 E STREET, NW, WASHINGTON, DC 20004	QUALITY CONTROL AND RESEARCH	DE	AARP	C CORP					X
THE H WAYNE AND ANNE D BARBETTI CHARITABLE REMAINDER UNITRUST - 20-6379297, 5011 HAVEN AVENUE, OCEAN CITY, NJ 08226	CHARITABLE REMAINDER TRUST	NJ	N/A	TRUST					X
AARP FOUNDATION TRUST - 30-6645384 400 HOWARD STREET SAN FRANCISCO, CA 94105	GRANTOR TRUST	CA	AARP FOUNDATION	TRUST					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AARP, INC. - GRANT AWARDS FOR PERFORMANCE OF CHARITABLE ACTIVITIES	B	12,544,586.	GRANT AGREEMENTS
(2) AARP, INC. - CASH CONTRIBUTIONS AND ENDOWMENT	C	101,862,739.	CASH PAID
(3) AARP, INC. - BOND STANDBY AGREEMENT	E	25,000,000.	IN THE EVENT OF DEFAULT
(4) AARP, INC. - IN-KIND ADVERTISING	M	5,484,567.	PUBLICATION SPACE MARKET VALUE
(5) AARP, INC. - IN-KIND SHARED SERVICES	M	26,497,650.	ALLOCABLE COST
(6) AARP, INC. - IN-KIND RENT	N	907,360.	ALLOCABLE COST

Schedule R (Form 990)

AARP FOUNDATION

52-0794300

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) AARP, INC. - IN-KIND MAILING LISTS	N	0.	SEE SUPPLEMENTAL INFORMATION
(8) AARP, INC. - MAINTENANCE & TELEPHONE	P	860,226.	COSTS INCURRED
(9) AARP, INC. - SHARED EMPLOYEE SALARY	Q	254,367.	ACTUAL SALARY FOR TIME REPORTED
AARP, INC. - \$25K ANNUAL FEE LINE OF			
(10) CREDIT	R	25,000.	CASH PAID
ANDRUS INSURANCE FUND, INC. - WORKERS'			
(11) COMP & OTHER INSURANCE	R	2,327,395.	PREMIUMS PAID
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2(A)(7)

AARP FOUNDATION AND AARP, ITS PARENT ORGANIZATION, SHARE MAILING LISTS.

AARP DOES NOT RENT ITS MAILING LIST TO OTHER ORGANIZATIONS, SO A FAIR MARKET VALUE OF THE BENEFIT TO THE FOUNDATION HAS NOT BEEN ESTABLISHED.

THE AARP LIST IS MUCH LARGER AND THUS PRESUMABLY MORE VALUABLE THAN THE FOUNDATION LIST. MOREOVER, THE VAST MAJORITY OF NAMES ON THE AARP

FOUNDATION LIST ARE ALREADY ON THE AARP LIST, AS THEY ARE ALSO AARP MEMBERS.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	10/21/04	SL	30.00		16	17759493.				17759493.	683,688.		677,690.	10361378.
2	BUILDING IMPROVEMENTS	01/01/15	SL	10.00		16	4,977,415.				4,977,415.	515,134.		496,083.	8,011,217.
	* 990 PAGE 10 TOTAL BUILDINGS						22736908.				22736908.	12198822.		1,173,773.	13372595.
	FURNITURE & FIXTURES														
5	COMPUTER SOFTWARE	01/01/15	SL	3.00		16	549,613.				549,613.	549,613.		27,314.	576,927.
6	FURNITURE AND EQUIPMENT	01/01/15	SL	7.00		16	1,735,604.				1,735,604.	905,864.		192,631.	1,098,495.
7	LEASEHOLD IMPROVEMENTS	01/01/15	SL	10.00		16	57,586.				57,586.	29,751.		13,450.	43,201.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,342,803.				2,342,803.	1,485,228.		233,395.	1,718,623.
	LAND														
3	LAND	10/21/04	L	30.00		4	4,440,000.				4,440,000.			0.	
	* 990 PAGE 10 TOTAL LAND						4,440,000.				4,440,000.	0.		0.	0.
	MANAGEMENT AND GENERAL														
4	DEBT ISSUANCE COSTS	10/21/04		360M	HY	43	517,800.				517,800.	247,393.		17,260.	264,653.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						517,800.				517,800.	247,393.		17,260.	264,653.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						30037511.				30037511.	13931443.		1,424,428.	15355871.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AARP FOUNDATION

FORM 990 PAGE 10

52-0794300

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,407,168.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,407,168.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
43 Amortization of costs that began before your 2019 tax year					43 17,260.
44 Total. Add amounts in column (f). See the instructions for where to report					44 17,260.

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. AARP FOUNDATION	Taxpayer identification number (TIN) 52-0794300
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 601 E STREET, NW, TAX DEPT.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20049	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PATRICIA D. SHANNON

- The books are in the care of ▶ **601 E STREET, NW - WASHINGTON, DC 20049**
Telephone No. ▶ **(202) 434-3399** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)