Form **990**

Return of Organization Exempt From Income Tax

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AARP FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
601 E STREET NW TAX DEPT

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20049

D Employer identification number
52-0794300

E Telephone number
(202) 434-3399

G Gross receipts $ 780,071,090

F Name and address of principal officer:
EMILY S ALLEN
601 E STREET NW TAX DEPT
WASHINGTON,DC 20049

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AARP.ORG/FOUNDATION

K Form of organization: ☑ 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:
SERVES VULNERABLE PEOPLE OVER 50 BY CREATING AND ADVANCING EFFECTIVE SOLUTIONS THAT HELP THEM SECURE THE ESSENTIALS.

2 Check this box ▶☐ 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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	356
6	Total number of volunteers (estimate if necessary)	6	27,077
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	272,847
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	175,849

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	167,121,308	161,205,196
	9	Program service revenue (Part VIII, line 2g)	673,239	2,065,479
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,272,863	90,351,797
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-520,867	540,627
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,546,543	254,163,099
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	69,721,631	73,303,697
	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)	41,959,162	43,610,564
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,652,307	1,841,697
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶23,831,466		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	59,928,874	62,828,201
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	173,261,974	181,584,159
	19	Revenue less expenses. Subtract line 18 from line 12	13,284,569	72,578,940

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	636,519,309	703,184,035
	21	Total liabilities (Part X, line 26)	54,627,484	55,117,407
	22	Net assets or fund balances. Subtract line 21 from line 20	581,891,825	648,066,628

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

▶ Signature of officer — Date: 2022-11-09

▶ EMILY S ALLEN INTERIM PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00955143
Firm's name ▶ ANDERSEN TAX LLC			Firm's EIN ▶ 33-1197384	
Firm's address ▶ 350 SOUTH GRAND AVENUE STE 2000 LOS ANGELES, CA 90071			Phone no. (213) 593-2300	

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

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 SERVES VULNERABLE PEOPLE OVER 50 BY CREATING AND ADVANCING EFFECTIVE SOLUTIONS THAT HELP THEM SECURE THE ESSENTIALS.OUR APPROACH EMPHASIZES EQUITABLE OUTCOMES FOR POPULATIONS THAT HAVE FACED SYSTEMIC DISCRIMINATION. THROUGH VIGOROUS LEGAL ADVOCACY AND EVIDENCE-BASED SOLUTIONS. WE FOSTER RESILIENCE, ADVANCE EQUITY, AND RESTORE HOPE.

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 $ 82,623,092 including grants of $ 59,161,444) (Revenue $)

WORKFORCE PROGRAMSSENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM:FUNDED BY THE U.S. DEPARTMENT OF LABOR, THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) HAS OPERATED FOR 56 YEARS, MAKING IT THE OLDEST AND LARGEST PROGRAM IN THE COUNTRY TO SERVE OLDER WORKERS. SCSEP IS A COMPREHENSIVE JOB TRAINING PROGRAM FOR ADULTS OVER 55 WHO ARE LIVING WITH LOW INCOME. IT FOCUSES ON DEVELOPING SKILLS AND COMPETENCIES THROUGH PAID WORK-BASED TRAINING IN A VARIETY OF COMMUNITY SERVICE ORGANIZATIONS (KNOWN AS HOST AGENCIES), WITH THE GOAL OF ENABLING PARTICIPANTS TO OBTAIN IN-DEMAND, HIGH-QUALITY JOBS. AARP FOUNDATION SCSEP HAS WORKED WITH OVER 3,000 HOST AGENCIES THAT INCLUDE NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES IN 473 COMMUNITIES IN 19 STATES AND PUERTO RICO. BASED ON THEIR EMPLOYMENT GOALS AND INTERESTS, SCSEP PARTICIPANTS ALSO RECEIVE OCCUPATIONAL, DIGITAL, AND EMPLOYABILITY SKILLS TRAINING AND A RANGE OF CRITICAL SUPPORT SERVICES. AARPFOUNDATION.ORG/SCSEP. BACK TO WORK 50+: SINCE 2013, BACK TO WORK 50+ (BTW50+) HAS SERVED UNEMPLOYED JOBSEEKERS 50 AND OLDER THROUGH JOB SEARCH RESOURCES, WORKSHOPS, AND COACHING. IN 2021 THERE WERE TWO SERVICE DELIVERY MODELS: A DIRECT-TO-CONSUMER MODEL, KNOWN AS THE NATIONAL ONLINE PROGRAM; AND A PROVIDER NETWORK. THE NATIONAL ONLINE PROGRAM IS HOSTED BY A SMALL TEAM OF AARP FOUNDATION NATIONAL COACHES WHO FACILITATE A VIRTUAL PROGRAM USING ZOOM AND OUR LEARNING MANAGEMENT SYSTEM. THE BTW50+ PROVIDER NETWORK OPERATES IN 12 COMMUNITIES, PROVIDING VIRTUAL AND IN-PERSON WORKSHOPS AND COACHING. THE PROGRAM IS ALSO TESTING THE INTEGRATION OF SKILL DEVELOPMENT OPPORTUNITIES FOR PARTICIPANTS, AND THREE PROGRAM PROVIDERS ARE IMPLEMENTING A SKILLS-BUILDING BRIDGE PROJECT. AARPFOUNDATION.ORG/BACKTOWORK.WORK FOR YOURSELF@50+: THROUGH NATIONWIDE PARTNERS, THE WORK FOR YOURSELF@50+ (WFY@50+) PROGRAM MAKES IT EASY FOR PEOPLE OVER 50 TO EXPLORE SELF-EMPLOYMENT AND MICROENTERPRISE OPTIONS (SUCH AS GIG WORK OR INDEPENDENT CONTRACTOR EMPLOYMENT) SO THEY CAN INCREASE THEIR FINANCIAL STABILITY. A SERIES OF WORKSHOPS AND A TOOLKIT GUIDE PARTICIPANTS THROUGH FIVE SIMPLE STEPS, WITH PLENTY OF COACHING AND PEER SUPPORT ALONG THE WAY. AN ONLINE FREELANCING RESOURCE CENTER PROVIDES ADDITIONAL SUPPORT AND ADVICE. AS THE ONLY NATIONAL PROGRAM THAT HELPS OLDER ADULTS WITH LOW INCOME ASSESS AND PURSUE SELF-EMPLOYMENT VENTURES, WFY@50+ HAS SERVED MORE THAN 40,000 OLDER ADULTS - HALF OF WHOM IDENTIFY AS WOMEN AND NEARLY 60% OF WHOM ARE PEOPLE OF COLOR - ACROSS 39 STATES AND THE DISTRICT OF COLUMBIA SINCE ITS INCEPTION IN 2016. HTTPS://WORKFORYOURSELF.AARPFOUNDATION.ORG/SUCCESS-STORIES/ANDREW-IM-DETERMINED-AND-I-KEEP-MOVING-ON/" WORKFORYOURSELF.AARPFOUNDATION.ORG

4b (Code:) (Expenses $ 7,905,298 including grants of $ 6,339,532) (Revenue $ 987,233)

BENEFITS PROGRAMSSUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/ESAP APPLICATION ASSISTANCE: AARP FOUNDATION IS HELPING TO INCREASE ENROLLMENT IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, FORMERLY KNOWN AS FOOD STAMPS) FOR ELIGIBLE OLDER ADULTS SO THEY CAN RECEIVE AND USE SNAP BENEFITS TO BUY HEALTHY FOOD AFFORDABLY. THIS INCLUDES SUPPORT OF ESAP, THE ELDERLY SIMPLIFIED APPLICATION PROJECT. THROUGH GRANTMAKING, WE SUPPORT COMMUNITY-BASED ORGANIZATIONS IN STATES THAT RECEIVED WAIVERS FROM THE USDA TO ENACT ESAP. ESAP STREAMLINES THE APPLICATION PROCESS, MAKING IT EASIER FOR PEOPLE WHO ARE OVER 60 AND HAVE NO EARNED INCOME TO RECEIVE SNAP BENEFITS. THE COMMUNITY ORGANIZATIONS USE THESE GRANTS TO FIELD MORE CALLS AND SIGN UP MORE SENIORS FOR SNAP. AARP FOUNDATION ALSO HELPS ADDITIONAL STATES APPLY FOR ESAP WAIVERS BY PROVIDING TECHNICAL ASSISTANCE TO DRAFT THE WAIVER THAT ALLOWS A STATE TO ENACT THE SIMPLER ESAP APPLICATION PROCESS, THUS ENABLING THE PROGRAM TO REACH MORE OLDER ADULTS ACROSS THE COUNTRY. WE FURTHER SUPPORT PROGRAM IMPLEMENTATION ONCE THE WAIVER IS GRANTED.EARNED INCOME TAX CREDIT:AARP FOUNDATION IS RAISING AWARENESS OF THE EARNED INCOME TAX CREDIT (EITC) AMONG OLDER ADULTS WITH LOW INCOME, MANY OF WHOM MAY BE ELIGIBLE FOR THIS TAX CREDIT. THE GOAL IS TO INCREASE THE NUMBER OF ELIGIBLE OLDER WORKERS FILING FOR THE EITC AND TO ENCOURAGE CURRENT NON-FILERS TO FILE IN ORDER TO GET THE CREDIT.MEDICARE SAVINGS PROGRAM:STATE MEDICARE SAVINGS PROGRAMS (MSP) CAN HELP PAY PREMIUMS, DEDUCTIBLES, COINSURANCE, COPAYMENTS, AND PRESCRIPTION DRUG COVERAGE COSTS. AARP FOUNDATION IS FOCUSED ON REACHING OLDER ADULTS WITH LOW INCOME WHO ARE ELIGIBLE FOR THIS VALUABLE ASSISTANCE BUT ARE NOT ENROLLED IN A STATE MSP.STUDENT LOAN REPAYMENT TOOL:THE STUDENT LOAN REPAYMENT TOOL HELPS OLDER ADULTS WITH LOW INCOME ENROLL IN INCOME-DRIVEN REPAYMENT PLANS, EMPOWERING THEM TO TAKE CONTROL OF THEIR STUDENT LOAN DEBT.

4c (Code:) (Expenses $ 15,553,799 including grants of $) (Revenue $)

TAX AND CREDIT PROGRAMSTAX-AIDE:AARP FOUNDATION TAX-AIDE PROVIDES IN-PERSON AND VIRTUAL TAX PREPARATION HELP TO ANYONE, FREE OF CHARGE, WITH A FOCUS ON TAXPAYERS WHO ARE OVER 50 AND HAVE LOW TO MODERATE INCOME. TAX-AIDE IS THE LARGEST FREE, VOLUNTEER-BASED TAX ASSISTANCE AND PREPARATION PROGRAM IN THE U.S., WITH OVER 26,000 VOLUNTEERS NATIONWIDE. TAX-AIDE VOLUNTEERS ARE TRAINED AND IRS-CERTIFIED EVERY YEAR TO MAKE SURE THEY KNOW ABOUT AND UNDERSTAND THE LATEST CHANGES AND ADDITIONS TO THE TAX CODE. AARPFOUNDATION.ORG/TAXAIDE.PROPERTY TAX-AIDE:AARP FOUNDATION PROPERTY TAX-AIDE HELPS OLDER ADULTS WITH LOW INCOME TAKE ADVANTAGE OF PROPERTY TAX REFUND AND CREDIT PROGRAMS, SAVING THEM MONEY AND HELPING THEM STAY IN THEIR HOMES LONGER. PROPERTY TAX-AIDE USES AN INNOVATIVE ONLINE FINTECH TOOL TO SIMPLIFY THE PROCESS OF APPLYING FOR PROPERTY TAX REFUNDS AND CREDITS. TRAINED PROGRAM VOLUNTEERS USE AN ELIGIBILITY SCREENER TO DETERMINE ELIGIBILITY FOR A PROPERTY TAX REFUND OR CREDIT. THE VOLUNTEERS THEN USE AN APPLICATION WIZARD TO HELP ELIGIBLE OLDER ADULTS COMPLETE THE APPROPRIATE FORMS AND PREPARE THEM FOR FILING. ASSISTANCE IS AVAILABLE BOTH IN PERSON AND ONLINE. WE CURRENTLY SERVE 12 STATES AND THE DISTRICT OF COLUMBIA AND PLAN TO EXPAND NATIONWIDE TO ALL STATES OFFERING PROPERTY TAX RELIEF.

(Code:) (Expenses $ 12,278,990 including grants of $ 2,204,096) (Revenue $ 528,953)

SOCIAL CONNECTION AND INTERGENERATIONAL PROGRAMSCONNECT2AFFECTTHROUGH 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. CONNECT2AFFECT.ORGCOMMIT TO CONNECT AARP FOUNDATION IS COLLABORATING IN A PUBLIC-PRIVATE PARTNERSHIP WITH THE ADMINISTRATION FOR COMMUNITY LIVING (ACL) TO LAUNCH A NATIONAL CLEARINGHOUSE AND NATIONWIDE NETWORK OF CHAMPIONS FOCUSED ON HELPING THOSE MOST ISOLATED AND DISCONNECTED FROM NEEDED SERVICES AND SUPPORTS. EXPERIENCE CORPSAARP FOUNDATION EXPERIENCE CORPS IS A COMMUNITY-BASED VOLUNTEER PROGRAM THAT ENGAGES HIGHLY TRAINED VOLUNTEERS OVER 50 AS TUTORS AND MENTORS TO HELP K-3 STUDENTS BECOME BETTER READERS BY THE END OF THIRD GRADE. IT IS A PROVEN "TRIPLE WIN," HELPING STUDENTS TO SUCCEED, OLDER ADULTS TO THRIVE, AND COMMUNITIES TO GROW STRONGER. EXPERIENCE CORPS PUTS A SPECIAL EMPHASIS ON SERVING DIVERSE POPULATIONS IN HIGH-NEED COMMUNITIES. AARP.ORG/EXPERIENCE-CORPS/.

(Code:) (Expenses $ 5,506,180 including grants of $ 17,500) (Revenue $ 255,461)

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, BUSINESS, OR GOVERNMENT THAT AFFECT OLDER AMERICANS' DAY-TO-DAY LIVES, INCLUDING EMPLOYMENT, PENSIONS, HOUSING, LONGTERM CARE, AND FINANCIAL EXPLOITATION. WWW.AARPFOUNDATION.ORG/LITIGATION

(Code:) (Expenses $ 15,936,116 including grants of $ 5,581,125) (Revenue $ 293,832)

CONTRIBUTIONS AND OTHER PROGRAMS:AARP FOUNDATION SPONSORS ORGANIZATIONS, EVENTS, AND CONFERENCES THAT HIGHLIGHT TANGIBLE WAYS TO INCREASE INCOME AND EQUITABLE OUTCOMES FOR OLDER ADULTS LIVING WITH LOW INCOME. THE FOUNDATION PROVIDED GRANTS AND DONATIONS TO PROVIDE RELIEF FOR OLDER VICTIMS OF HURRICANE IDA AND EARTHQUAKE DEVASTATION IN HAITI.AARP FOUNDATION HAS ALSO AWARDED SUB-GRANTS TO AARP IN THE AMOUNT OF $1,063,696 TO FURTHER THE FOUNDATION'S CHARITABLE MISSION OF HELPING OLDER ADULTS WITH LOW INCOME SECURE THE ESSENTIALS THROUGH PROGRAMS THAT FOCUS ON CAREGIVING, NURSING, AND ASSET PROTECTION TO SAFEGUARD INCOME.

4d Other program services (Describe in Schedule O.)
(Expenses $ 33,721,286 including grants of $ 7,802,721) (Revenue $ 1,078,246)

4e **Total program service expenses ▶** 139,803,475

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

		Line	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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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 ☐

				Line	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	134			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

Line	Question	Sub-box	Amount	Line	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	356			
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.			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
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)?			4a		No
b	If "Yes," enter the name of the foreign country: ▶ 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?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
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?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
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?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
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?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
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		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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		No
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		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 in Schedule O.	**1a** 10			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10			
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?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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 in Schedule O*		**9**		No

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?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on 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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process on 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?	**16a**		No
b	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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, IN, OK

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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 601 E STREET NW WASHINGTON, DC 20049 (202) 434-3399

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 the 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 dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARC MCDONALD VICE CHAIR	6.00	X						0	0	0
(2) DAVID ADAME BOARD MEMBER	6.00	X						0	0	0
(3) PATRICIA BANKS BOARD MEMBER	6.00	X						0	0	0
(4) SUSAN WERTH BOARD MEMBER	6.00	X						0	0	0
(5) ANN G DAW BOARD MEMBER	6.00	X						0	0	0
(6) LIBBY SARTAIN BOARD CHAIR	6.00 10.00	X						0	0	0
(7) ROBERT BLANCATO BOARD MEMBER	6.00 10.00	X						0	0	0
(8) MARGOT JAMES COPELAND BOARD MEMBER	6.00 10.00	X						0	0	0
(9) GREGORY J DYSON BOARD MEMEBER	6.00	X						0	0	0
(10) BETTY J HUDSON BOARD MEMBER	6.00	X						0	0	0
(11) LISA MARSH RYERSON PRESIDENT (UNTIL 6/10/22)	40.00			X				508,822	4,431	80,756
(12) PATRICIA D SHANNON CFO & SENIOR VICE PRESIDENT	40.00			X				439,532	0	72,894
(13) JAMI L WYATT SECRETARY	1.00 40.00			X				0	302,896	81,219
(14) DAVID WHITEHEAD SVP & CHIEF DEVELOPMENT OFFICER	40.00				X			371,194	12,465	73,984
(15) WILLIAM A RIVERA SVP - LITIGATION	40.00				X			315,472	7,579	60,178
(16) EMILY S ALLEN SVP - PROGRAMS	40.00				X			358,542	0	67,597
(17) DEMETRIOS ANTZOULATOS VP - FINANCE, GRANTS, & OPERATIONS	40.00					X		279,134	0	78,544

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 dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) PATRICK LANDERS VP - STRATEGY & INNOVATION	40.00					X		272,971	0	69,942
(19) STEPHEN VENUTE VP - CORP & FDN RELATIONS	40.00					X		276,670	0	63,613
(20) MARC MCDONALD VP - INTEGRATION	40.00					X		261,067	0	69,724
(21) STEVEN DELVECCHIO VP - DIRECT RESPONSE	40.00					X		210,251	68,734	57,018

	(D)	(E)	(F)
1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,293,655	396,105	775,469

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 ▶ 119

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
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*	4	Yes	
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*	5		No

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
THE MOORE COMPANIES INC 5540 KETCH ROAD PRINCE FREDERICK, MD 20678	COMMERCIAL PRINTING SERVICES	4,410,391
CONCORD LITHO GROUP INC 92 OLD TURNPIKE RD CONCORD, NH 03301	PRINTING & DIRECT MARKETING SERVICES	1,741,144
SLALOM LLC 7900 TYSONS ONE PLACE SUITE 450 MCLEAN, VA 22102	DEVELOPMENT SOFTWARE CONSULTING	1,711,554
CP DIRECT INC 4600 BOSTON WAY LANHAM, MD 20706	COMMERCIAL PRINTING SERVICES	1,610,821
GRACEWORKZ LLC 1311 W BADGER RD MADISON, WI 53713	IT PRINTER SERVICE AND IMAGING SUPPLIES	1,394,602

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 ▶ 107

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	**1a** Federated campaigns	1a	115,371			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	7,769,588			
	e Government grants (contributions)	1e	91,724,688			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	61,595,549			
	g Noncash contributions included in lines 1a - 1f:$	1g	408,624			
	h Total. Add lines 1a-1f . . . . ▶		161,205,196			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a EXPERIENCE CORPS PROGRAM FEES	900099	528,953	528,953		
b					
c					
d					
e					
f All other program service revenue.		1,536,526	1,536,526		
g Total. Add lines 2a–2f. . . . . ▶		2,065,479			

Other Revenue			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . ▶			20,296,431		106,794	20,189,637
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties . . . . ▶						
	(i) Real	(ii) Personal				
6a Gross rents — 6a						
b Less: rental expenses — 6b						
c Rental income or (loss) — 6c						
d Net rental income or (loss) . . . . ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory — 7a	595,963,357					
b Less: cost or other basis and sales expenses — 7b	525,907,991					
c Gain or (loss) — 7c	70,055,366					
d Net gain or (loss) . . . . ▶			70,055,366		160,809	69,894,557
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 . . . . — 8a						
b Less: direct expenses — 8b						
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . . — 9a						
b Less: direct expenses — 9b						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . . — 10a						
b Less: cost of goods sold . . — 10b						
c Net income or (loss) from sales of inventory . . ▶						

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a K-1 PARTNERSHIP INCOME	900099	728,901		5,244	723,657
b CHARITABLE GIFT ANNUITY SEVERANCE	900099	21,402			21,402
c CHANGE IN VALUE- CHARITABLE GIFT	900099	-209,693			-209,693
d All other revenue		17			17
e Total. Add lines 11a–11d . . . . ▶		540,627			
12 Total revenue. See instructions . . . . . . ▶		254,163,099	2,065,479	272,847	90,619,577

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	14,472,967	14,472,967		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	58,830,730	58,830,730		
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	2,114,507	708,005	1,008,217	398,285
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	33,481,771	24,217,600	5,596,408	3,667,763
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,166,308	824,173	209,848	132,287
9 Other employee benefits	4,380,816	3,118,274	761,469	501,073
10 Payroll taxes	2,467,162	1,723,569	460,430	283,163
11 Fees for services (non-employees):				
a Management				
b Legal	369,702	375,334	-5,632	
c Accounting	167,000		167,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,841,697			1,841,697
f Investment management fees	4,774,948		4,774,948	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,504,562	9,343,066	1,380,467	781,029
12 Advertising and promotion	3,756,630	1,821,760	897,047	1,037,823
13 Office expenses	2,564,029	2,538,233	14,745	11,051
14 Information technology	7,346,038	6,431,954	626,485	287,599
15 Royalties				
16 Occupancy	3,272,404	2,910,020	241,429	120,955
17 Travel	211,682	202,805	4,111	4,766
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,664	11,940	-4,951	8,675
20 Interest	148,675	8,446	138,012	2,217
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,562,297	780,736	578,450	203,111
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in 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	21,411,321	7,176,433	23,264	14,211,624
b VOLUNTEER TRAVEL/ACTIVI	1,979,928	1,976,132	3,796	
c TELECOMMUNICATION EXPEN	1,653,638	1,594,320	30,424	28,894
d TAXES & LICENSES	1,071,586	253,984	752,711	64,891
e All other expenses	1,018,097	482,994	290,540	244,563
25 **Total functional expenses.** Add lines 1 through 24e	181,584,159	139,803,475	17,949,218	23,831,466
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 ▶ ☑ if following SOP 98-2 (ASC 958-720).	16,517,099	5,244,975	0	11,272,124

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing	1,893,064	1	3,971,589
	2	Savings and temporary cash investments	4,701,759	2	8,146,436
	3	Pledges and grants receivable, net	14,997,156	3	10,682,402
	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	1,439,048	9	797,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 30,173,648			
	b	Less: accumulated depreciation — 10b: 18,164,870	13,553,814	10c	12,008,778
	11	Investments—publicly traded securities	587,702,333	11	656,318,221
	12	Investments—other securities. See Part IV, line 11	6,071,530	12	5,927,813
	13	Investments—program-related. See Part IV, line 11	5,924,718	13	5,112,604
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	235,887	15	218,627
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	636,519,309	16	703,184,035
Liabilities	17	Accounts payable and accrued expenses	17,792,852	17	18,707,583
	18	Grants payable	8,330,839	18	8,091,301
	19	Deferred revenue	240,000	19	
	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	3,263,793	25	3,318,523
	26	**Total liabilities.** Add lines 17 through 25	54,627,484	26	55,117,407
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	130,846,601	27	151,046,647
	28	Net assets with donor restrictions	451,045,224	28	497,019,981
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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	581,891,825	32	648,066,628
	33	Total liabilities and net assets/fund balances	636,519,309	33	703,184,035

Part XI Reconcilliation 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	254,163,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,584,159
3	Revenue less expenses. Subtract line 2 from line 1	3	72,578,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	581,891,825
5	Net unrealized gains (losses) on investments	5	-6,404,137
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 in 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	10	648,066,628

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: ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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
2021
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).** (Attach Schedule E (Form 990).)

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).** Enter the hospital's name, city, and state:

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).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	249,808,214	248,393,740	263,901,186	167,121,307	161,205,196	1,090,429,643
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	249,808,214	248,393,740	263,901,186	167,121,307	161,205,196	1,090,429,643
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) . .						298,691,549
6 **Public support.** Subtract line 5 from line 4.						791,738,094

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	249,808,214	248,393,740	263,901,186	167,121,307	161,205,196	1,090,429,643
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	10,040,083	11,340,283	16,687,555	4,941,346	20,296,431	63,305,698
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.). .	640,882	922,364	1,197,600	524,704	1,877,206	5,162,756
11 **Total support.** Add lines 7 through 10						1,158,898,097

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 |

13 **First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 68.320 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . | 15 | 62.140 %

16a **33 1/3% support test—2021.** 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 . . . . ▶☑

b **33 1/3% support test—2020.** 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 . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** 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 . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** 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 . . . . ▶☐

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 . . . . ▶☐

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Line	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*.	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**4b**		
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)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
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? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
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))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
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)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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?	**1**		
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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, 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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

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 ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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? *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.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

			Yes	No
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?*If "Yes" or "No", provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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):	1		
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 0.015 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 0.035	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 ☐ 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2021**	**(iii)** **Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10(A);	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(B);	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 TOTAL PROGRAM SERVICE & OTHER INCOME - $922,364
PART II, LINE 10(C);	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 - $87 TOTAL PROGRAM SERVICE & OTHER INCOME - $ 1,197,601
PART II, LINE 10(D);	2020 EXPERIENCE CORPS PROGRAM FEES - $268,525 2020 ALL OTHER PROGRAM INCOME - $404,715 2020 CGA SEVERANCE - $117,822 2020 CGA CHANGE IN VALUE - $(266,358) TOTAL PROGRAM SERVICE & OTHER INCOME - $524,704
PART II, LINE 10(E);	2021 EXPERIENCE CORPS PROGRAM FEES - $528,953 2021 ALL OTHER PROGRAM INCOME - $1,536,526 2021 CGA SEVERANCE - $21,402 2021 CGA CHANGE IN VALUE - $(209,693) 2021 MISCELLANEOUS - $17 TOTAL PROGRAM SERVICE & OTHER INCOME - $1,877,206

Additional Data

Return to Form

Software ID:

Software Version:

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
2021
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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

(ii) Assets included in Form 990, Part X . . . . ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

b Assets included in Form 990, Part X . . . . ▶ $ ____________

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 are a 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 programs

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 in 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	469,744,289	442,770,788	307,583,157	244,360,170	141,651,935
b Contributions . . .	304,187	377,860	81,030,355	78,113,983	76,682,864
c Net investment earnings, gains, and losses	66,463,852	40,251,351	55,109,672	-13,990,060	26,913,632
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	17,462,536	13,655,710	952,396	-900,936	888,261
f Administrative expenses					
g End of year balance	519,049,792	469,744,289	442,770,788	307,583,157	244,360,170

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 5.410 %

b Permanent endowment ▶ 94.590 %

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	3a(i)			No
(ii) Related organizations	3a(ii)			No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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	15,720,139	7,016,769
c Leasehold improvements				
d Equipment				
e Other		2,996,740	2,444,731	552,009

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 12,008,778

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. *(Column (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. *(Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,318,523

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 FIN 48 (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	291,327,411
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-6,404,137		
b	Donated services and use of facilities	2b	49,081,012		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	42,676,875
3	Subtract line **2e** from line **1**			3	248,650,536
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	5,512,563		
c	Add lines **4a** and **4b**			4c	5,512,563
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	254,163,099

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	225,152,608
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	49,081,012		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	49,081,012
3	Subtract line **2e** from line **1**			3	176,071,596
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	5,512,563		
c	Add lines **4a** and **4b**			4c	5,512,563
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	181,584,159

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.

Return Reference	Explanation
PART V, LINE 4:	BOARD DESIGNATED QUASI-ENDOWMENT THE FOUNDATION'S NET ASSETS WITHOUT DONOR RESTRICTIONS INCLUDE AMOUNTS DESIGNATED BY ITS BOARD OF DIRECTORS TO FUNCTION AS A QUASI-ENDOWMENT FUND. THE FOUNDATION MAY SPEND THE BOARD-DESIGNATED QUASI-ENDOWMENT IN ACCORDANCE WITH THE SPENDING POLICY. ASSETS OF BOTH THE DONOR-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 FINANCIAL STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES TREATED AS CONTRA REVENUE ON THE FINANCIAL STATEMENTS 3,589,045. INVESTMENT EXPENSES FROM K-1S INCLUDED IN UNREALIZED GAIN ON THE FINANCIAL S 1,923,518.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES TREATED AS CONTRA-REVENUE ON THE FINANCIAL STATEMENTS 3,589,045. INVESTMENT EXPENSES FROM K-1S INCLUDED IN UNREALIZED GAIN ON THE FINANCIAL S 1,923,518.

Additional Data

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Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

2a 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? Yes	No	(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
1 CHAPMAN CUBINE ALLEN AND HUSSEY INC 2000 15TH STREET NORTH SUITE 550 ARLINGTON, VA 22201	DIRECT MAIL PRODUCTION MANAGEMENT SERVICES		No	0	791,595	0
2 GIFT STRATEGIES LLC 1539 FALLS RIVER AVE SUITE 3 SEEKONK, MA 02771	OUTBOUND CALLING SERVICES TO DONORS		No	0	662,365	0
3 BLUE STATE DIGITAL 41 FLATBUSH AVENUE 8TH FL BROOKLYN, NY 11217	MARKETING ADVISORY SERVICES		No	0	607,867	0
4 AMERGENT 9 CENTENNIAL DRIVE PEABODY, MA 01960	MARKETING ADVISORY SERVICES		No	0	73,900	0
5						
6						
7						
8						
9						
10						
Total . . . . ▶					2,135,727	

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

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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ 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 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.

Return Reference	Explanation
SCHEDULE G, 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 ALLEN AND HUSSEY INC PROFESSIONAL FUNDRAISING FEE $630,732 CONSULTING FEES $56,785 ADVERTISING & PROMOTION $104,078 TOTAL PAID TO CHAPMAN CUBINE ALLEN AND HUSSEY INC $791,595 BLUE STATE DIGITAL PROFESSIONAL FUNDRAISING FEE $500,600 CONSULTING SERVICES $107,267 TOTAL PAID TO BLUE STATE DIGITAL $607,867 AMERGENT PROFESSIONAL FUNDRAISING FEE $48,000 ADVERTISING & PROMOTION $11,500 TECHNOLOGY FEES $14,400 TOTAL PAID TO AMERGENT $73,900 GIFT STRATEGIES LLC PROFESSIONAL FUNDRAISING FEE $662,365 TOTAL PAID TO GIFT STRATEGIES LLC $662,365 TOTAL AMOUNTS PAID TO FUNDRAISERS $2,135,727

Additional Data

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Software ID:
Software Version:

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
2021
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
(1) AARP 601 E STREET NW WASHINGTON,DC 20049	95-1985500	501(C)(4)	1,063,696	0			CHARITABLE WORK CONDUCTED ON BEHALF OF AARP FOUNDATION
(2) ACCOUNTING AID SOCIETY 3031 W GRAND BLVD SUITE 470 DETROIT,MI 482022411	23-7310753	501(C)(3)	250,000	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(3) AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT 1 LONG WHARF DR STE 1L NEW HAVEN,CT 06511	06-0915531	501(C)(3)	54,335	0			GRANTS TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(4) ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGEWATER DR OAKLAND,CA 94621	94-2960297	501(C)(3)	156,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(5) ALLIANCE TO END HUNGER 425 3RD ST SW STE 1200 WASHINGTON,DC 20024	20-2803848	501(C)(3)	15,000	0			MEMBER DUES TO SUPPORT THE ALLIANCE
(6) AMANI WOMEN CENTER 3777 CHURCH STREET CLARKSTON,GA 30021	20-8795120	501(C)(3)	50,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(7) AMERICAN SOCIETY ON AGING 575 MARKET ST STE 2100 SAN FRANCISCO,CA 941052869	94-2292868	501(C)(3)	85,000	0			SPONSORSHIP OF THE AGING CONFERENCE AND RISE CURRICULUM COLLABORATION
(8) ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA,GA 30344	58-1376648	501(C)(3)	68,995	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(9) BARREN RIVER AREA DEVELOPMENT DISTRICT 177 GRAHAM AVENUE BOWLING GREEN,KY 42101	61-0674874	GOVT. ENTITY	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(10) BAYLOR UNIVERSITY ONE BEAR PLACE 97360 WACO,TX 76798	74-1159753	501(C)(3)	299,999	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(11) BENEFITS DATA TRUST TWO LOGAN SQUARE SUITE 550 PHILADELPHIA,PA 19102	20-3455598	501(C)(3)	540,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(12) BREVARD WORKFORCE DEVELOPMENT BOARD INC 297 BARNES BLVD ROCKLEDGE,FL 32955	59-3031785	501(C)(3)	60,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(13) CARE 151 ELLIS STREET NE ATLANTA,GA 30303	13-1685039	501(C)(3)	250,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(14) PINAL ALLIANCE FOR ECONOMIC GROWTH 17235 N 75TH AVENUE GLENDALE,AZ 85038	86-0482868	501(C)(3)	62,000	0			GRANTS TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(15) CARVER COMMUNITY ORGANIZATION INC 400 SE 8TH ST EVANSVILLE,IN 47713	35-0869030	501(C)(3)	79,685	0			GRANTS TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(16) CENTER FOR NONPROFIT LEGAL SERVICES PO BOX 1586 MEDFORD,OR 97501	23-7227761	501(C)(3)	100,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(17) CENTER FOR PAN ASIAN COMMUNITY SERVICES 3510 SHALLOWFORD ROAD NW ATLANTA,GA 30341	58-1437980	501(C)(3)	100,981	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(18) CHICAGO COOK WORKFORCE PARTNERSHIP 69 W WASHINGTON SUITE 2860 CHICAGO,IL 60602	36-4122225	501(C)(3)	5,575	0			GRANT TO SUPPORT AARP FOUNDATION'S BACK TO WORK 50+ PROGRAM
(19) CHINATOWN SERVICE CENTER 767 N HILL STREET SUITE 400 LOS ANGELES,CA 90012	95-2918844	501(C)(3)	150,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(20) CITY OF PHOENIX 100 N 3RD ST PHOENIX,AZ 850042231	86-6000256	GOVT. ENTITY	22,287	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(21) CITY OF TEMPE 20 E 6TH ST TEMPE,AZ 85281	86-6000262	GOVT. ENTITY	119,433	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(22) CIUDAD NUEVA COMMUNITY OUTREACH 810 N CAMPBELL EL PASO,TX 79902	20-0806957	501(C)(3)	150,000	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(23) WEST KENTUCKY ALLIED SERVICES INC PO BOX 736 MAYFIELD,KY 42066	61-0911872	501(C)(3)	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(24) COMMUNITY ACTION OF SOUTHERN KENTUCKY 921 BEAUTY AVE BOWLING GREEN,KY 42101	61-0660969	501(C)(3)	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(25) THE CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST ROAD GROUND FLOOR WEST HAVEN,CT 06516	27-0963659	501(C)(3)	300,000	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(26) AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY 5300 HIATUS ROAD SUNRISE,FL 33351	59-1529419	501(C)(3)	149,973	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(27) CUMBERLAND TRACE LEGAL SERVICES (DBA KENTUCKY LEGAL AID) 1700 DESTINY LANE BOWLING GREEN,KY 42104	61-0916523	501(C)(3)	100,000	0			DONATION TO SUPPORT DISASTER RELIEF
(28) DC CENTRAL KITCHEN 19 I ST NW WASHINGTON,DC 20001	52-1584936	501(C)(3)	60,000	0			GENERAL SUPPORT AND SPONSORSHIP OF THE 2021 CAPITAL FOOD FIGHT
(29) EAST SIDE LEARNING CENTER 740 YORK AVE SAINT PAUL,MN 55106	04-3699678	501(C)(3)	310,193	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(30) ECUMENICAL SOCIAL ACTION COMMITTEE 434 JAMAICAWAY JAMAICA PLAIN,MA 02130	04-2455301	501(C)(3)	450,000	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(31) FAST FORWARD 3223 DEVINE ST STE 3 COLUMBIA,SC 29205	54-2158648	501(C)(3)	50,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(32) FEEDING AMERICA KENTUCKY'S HEARTLAND INC 313 PETERSON DR ELIZABETHTOWN,KY 42702	61-1043635	501(C)(3)	100,000	0			DONATION TO SUPPORT DISASTER RELIEF
(33) FEEDING TEXAS 1524 S IH 35 SUITE 342 AUSTIN,TX 78704	74-2762542	501(C)(3)	200,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(34) FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE,AL 36582	63-0821997	501(C)(3)	385,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(35) FOOD RESEARCH AND ACTION CENTER TOTAL 1200 18TH ST NW STE 400 WASHINGTON,DC 20036	23-7200739	501(C)(3)	10,000	0			SPONSORSHIP OF THE ANTI-HUNGER POLICY CONFERENCE
(36) FOUNDATION FOR SOCIAL CONNECTION 900 16TH STREET SUITE 400 WASHINGTON,DC 20006	86-1322969	501(C)(3)	169,245	0			GRANT TO SUPPORT AARP FOUNDATION'S SOCIAL CONNECTION PROGRAM
(37) GENERATIONS INCORPORATED 25 KINGSTON ST 4TH FL BOSTON,MA 02111	04-3227007	501(C)(3)	395,770	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(38) GREATER CLEVELAND VOLUNTEERS 4415 EUCLID AVE STE 200 CLEVELAND,OH 44103	34-1356768	501(C)(3)	133,305	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(39) HELPAGE USA 1730 M STREET NW NO 1000 WASHINGTON,DC 20036	27-1071179	501(C)(3)	250,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(40) HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON,TX 77029	76-0311190	501(C)(3)	205,639	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(41) HUNGER FREE AMERICA 50 BROAD STREET STE 1103 NEW YORK,NY 10004	13-3471350	501(C)(3)	149,999	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(42) INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA STE 101 SAN DIEGO,CA 92123	33-1029843	501(C)(3)	259,990	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(43) JASA (JEWISH ASSOCIATION FOR SERVICES FOR THE AGED) 247 WEST 37TH STREET 9TH FLOOR NEW YORK,NY 10018	13-2620896	501(C)(3)	100,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(44) JEFFERSON STATE COMMUNITY COLLEGE 2601 CARSON RD BIRMINGHAM,AL 35215	63-0501357	GOVT. ENTITY	10,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(45) JEWISH VOCATIONAL SERVICE INC 75 FEDERAL STREET BOSTON,MA 02110	04-2104357	501(C)(3)	50,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(46) JOBS FOR THE FUTURE INC 88 BROAD ST FL 8 BOSTON,MA 02110	06-1164568	501(C)(3)	100,000	0			SPONSORSHIP OF THE HORIZONS NATIONAL SUMMIT
(47) KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES 555 S KANSAS AVENUE TOPEKA,KS 66603	48-1124839	GOVT. ENTITY	50,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(48) LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES,CA 90058	95-3135649	501(C)(3)	25,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(49) LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON,DC 20049	52-1194741	501(C)(3)	300,000	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(50) LEGAL SERVICES OF NORTH WEST JERSEY 90 EAST MAIN STREET THIRD FL SOMERVILLE,NJ 08876	22-2092489	501(C)(3)	100,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(51) LOUISIANA CHAMBER OF COMMERCE FOUNDATION 3541 RUE MICHELLE NEW ORLEANS,LA 70131	83-2128501	501(C)(3)	300,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(52) MEALS ON WHEELS AMERICA 413 N LEE ST ALEXANDRIA,VA 22314	23-7447812	501(C)(3)	50,000	0			GENERAL SUPPORT
(53) METROPOLITAN FAMILY SERVICE 230 NE 2ND AVE STE 2 HILLSBORO,OR 97124	93-0397825	501(C)(3)	162,989	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(54) MIDWEST ASIAN HEALTH ASSOCIATION 238 W CERMAK ROAD 2ND FL CHICAGO,IL 60616	36-4526722	501(C)(3)	200,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(55) MIRELIEF 233 N MICHIGAN AVENUE CHICAGO,IL 60601	47-3559589	501(C)(3)	260,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(56) NATIONAL HISPANIC COUNCIL ON AGING 734 15TH ST NW STE 1050 WASHINGTON,DC 20005	52-1306347	501(C)(3)	25,000	0			GENERAL SUPPORT
(57) NATIONAL WOMENS HISTORY MUSEUM 205 S WHITING ST STE 254 ALEXANDRIA,VA 22304	54-1801426	501(C)(3)	250,000	0			DONATION TO SUPPORT FOCUS ON OLDER LOW-INCOME WOMEN ISSUES AND SOLUTIONS
(58) NATIONAL CONSUMER VOICE FOR QUALITY LONG-TERM CARE 1001 CONNECTICUT AVE NW STE 425 WASHINGTON,DC 20036	52-1122531	501(C)(3)	15,000	0			SPONSORSHIP OF THE NATIONAL CONSUMER VOICE CONFERENCE
(59) NEW MEXICO CENTER ON LAW AND POVERTY 924 PARK AVENUE SW STE C ALBUQUERQUE,NM 87102	85-0437960	501(C)(3)	300,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(60) NORC AT THE UNIVERSITY OF CHICAGO 1155 E 60TH ST CHICAGO,IL 60637	36-2177139	501(C)(3)	14,891	0			GRANT TO SUPPORT AARP FOUNDATIONS SOCIAL CONNECTIVITY PROGRAM
(61) NEW SOLUTIONS 3811 N FAIRFAX DRIVE STE 900 ARLINGTON,VA 22203	52-2003078	501(C)(3)	225,000	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(62) PENNYRILE ALLIED COMMUNITY SERVICES INC 1100 S LIBERTY STREET HOPKINSVILLE,KY 42241	61-0862133	501(C)(3)	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(63) PENNYRILE AREA DEVELOPMENT DISTRICT 300 HAMMOND DRIVE HOPKINSVILLE,KY 42240	61-0702271	GOVT. ENTITY	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(64) PHILADELPHIA CHINATOWN DEVELOPMENT CORP 301 N 9TH STREET PHILADELPHIA,PA 19107	23-7439723	501(C)(3)	372,738	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(65) PURCHASE AREA DEVELOPMENT DISTRICT INC 1002 MEDICAL DRIVE MAYFIELD,KY 42066	61-0703496	501(C)(3)	50,000	0			DONATION TO SUPPORT DISASTER RELIEF
(66) READ TO SUCCEED BUFFALO INC 392 PEARL ST STE 100 BUFFALO,NY 14202	26-3606661	501(C)(3)	90,000	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(67) ROOT CAUSE COALITION 1801 RICHARDS RD TOLEDO,OH 43607	47-5126498	501(C)(3)	60,000	0			GENERAL SUPPORT AND SPONSORSHIP OF SUMMIT
(68) SACRAMENTO FOOD BANK AND FAMILY SERVICES 3333 3RD AVENUE SACRAMENTO,CA 95817	94-3315566	501(C)(3)	114,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(69) SAN ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO,TX 78227	74-2122979	501(C)(3)	70,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(70) SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO,CA 94107	94-3041517	501(C)(3)	184,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(71) SC THRIVE 2211 ALPINE ROAD EXTENSION COLUMBIA,SC 29223	90-1011409	501(C)(3)	356,845	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(72) SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVENUE NEW ORLEANS,LA 70123	72-0956468	501(C)(3)	300,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(73) SELFHELP COMMUNITY SERVICES 520 EIGHTH AVENUE 5TH FLOOR NEW YORK,NY 10018	13-5654450	501(C)(3)	100,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(74) SENIORLAW CENTER 100 SOUTH BROAD ST STE 1810 PHILADELPHIA,PA 19110	23-2169936	501(C)(3)	200,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(75) SEQUOIA LIVING INC 1525 POST ST SAN FRANCISCO,CA 94109	94-1437728	501(C)(3)	122,000	0			DONATION TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(76) SERVICES AND ADVOCACY FOR GLBT ELDERS 305 7TH AVE 15TH FL NEW YORK,NY 10001	13-2947657	501(C)(3)	25,000	0			GENERAL SUPPORT
(77) SMITHSONIAN INSTITUTION 1000 JEFFERSON DR SW WASHINGTON,DC 20560	53-0206027	501(C)(3)	10,000	0			GENERAL SUPPORT
(78) SOUTHEAST LOUISIANA LEGAL SERVICES CORP 1340 POYDRAS STREET NO 600 NEW ORLEANS,LA 70112	72-0877422	501(C)(3)	470,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(79) ST BERNARD PROJECT INC 8324 PARC PLACE NEW ORLEANS,LA 70119	26-2189665	501(C)(3)	400,000	0			AARP FOUNDATION DISASTER RELIEF GRANT AND GENERAL SUPPORT
(80) TEXAS IMPACT FOUNDATION 200 EAST 30TH STREET AUSTIN,TX 78705	74-2989021	501(C)(3)	25,000	0			GRANT TO SUPPORT AARP FOUNDATION'S SNAP BENEFITS PROGRAM
(81) THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L ST NW STE 901 WASHINGTON,DC 20005	52-1256181	501(C)(3)	50,000	0			SPONSORSHIP OF THE ANNUAL SCIENTIFIC MEETING
(82) THE MEMORIAL FOUNDATION INC 633 PENNSYLVANIA AVE NW FLR 3 WASHINGTON,DC 20004	46-0758941	501(C)(3)	25,000	0			SPONSORSHIP OF THE FEED THE HUNGRY EVENT
(83) UNITEDHEALTHCARE CHILDRENS FOUNDATION 9700 HEALTHCARE LN MN017-W400 MINNETONKA,MN 55343	52-2177891	501(C)(3)	15,000	0			SPONSORSHIP OF THE UHCCF MINNESOTA GOLF CLASSIC
(84) UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST ATLANTA,GA 30303	58-0566194	501(C)(3)	67,000	0			GRANT TO SUPPORT AARP FOUNDATION'S EXPERIENCE CORPS PROGRAM
(85) UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE,SC 29607	57-0362066	501(C)(3)	222,065	0			GRANT TO SUPPORT AARP FOUNDATION'S BENEFITS PROGRAM
(86) UNITED WAY OF KENTUCKY INC 334 E BROADWAY STE 325 LOUISVILLE,KY 40202	31-1106795	501(C)(3)	300,000	0			DONATION TO SUPPORT DISASTER RELIEF
(87) UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS,LA 70119	72-0471369	501(C)(3)	400,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(88) UNITED WAY NORTHERN NEW JERSEY 222 RIDGEDALE AVENUE CEDAR KNOLLS,NJ 07927	22-1487247	501(C)(3)	100,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(89) UNITED WAY OF SOUTHWEST ALABAMA PO DRAWER 89 MOBILE,AL 36601	63-0351568	501(C)(3)	150,000	0			AARP FOUNDATION DISASTER RELIEF GRANT
(90) WISH OF A LIFETIME 303 EAST 17TH AVENUE STE 850 DENVER,CO 80203	26-2123649	501(C)(3)	13,061	0			GENERAL SUPPORT
(91) WOMENS OPPORTUNITIES RESOURCE CENTER 2010 CHESTNUT ST PHILADELPHIA,PA 19103	23-2741508	501(C)(3)	10,000	0			GENERAL SUPPORT
(92) WORKFORCE MID-SOUTH INC 155 ANGELUS STREET MEMPHIS,TN 38104	85-0869795	GOVT. ENTITY	50,000	0			GRANT TO SUPPORT AARP FOUNDATION'S WORKFORCE PROGRAM
(93) YWCA USA 1020 19TH ST NW STE 750 WASHINGTON,DC 20036	13-1624103	501(C)(3)	25,000	0			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 92

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

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) SCSEP ENROLLEE WAGES AND BENEFITS	9460	58,432,660			
(2) EXPERIENCE CORPS MENTORING & TUTORING STIPENDS	346	383,070			
(3) EMPLOYEE DISASTER RECOVERY	3	15,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
AARP FOUNDATION

Employer identification number
52-0794300

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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. ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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.	**4c**		No
	Only 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?	**5a**	Yes	
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**	Yes	
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?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 (UNTIL 6/10/22)	(i)	381,308	123,739	3,775	11,600	22,263	542,685	0
	(ii)	4,431	0	0	46,893	0	51,324	0
2 PATRICIA D SHANNON CFO & SENIOR VICE PRESIDENT	(i)	346,496	89,138	3,898	11,600	14,401	465,533	0
	(ii)	0	0	0	46,893	0	46,893	0
3 DAVID WHITEHEAD SVP & CHIEF DEVELOPMENT OFFICER	(i)	292,648	75,156	3,390	11,600	15,491	398,285	0
	(ii)	12,465	0	0	46,893	0	59,358	0
4 EMILY S ALLEN SVP - PROGRAMS	(i)	276,890	77,905	3,747	11,600	9,104	379,246	0
	(ii)	0	0	0	46,893	0	46,893	0
5 JAMI L WYATT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	241,998	59,717	1,181	58,493	22,726	384,115	0
6 WILLIAM A RIVERA SVP - LITIGATION	(i)	249,118	65,430	924	11,600	1,685	328,757	0
	(ii)	7,579	0	0	46,893	0	54,472	0
7 DEMETRIOS ANTZOULATOS VP - FINANCE, GRANTS, & OPERATIONS	(i)	220,549	56,793	1,792	11,094	22,604	312,832	0
	(ii)	0	0	0	44,846	0	44,846	0
8 PATRICK LANDERS VP - STRATEGY & INNOVATION	(i)	218,050	53,789	1,132	10,874	15,112	298,957	0
	(ii)	0	0	0	43,956	0	43,956	0
9 STEPHEN VENUTE VP - CORP & FDN RELATIONS	(i)	220,451	54,336	1,883	10,991	8,189	295,850	0
	(ii)	0	0	0	44,433	0	44,433	0
10 STEVEN DELVECCHIO VP - DIRECT RESPONSE	(i)	146,741	59,990	3,520	11,019	1,456	222,726	0
	(ii)	68,734	0	0	44,543	0	113,277	0
11 MARC MCDONALD VP - INTEGRATION	(i)	208,374	52,093	600	10,419	17,187	288,673	0
	(ii)	0	0	0	42,118	0	42,118	0

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.

Return Reference	Explanation
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. BOARD MEMBERS LIBBY SARTAIN, ROBERT BLANCATO AND MARGOT JAMES COPELAND SIT ON BOTH THE AARP, INC. BOARD AND THE AARP FOUNDATION BOARD. AARP, INC. PAYS ALL SPOUSE/COMPANION TRAVEL EXPENSES FOR THESE BOARD MEMBERS AND ISSUES THE REQUIRED 1099-MISC WITH THE APPLICABLE INCOME TAX GROSS UP PAYMENT.
PART I, LINE 5	AARP FOUNDATION PARTICIPATES IN AARP'S ENTERPRISE-WIDE COMPENSATION PLAN. UNDER THAT COMPENSATION PLAN, NUMEROUS ORGANIZATIONAL FACTORS ARE CONSIDERED IN EMPLOYEE COMPENSATION, ONE OF WHICH IS GROSS REVENUE.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, 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

2021

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	DISTRICT OF COLUMBIA	53-6001131	254839H48	10-21-2004	25,000,000	PURCHASE OF OFFICE SPACE		X		X		X

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			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 government . . . . ▶	0.700 %							
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 5	0.700 %							
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 nongovernmental 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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							

Part IV Arbitrage (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation

Additional Data

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Software ID:
Software Version:

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
AARP FOUNDATION

Employer identification number

52-0794300

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

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
(1) AARP INC	AFFILIATED ENTITY	1,063,696	GRANTS		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, COLUMN (D)	GRANTS FOR PERFORMANCE OF CHARITABLE ACTIVITIES ON BEHALF OF AARP FOUNDATION

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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 the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

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	16	331,764	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 ▶ (PHONES)	X	427	76,860	MARKET VALUE
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?	30a		No
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?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047 2021 Open to Public Inspection
	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.	

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	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.
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 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 MITIGATION PLAN IS 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 15A	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. THE AARP FOUNDATION BOARD GOVERNANCE COMMITTEE PROVIDES INPUT TO THE CEO OF AARP ON THE PRESIDENT'S PERFORMANCE AND COMPENSATION BASED ON THE AARP FOUNDATION BOARD GOVERNANCE COMMITTEE'S EVALUATION OF THE PRESIDENT'S PERFORMANCE, AND THE AARP CEO THEN RECOMMENDS ADJUSTMENTS TO THE PRESIDENT'S COMPENSATION PACKAGE TO THE AARP FOUNDATION BOARD. THE AARP FOUNDATION BOARD PROVIDES FINAL APPROVAL OVER ANY ADJUSTMENTS TO THE PRESIDENT'S COMPENSATION PACKAGE.
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.

Additional Data

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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

2021

Open to Public Inspection

Name of the organization
AARP FOUNDATION

Employer identification number
52-0794300

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
(1) AARP (CONSOLIDATED) 601 E STREET NW WASHINGTON, DC 20049 95-1985500	SOCIAL WELFARE ORGANIZATION DEDICATED TO PERSONS OVER AGE 50	DC	501(C)(4)	N/A	N/A		No
(2)						Yes	
(3) LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049 52-1194741	PUBLIC CHARITY PROVIDING LEGAL ASSISTANCE/EDUCATION TO DC ELDERLY RESIDENTS	DC	501(C)(3)	509(A)(1)	AARP		No
(4) AARP INSURANCE PLAN 601 E STREET NW WASHINGTON, DC 20049 52-6069387	GRANTOR TRUST HOLDING CERTAIN AARP GROUP HEALTH INSURANCE POLICIES	DC	501(C)(4)	N/A	AARP		No
(5) WISH OF A LIFETIME 303 EAST 17TH AVE STE 850 DENVER, CO 80203 26-2123649	SHIFT HOW SOCIETY VALUES SENIORS BY GRANTING/ SHARING LIFELONG WISHES	CO	501(C)(3)	509(A)(1)	AARP		No
(6) OLDER ADULTS TECHNOLOGY SERVICES 168 7TH STREET SUITE 3A BROOKLYN, NY 11215 55-0882599	HARNESS THE POWER OF TECHNOLOGY TO CHANGE THE WAY WE AGE.	NY	501(C)(3)	509(A)(1)	AARP		No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)AARP FINANCIAL SERVICES CORPORATION 601 E STREET NW WASHINGTON, DC 20049 52-1367607	REAL ESTATE HOLDING COMPANY	DE	AARP	C					No
(2)AARP SERVICES INC (CONSOLIDATED) 620 F STREET NW WASHINGTON, DC 20004 52-2141065	QUALITY CONTROL AND RESEARCH	DE	AARP	C					No
(3)THE H WAYNE AND ANNE D BARBETTI CHARITABLE REMAINDER UNITRUST 5011 HAVEN AVENUE OCEAN CITY, NJ 08226 20-6379297	CHARITABLE REMAINDER TRUST	NJ	N/A	T					No
(4)AARP FOUNDATION TRUST 400 HOWARD STREET SAN FRANCISCO, CA 94105 30-6645384	GRANTOR TRUST	CA	AARP FOUNDATION	T					No

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.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**	Yes	
c Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**	Yes	
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o Sharing of paid employees with related organization(s)	**1o**		No
p Reimbursement paid to related organization(s) for expenses	**1p**	Yes	
q Reimbursement paid by related organization(s) for expenses	**1q**	Yes	
r Other transfer of cash or property to related organization(s)	**1r**	Yes	
s Other transfer of cash or property from related organization(s)	**1s**		No

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	1,063,696	GRANT AGREEMENTS
(2)LEGAL COUNSEL FOR THE ELDERLY - GRANT AWARD FOR PERFORMANCE OF CHARITABLE A	B	300,000	GRANT AGREEMENT
(3)WISH OF A LIFETIME	B	13,061	CASH CONTRIBUTIONS PAID
(4)AARP INC	C	7,766,838	CASH CONTRIBUTIONS RECEIVED
(5)AARP SERVICES INC	C	2,750	CASH CONTRIBUTIONS RECEIVED
(6)AARP INC - BOND STANDBY AGREEMENT	E	25,000,000	IN THE EVENT OF DEFAULT
(7)AARP INC - IN-KIND ADVERTISING	M	5,028,026	PUBLICATION SPACE MARKET VALUE
(8)AARP INC - IN-KIND SHARED SERVICES	M	26,333,619	ALLOCABLE COST
(9)AARP INC - WEB AD SPACE	M	100,000	WEB SPACE MARKET VALUE
(10)AARP INC - IN-KIND RENT	N	34,228	COST
(11)AARP INC - MAINTENANCE	P	823,142	COSTS INCURRED
(12)AARP INC - EMPLOYEE SALARY	Q	438,623	ACTUAL SALARY FOR TIME REPORTED
(13)AARP INC - 25K ANNUAL FEE LINE OF CREDIT	R	25,000	CASH PAID
(14)ANDRUS INSURANCE FUND INC - WORKERS' COMP & OTHER INSURANCE	R	2,446,704	PREMIUMS PAID

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)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate 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**		**Yes**	**No**	

Part VII Supplemental Information

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:
Software Version: