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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INSTITUTE ON AGING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3575 GEARY BOULEVARD

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94118

D Employer identification number
94-2978977

E Telephone number
(415) 750-4111

G Gross receipts $ 34,666,208

F Name and address of principal officer
J THOMAS BRIODY
3575 GEARY BOULEVARD
SAN FRANCISCO, CA 94118

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

H(b) Are all affiliates 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 IOAGING ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE INSTITUTE ON AGING IS TO ENHANCE THE QUALITY OF LIFE FOR ADULTS AS THEY AGE BY ENABLING THEM TO MAINTAIN THEIR HEALTH, WELL BEING, INDEPENDENCE AND PARTICIPATION IN THE COMMUNITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	534
6	Total number of volunteers (estimate if necessary)	**6**	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,428,883	8,143,137
9	Program service revenue (Part VIII, line 2g)	20,960,459	21,758,010
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,034	746,079
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,202	73,268
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,731,578	30,720,494
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	18,039,012	18,748,371
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶337,613		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,799,108	13,709,822
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,838,120	32,458,193
19	Revenue less expenses Subtract line 18 from line 12	-4,106,542	-1,737,699

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	57,312,044	52,596,027
21	Total liabilities (Part X, line 26)	50,082,284	47,372,754
22	Net assets or fund balances Subtract line 21 from line 20	7,229,760	5,223,273

Revenue | Expenses | Net Assets or Fund Balances

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

****** | 2014-05-12
Signature of officer | Date

J THOMAS BRIODY CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RENIE BURBANK				P00159653

Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318

Firm's address ▶ 101 SECOND STREET 9TH FLOOR
SAN FRANCISCO, CA 94105 | Phone no (415) 956-1500

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 to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE OTHE MISSION OF THE INSTITUTE ON AGING IS TO ENHANCE THE QUALITY OF LIFE FOR ADULTS AS THEY AGE BY ENABLING THEM TO MAINTAIN THEIR HEALTH, WELL BEING, INDEPENDENCE AND PARTICIPATION IN THE COMMUNITY IOA FULFILLS THIS MISSION FOR A DIVERSE COMMUNITY BY DEVELOPING AND PROVIDING INNOVATIVE PROGRAMS IN HEALTH, SOCIAL SERVICE, CREATIVE ARTS, COMMUNITY AND PROFESSIONAL EDUCATION AND RESEARCH

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 $ 13,036,980 including grants of $) (Revenue $ 14,989,669)

ALL-INCLUSIVE MEDICAL CARE (PACE) - SEE DESCRIPTION ON SCHEDULE OALL-INCLUSIVE MEDICAL CARE (PACE) - IOA OFFERS ON LOK'S PROGRAM OF ALL INCLUSIVE CARE OR ELDERLY (PACE) FOR ADULTS OVER 55 THIS IS A CUSTOM CARE PLAN DESIGNED FOR EACH PERSON BASED ON THEIR SPECIFIC NEEDS INDIVIDUALS RECEIVE THE FOLLOWING BENEFITS -PHYSICAL, OCCUPATIONAL, SPEECH, AND RECREATIONAL THERAPIES-HOME HEALTH CARE AND PERSONAL CARE-NUTRITION SERVICES AND HOME DELIVERED MEALS WHEN NEEDED-TRANSPORTATION AND EMERGENCY MEDICAL TRANSPORT-SOCIAL SERVICES-PRIMARY MEDICAL AND SPECIALTY CARE AS NEEDED (SUCH AS CARDIOLOGY, NEUROLOGY)-ROUTINE PREVENTATIVE CARE SUCH AS AUDIOLOGY, DENTISTRY, OPTOMETRY, AND PODIATRY-NURSING CARE AND MONITORING-ADULT DAY HEALTH CARE-PRESCRIPTION DRUGS-ACUTE HOSPITAL AND NURSING HOME CAREIOA'S PROFESSIONAL STAFF INCLUDE PHYSICIANS, DENTISTS, SOCIAL WORKERS, PHYSICAL AND OCCUPATIONAL THERAPISTS THIS FULLY INTEGRATED, ALL-INCLUSIVE PROGRAM ENABLES PEOPLE TO HAVE MANY SERVICES UNDER ONE UMBRELLA IN ADDITION TO MEDICAL CARE, INDIVIDUALS ENGAGE IN VARIOUS SOCIAL ACTIVITIES, EXERCISE AND RECEIVE NUTRITIOUS MEALS WHILE ONSITE

4b (Code) (Expenses $ 4,976,200 including grants of $) (Revenue $ 5,481,949)

HOME CARE - SEE DESCRIPTION ON SCHEDULE OHOME CARE - FOR ITS CLIENTS TO LIVE COMFORTABLY IN THEIR OWN HOMES, ESPECIALLY WHEN DEALING WITH ILLNESS, INJURY, RECENT DISABILITY OR CHRONIC HEALTH CONDITIONS, IOA OFFERS WORKABLE ALTERNATIVES TO PLACEMENT IN AN ASSISTED LIVING OR SKILLED NURSING FACILITY LIFE CHALLENGES CAN OCCUR AT ANY TIME AND ANY AGE IOA ASSISTS ADULTS, YOUNG AND OLDER, WITH DIFFICULTIES THAT COME WITH TRAUMATIC INJURY AND UNEXPECTED DISABILITY WE SPECIALIZE IN TRANSITIONING INDIVIDUALS FROM HOSPITAL SETTINGS INTO SHORT/LONG-TERM INTENSIVE CARE COORDINATION AT HOME OUR SERVICES INCLUDE MAKING ARRANGEMENTS FOR THE NECESSARY HOME MODIFICATIONS AND ASSISTANCE WITH ACCESSING DURABLE MEDICAL EQUIPMENT SERVICES INCLUDE -PROFESSIONAL CAREGIVERS (INSURED, LICENSED AND BONDED)-CARE COORDINATION-COORDINATION OF BENEFITS-DEMENTIA AND ALZHEIMER'S CARE-MEDICATION MANAGEMENT-MEMORY ASSESSMENTS-COUNSELING AND THERAPY-TRANSPORTATION, ERRANDS AND ESCORTED TRAVELIN 2012-13, IOA PROVIDED OVER 152,000 HOURS OF DIRECT, IN-HOME SERVICES TO SENIORS MONEY MATTERS - MANAGING FINANCES CAN BE OVERWHELMING FOR OLDER ADULTS IOA OFFERS EXPERT PROFESSIONAL SERVICES THAT BEGIN WITH A NEEDS ASSESSMENT AND A COORDINATED PLAN ADDRESSING THE INDIVIDUAL'S COMPLETE FINANCIAL PICTURE STAFF INCLUDES COURT-CERTIFIED/STATE-REGISTERED PROFESSIONAL FIDUCIARIES AND BOOKKEEPERS - ALL WITH EXTENSIVE EXPERIENCE MANAGING THE COMPLEX NEEDS OF OLDER ADULTS FINANCIAL SERVICES INCLUDE -ORGANIZING MAIL AND DOCUMENTS-BOOKKEEPING AND BILL PAYING-RECONCILIATION OF BANK STATEMENTS-MANAGING CASH USED FOR DAILY PURCHASES-ASSISTANCE WITH MEDICAL/INSURANCE CLAIMS-TAX MATTERS-DURABLE POWER OF ATTORNEY FOR FINANCE-TRUSTEESHIP-COURT APPOINTED CONSERVATOR-EXECUTOR OF WILLS-ADMINISTRATOR OF ESTATESIOA WORKS CLOSELY WITH CLIENTS' EXISTING PROFESSIONAL SUPPORT TEAMS, SUCH AS ATTORNEYS, FINANCIAL ADVISORS, BANKS, HEALTH CARE PROVIDERS, AND OTHER PROFESSIONALS AND ALL SERVICES ARE BONDED AND INSURED MONEY DOES MATTER AND OUR GOAL IS TO PROVIDE OVERSIGHT, EXPERT ADVICE, PROFESSIONAL RESOURCES AND A GREATER PEACE OF MIND

4c (Code) (Expenses $ 4,190,480 including grants of $) (Revenue $ 167,125)

COMMUNITY CARE PROGRAMS - SEE DESCRIPTION ON SCHEDULE OCOMMUNITY CARE PROGRAMS - INCLUDE LINKAGES, A CARE MANAGEMENT PROGRAM,PROVIDING ASSESSMENT AND COORDINATION OF SERVICES FOR DISABLED ADULTS AGE 18 OR OLDER WHO LIVE IN SAN FRANCISCO AND NEED ASSISTANCE WITH SOME TASKS OF DAILY LIVING SHORT-TERM HELP MIGHT INCLUDE INSTALLING GRAB BARS, SHOPPING ASSISTANCE, OR INTERVENING IN AN EMERGENCY SITUATION FUNDED IN PART BY THE SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES, LINKAGES SEEKS TO PROVIDE ACCESS TO NEEDED SERVICES TO ENABLE A PERSON TO CONTINUE LIVING INDEPENDENTLY THROUGH THE LINKAGES PROGRAM, A SOCIAL WORKER VISITS A CLIENT AT HOME AND WORKS WITH THE CLIENT TO DETERMINE WHAT SERVICES MIGHT BE HELPFUL WITH THIS INFORMATION, A CARE PLAN IS DEVELOPED AND APPROPRIATE SERVICES ARE ARRANGED THE SOCIAL WORKER CONTINUES TO STAY IN CLOSE TOUCH, WORKING WITH THE CLIENT TO ADJUST THE CARE PLAN AS NECESSARY LINKAGES CAN ARRANGE A WIDE ARRAY OF SERVICES, INCLUDING -TRANSPORTATION-HOME SAFETY MODIFICATIONS-MEDICAL CARE-HOUSEKEEPING-LEGAL ASSISTANCE-SENIOR COMPANION-HOME-DELIVERED MEALS-MONEY MANAGEMENT-DAY ACTIVITY PROGRAMS-COUNSELING-GOVERNMENT BENEFITSLINKAGES IS AVAILABLE TO ALL DISABLED SAN FRANCISCO RESIDENTS, 18 AND OLDER, WITH CARE MANAGEMENT NEEDS, IN ADDITION TO DIFFICULTY WITH ONE ACTIVITY OF DAILY LIVING (ADL) OR TWO INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) THERE IS NO INCOME REQUIREMENT FOR RECEIVING THIS SERVICE THE AVERAGE CASE LOAD FOR THE LINKAGES PROGRAM IN 2012-13 WAS 150 CLIENTS, THE NUMBER OF UNDUPLICATED CLIENTS WAS 210 COMMUNITY CARE PROGRAMS ALSO INCLUDE THE COMMUNITY LIVING FUND (CLF), A PROGRAM THAT ASSISTS WITH THE TRANSITION OF INDIVIDUALS WITH LIMITED INCOMES WHO HAVE SPENT YEARS LIVING IN HOSPITALS OR CARE FACILITIES AND WHO WISH TO RETURN TO LIVING IN THE COMMUNITY CLF ALSO PROVIDES SERVICES TO INDIVIDUALS LIVING IN THE COMMUNITY WHO ARE AT IMMINENT RISK OF INSTITUTIONALIZATION ALTHOUGH PATIENTS MAY WISH TO LIVE INDEPENDENTLY, AND HAVE THE RIGHT TO MAKE THAT CHOICE, THE TRANSITION FROM INSTITUTIONALIZED CARE TO INDEPENDENT LIVING CAN BE VERY DIFFICULT PATIENTS FACE ORDINARY LIFE TASKS SUCH AS MEAL PREPARATION, BILL PAYING AND ORGANIZING MEDICAL CARE FOR THE FIRST TIME IN MANY YEARS TO MAKE THIS TRANSITION SAFE AND POSSIBLE, CLF PROVIDES SERVICES FROM TRAINED PROFESSIONAL NURSES AND SOCIAL WORKERS SOCIAL WORKERS AND NURSES PROVIDE SERVICE COORDINATION AND, WHEN NECESSARY, PURCHASE ITEMS AND/OR SERVICES NEEDED BY AN INDIVIDUAL TO ENABLE INDEPENDENT LIVING

(Code) (Expenses $ 2,805,987 including grants of $) (Revenue $ 1,119,267)

MULTIPURPOSE SENIOR SERVICES PROGRAM (MSSP) - IS A CARE MANAGEMENT PROGRAM, SIMILAR TO LINKAGES, PROVIDING ASSESSMENT AND COORDINATION OF SERVICES FOR OLDER ADULTS WHO LIVE IN SAN FRANCISCO, ARE 65 YEARS OR OLDER, AND HAVE MEDI-CAL COVERAGE WHEN EVERYDAY TASKS SUCH AS COOKING DINNER, GETTING TO THE DOCTOR, OR MANAGING MONEY BECOME MORE DIFFICULT, MSSP IS AVAILABLE AT NO CHARGE TO PROVIDE NEEDED SUPPORT, AND ENABLE PEOPLE TO CONTINUE LIVING IN THEIR OWN HOMES THROUGH THE CARE MANAGEMENT SERVICES OF MSSP, A CARE MANAGER OR NURSE VISITS A CLIENT AT HOME TO DISCUSS HIS OR HER NEEDS AND THE SERVICES THAT MIGHT BE HELPFUL WITH THIS INFORMATION, A CARE PLAN IS DEVELOPED AND APPROPRIATE SERVICES ARE ARRANGED THE CARE MANAGER CONTINUES TO STAY IN CLOSE TOUCH, WORKING TOGETHER WITH THE CLIENT TO ADJUST THE CARE PLAN AS NECESSARY MSSP CAN PROVIDE OR ARRANGE FOR A WIDE ARRAY OF SERVICES, INCLUDING -FULL ASSESSMENT AND CARE COORDINATION-PURCHASE OF NEEDED SERVICES AND MEDICAL DEVICES-TRANSPORTATION-MEDICAL CARE-HOMEMAKERS-HOME SAFETY MODIFICATIONS-LEGAL ASSISTANCE-SENIOR COMPANIONS-HOME-DELIVERED MEALS-MONEY MANAGEMENT-DAY ACTIVITY PROGRAMS-COUNSELING-GOVERNMENT BENEFITS-EMERGENCY HELP WITH PROBLEMS SUCH AS ABUSE OR EVICTION NOTICESSERVICES ARE AVAILABLE IN ENGLISH, RUSSIAN, SPANISH, CANTONESE, MANDARIN AND VIETNAMESE MSSP IS AVAILABLE TO ALL SAN FRANCISCO RESIDENTS AGED 65 OR OLDER WHO ARE COVERED BY MEDI-CAL AND NEED ASSISTANCE WITH TWO OR MORE ACTIVITIES OF DAILY LIVING (ADL) MOST SERVICES ARE COVERED BY MEDI-CAL AND ARE FREE OF CHARGE TO THE INDIVIDUAL MSSP IS FUNDED BY THE STATE AND FEDERAL GOVERNMENT, ADMINISTERED THROUGH THE CALIFORNIA DEPARTMENT OF AGING DURING 2012-13, THE AVERAGE CASE LOAD FOR IOA'S MSSP PROGRAM WAS 440, THE NUMBER OF UNDUPLICATED CLIENTS WAS 557 OTHER PROGRAMS (NET OF IN-KIND SERVICES $160,000) - OTHER PROGRAMS OF THE INSTITUTE ON AGING INCLUDE ELDER ABUSE PREVENTION - OBJECTIVES OF IOA'S ELDER ABUSE PREVENTION PROGRAM ARE TO PROMOTE PUBLIC AWARENESS ON ELDER ABUSE ISSUES, PROVIDE TRAINING AND EDUCATION TO SENIORS AND PROFESSIONALS, AND ADVOCATE FOR POLICIES AND SERVICES THAT INCREASE SAFETY FOR VULNERABLE ADULTS COUNSELING AND EMOTIONAL SUPPORT - EMOTIONAL SUPPORT IS ESSENTIAL FOR ADULTS EXPERIENCING THE PHYSICAL AND PSYCHOLOGICAL EFFECTS OF AGING OLDER ADULTS OFTEN FACE A MULTITUDE OF CHANGES AND STRESSES, INCLUDING HEALTH CONCERNS, PHYSICAL LIMITATIONS, FINANCIAL PROBLEMS, AND LOSS OF LOVED ONES SERVICES IN THIS AREA INCLUDE -24/7 TELEPHONE CRISIS LINE-24/7 TELEPHONE SUPPORT LINE (FOR ISOLATED OLDER ADULTS, OFFERING A SOCIAL LINK)-MEMORY ASSESSMENTS-DEPRESSION SCREENINGS-HOME-BASED THERAPY-GRIEF SUPPORT SERVICESIOA'S EXPERTS SPECIALIZE IN PROVIDING COUNSELING AND EMOTIONAL SUPPORT SERVICES TAILORED TO FIT EACH PERSON'S UNIQUE NEEDS, DELIVERING CARING, CULTURALLY SENSITIVE SUPPORT WHERE IT IS MOST CONVENIENT-AT HOME, IN RESIDENTIAL COMMUNITIES OR IN OUR OFFICES EDUCATION AND SUPPORT GROUPS - IOA OFFERS ONGOING TRAININGS FOR HEALTHCARE PROFESSIONALS AND SPECIAL PROGRAMS TO SUPPORT THE VARIED NEEDS OF OLDER ADULTS IOA PROVIDES OPPORTUNITIES FOR CONTINUING EDUCATION FOR PROFESSIONALS IN THE FIELD OF AGING, PRESENTING CUTTING EDGE RESEARCH AND CASE STUDIES RELATED TO MEETING THE MENTAL HEALTH NEEDS OF OLDER ADULTS WITH OUR CONSTANT PROGRAM EVALUATION PROCESS, IOA ADVANCES THE MOST CURRENT AND RELEVANT RESEARCH TO ENHANCE SENIOR CARE THROUGHOUT THE BAY AREA IOA ARTS PROVIDES SPECIALIZED VISUAL AND PERFORMING ARTS EDUCATION, TAILORED TO THE NEEDS OF OLDER ADULTS THIS IS A MULTI-GENERATIONAL PROGRAM DONE IN COLLABORATION WITH MANY SCHOOLS AND YOUTH ORGANIZATIONS HEALING THE MIND AND HEART ARE AS IMPORTANT AS HEALING THE BODY MEETING WITH OTHERS IN A GROUP SETTING CAN HELP AN INDIVIDUAL THROUGH TIMES OF GREAT LOSS, TRAUMA, DISORIENTATION, AND CHANGE UNDER THE GUIDANCE OF A TRAINED PROFESSIONAL, SUPPORT GROUPS OFFER AN OPPORTUNITY TO SHARE EXPERIENCES IN A SAFE, SUPPORTIVE ENVIRONMENT IOA ALSO PARTNERS WITH THE CITY OF SAN FRANCISCO AND MULTIPLE PRIVATE ORGANIZATIONS TO IMPROVE THE COMMUNITY'S ABILITY TO PROTECT SENIORS AND ADDRESS INCIDENTS OF ELDER ABUSE OUR SUPPORT GROUPS INCLUDE -DEPRESSION AND DEMENTIA-EARLY STAGE ALZHEIMER'S-LOSS AND BEREAVEMENT-LGBT DEMENTIA FAMILY CAREGIVERS-ELDER ABUSE PREVENTION-SUPPORT AND ADVOCACY FOR VICTIMS OF ELDER ABUSEADULT DAY CENTERS - MEMORY LOSS AND CHRONIC HEALTH CONDITIONS CAN CREATE SIGNIFICANT CHALLENGES TO OUTSIDE INTERACTION IOA OFFERS TWO ADULT DAY CLUB SITES TO HELP SENIORS CONNECT WITH OTHERS AND ENJOY THE BENEFITS OF SOCIALIZATION AND PARTICIPATION IOA DAY CLUBS OFFER FUN, ENGAGING PROGRAMS SERVING INDIVIDUALS WITH MILD TO SEVERE MEMORY LOSS MEMBERS ARE ENCOURAGED TO ENJOY A VARIETY OF STRUCTURED ACTIVITIES THAT PROVIDE MENTAL STIMULATION AND PROMOTE PHYSICAL HEALTH AND PERSONAL SUCCESSES IN A FRIENDLY AND SUPPORTIVE ENVIRONMENT MEMBER BENEFITS INCLUDE -INDIVIDUALIZED CARE PLANS-CREATIVE ACTIVITIES ENCOURAGING INDIVIDUAL EXPRESSION-INTELLECTUAL STIMULATION-DAILY GROUP EXERCISES-HOME-STYLE MEALS MADE WITH FRESH INGREDIENTS, PLUS SNACKS-DROP-IN DAY CARE-FLEXIBLE SCHEDULES OFFERING ATTENDANCE FROM TWO TO FIVE DAYS PER WEEK-A LA CARTE SERVICES SUCH AS EXTENDED HOURS, ADDITIONAL PERSONAL CARE AND HOME SAFETY ASSESSMENTS-DOOR-TO-DOOR TRANSPORTATION TO AND FROM THE FACILITYCLUBS PROVIDE A SAFE, COMPASSIONATE PLACE FOR ADULTS TO SPEND A FEW HOURS (OR DAYS) A WEEK OUTSIDE THE HOME THE CLUBS ALSO OFFER AN OPPORTUNITY FOR LOVED ONES TO CONTINUE THEIR DAILY ROUTINES, INCLUDING MAINTAINING A CAREER AND BALANCING CARE WITH PERSONAL TIME

4d Other program services (Describe in Schedule O)
(Expenses $ 2,805,987 including grants of $) (Revenue $ 1,119,267)

4e **Total program service expenses ▶** 25,009,647

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 Revenue Procedure 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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
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 assistance to any organization or entity located outside the United States? *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 assistance to individuals located outside the United States? *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		No
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	Yes	
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		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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 25*	**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**	Yes	
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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**		No
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**		No
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 in 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 to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	102		
b	Enter the number of Forms W-2G included in 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	
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	534		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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 to any question 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	**1a** 23		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 23		
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**		No
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**		No
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**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**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 in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
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**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROXANA R BLADES 3575 GEARY BOULEVARD SAN FRANCISCO, CA (415) 750-4101

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								829,507	0	38,637

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 ▶ 6

			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
WCP II LLC 1489 WEBSTER ST SAN FRANCISCO CA 94115	FACILITIES	289,883
VICTORIAN MANOR 1444 MCALLISTER ST SAN FRANCISCO CA 94115	RESIDENTIAL RENTAL	169,692
291 LAMBERT LLC 180 IRIS WAY PALO ALTO CA 94303	OFFICE RENTAL	120,031

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 ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	132,622			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,726,691			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,283,824			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		8,143,137			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REV	541900	21,758,010	21,758,010		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		21,758,010			
	3	Investment income (including dividends, interest, and other similar amounts)		265,887			265,887
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		4,360,820			
	b	Less cost or other basis and sales expenses		3,880,628			
	c	Gain or (loss)		480,192			
	d	Net gain or (loss)			480,192		480,192
Other Revenue	8a	Gross income from fundraising events (not including $ 132,622 of contributions reported on line 1c) See Part IV, line 18	a	57,262			
	b	Less direct expenses	b	65,086			
	c	Net income or (loss) from fundraising events			-7,824		-7,824
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	81,092			81,092
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		81,092			
	12	**Total revenue.** See Instructions		30,720,494	21,758,010	0	819,347

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 to any question 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 governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	730,360		730,360	
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	13,860,858	12,378,232	1,369,590	113,036
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,326	258,810	58,890	3,626
9 Other employee benefits	2,563,710	2,284,918	259,025	19,767
10 Payroll taxes	1,272,117	1,081,221	181,007	9,889
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	45,611		45,611	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	22,815		22,815	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,576,657	1,274,106	159,011	143,540
12 Advertising and promotion	150,788	9,319	128,004	13,465
13 Office expenses	1,345,653	1,034,485	284,927	26,241
14 Information technology	120,482	6,667	107,969	5,846
15 Royalties . .				
16 Occupancy	977,141	976,853		288
17 Travel	1,071,891	1,060,527	11,293	71
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,523	1,684	8,503	336
20 Interest	2,273,781		2,273,781	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,291,401	83,722	1,207,487	192
23 Insurance	220,336	166,412	53,924	
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 CARE/SKILLED NURSING	3,082,952	3,082,952		
b WAIVED/SPECIAL SRVCS	1,242,050	1,242,010	40	
c BAD DEBT EXPENSE	160,219		160,219	
d PROFESSIONAL TRAINING	59,064	10,587	48,477	
e All other expenses	58,458	57,142		1,316
25 **Total functional expenses.** Add lines 1 through 24e	32,458,193	25,009,647	7,110,933	337,613
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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		252,827	1	1,030,047
	2	Savings and temporary cash investments		59,238	2	842,467
	3	Pledges and grants receivable, net		399,680	3	332,492
	4	Accounts receivable, net		1,701,969	4	2,244,853
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		235,109	9	76,191
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 45,296,960			
	b	Less accumulated depreciation	10b 5,164,497	43,811,654	10c	40,132,463
	11	Investments—publicly traded securities		10,810,894	11	5,109,717
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		40,673	15	2,827,797
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		57,312,044	16	52,596,027
Liabilities	17	Accounts payable and accrued expenses		3,709,336	17	3,900,150
	18	Grants payable			18	
	19	Deferred revenue		1,542,948	19	1,447,604
	20	Tax-exempt bond liabilities		41,230,000	20	40,525,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,600,000	23	1,500,000
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		50,082,284	26	47,372,754
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,360,770	27	3,508,010
	28	Temporarily restricted net assets		815,994	28	662,267
	29	Permanently restricted net assets		1,052,996	29	1,052,996
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,229,760	33	5,223,273
	34	Total liabilities and net assets/fund balances		57,312,044	34	52,596,027

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,720,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,458,193
3	Revenue less expenses Subtract line 2 from line 1	3	-1,737,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,229,760
5	Net unrealized gains (losses) on investments	5	-268,788
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 33, column (B))	10	5,223,273

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in 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

Software ID:
Software Version:
EIN: 94-2978977
Name: INSTITUTE ON AGING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA DIANA WHITEHEAD CHAIRPERSON	1 00 0 00	X		X				0	0	0
JAMES DAVIS MD VICE CHAIRMAN	1 00 0 00	X		X				0	0	0
CLARE MURPHY SECRETARY	1 00 0 00	X		X				0	0	0
DONALD L SEITAS TREASURER	1 00 0 00	X		X				0	0	0
LYNN BRINTON DIRECTOR	1 00 0 00	X						0	0	0
MERYL BROD PHD DIRECTOR	1 00 0 00	X						0	0	0
BOONE CALLAWAY DIRECTOR	1 00 0 00	X						0	0	0
AARON COOPERBRAND DIRECTOR	1 00 0 00	X						0	0	0
BELVA DAVIS DIRECTOR	1 00 0 00	X						0	0	0
IRENE DIETZ DIRECTOR	1 00 0 00	X						0	0	0
IRWIN J GIBBS DIRECTOR	1 00 0 00	X						0	0	0
RICHARD KUCHEN DIRECTOR	1 00 0 00	X						0	0	0
SETH LANDEFELD MD DIRECTOR	1 00 0 00	X						0	0	0
JOAN LEVISON DIRECTOR	1 00 0 00	X						0	0	0
JONATHAN OCKER DIRECTOR	1 00 0 00	X						0	0	0
KADAMBARI ABHAY PAREKH DIRECTOR	1 00 0 00	X						0	0	0
NURIT ROBINSON DIRECTOR	1 00 0 00	X						0	0	0
BARBARA SCHRAEGER DIRECTOR	1 00 0 00	X						0	0	0
JONATHAN SCHWARTZ DIRECTOR	1 00 0 00	X						0	0	0
BING SHEN DIRECTOR	1 00 0 00	X						0	0	0
ROBERT L SOCKOLOV DIRECTOR	1 00 0 00	X						0	0	0
VICTORIA STONE DIRECTOR	1 00 0 00	X						0	0	0
BARBARA TAYLOR DIRECTOR	1 00 0 00	X						0	0	0
ANTHONY G WAGNER DIRECTOR	1 00 0 00	X						0	0	0
LOUISE WALTER MD DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY W ZELLERBACH DIRECTOR	1 00 0 00	X						0	0	0
J THOMAS BRIODY PRESIDENT	1 00 0 00			X				291,655	0	96
CINDY KAUFFMAN CHIEF OPERATIONAL OFFICER	40 00 0 00			X				120,986	0	6,285
ROXANA R BLADES CHIEF FINANCIAL OFFICER	40 00 0 00			X				0	0	0
JOHN SEDLANDER FRMR CHF FINANCIAL OFFICER	40 00 0 00			X				105,739	0	8,204
SUZANNE HARRIS VP, HUMAN RESOURCES	40 00 0 00					X		105,799	0	8,198
DIMITAR ZAPRIANOV DIRECTOR, INFORMATION TECH	40 00 0 00					X		103,580	0	8,187
DUSTIN HARPER VP, COMMUNITY LIVING SERVICE	40 00 0 00					X		101,748	0	7,667

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INSTITUTE ON AGING

Employer identification number
94-2978977

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 11, 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)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,749,717	10,780,371	8,393,457	7,428,883	8,143,137	45,495,565
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	10,749,717	10,780,371	8,393,457	7,428,883	8,143,137	45,495,565
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)						
6 **Public support.** Subtract line 5 from line 4						45,495,565

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10,749,717	10,780,371	8,393,457	7,428,883	8,143,137	45,495,565
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142,310	277,156	585,460	409,657	265,887	1,680,470
9 Net income from unrelated business activities, whether or not the business is regularly carried on		117,774	94,508	13,613		225,895
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	106,979	105,859	90,419	79,589	81,092	463,938
11 **Total support** (Add lines 7 through 10)						47,865,868

12 Gross receipts from related activities, etc (see instructions)	12	105,073,691

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95 050 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	96 300 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME - 2008 AMOUNT $ 106,979 2009 AMOUNT $ 105,859 2010 AMOUNT $ 90,419 2011 AMOUNT $ 79,589 2012 AMOUNT $ 81,092

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INSTITUTE ON AGING

Employer identification number
94-2978977

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a Revenues included in 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" to 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? ☐ 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" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,052,996	4,052,996	4,052,996	4,052,996	
b	Contributions	575,994				
c	Net investment earnings, gains, and losses	32,334	143,250	636,000	242,000	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	38,200	3,143,250	636,000	242,000	
f	Administrative expenses					
g	End of year balance	1,623,124	1,052,996	4,052,996	4,052,996	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 65 000 %
- c Temporarily restricted endowment ▶ 35 000 %

The percentages in 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" to 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. 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		2,803,620		2,803,620
b Buildings		38,498,854	1,944,775	36,554,079
c Leasehold improvements		2,464,465	2,457,656	6,809
d Equipment		1,128,903	762,066	366,837
e Other		401,118		401,118
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,132,463

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	44,953
(2) BOND ISSUANCE COSTS	2,782,844
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,827,797

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote 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

1	Total revenue, gains, and other support per audited financial statements			1	30,658,668
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-268,788		
b	Donated services and use of facilities	2b	206,962		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-61,826
3	Subtract line **2e** from line **1**			3	30,720,494
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			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	30,720,494

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

1	Total expenses and losses per audited financial statements			1	32,665,155
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	206,962		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	206,962
3	Subtract line **2e** from line **1**			3	32,458,193
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			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	32,458,193

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EARNINGS FROM PERMANENTLY RESTRICTED ENDOWMENT FUND ARE USED TO SUPPORT ONGOING OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AS OF JUNE 30, 2103, THE ORGANIZATION HAD NO UNRECOGNIZED TAX POSITIONS OR UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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INSTITUTE ON AGING

Employer identification number
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 ten 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
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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 DINNER A LA HEART (event type)	(b) Event #2 CABLE CAR CAROLING (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	146,243	43,641		189,884
	2 Less Contributions	94,862	37,760		132,622
	3 Gross income (line 1 minus line 2)	51,381	5,881		57,262
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		15,159		15,159
	7 Food and beverages	25,467	4,960		30,427
	8 Entertainment				
	9 Other direct expenses	13,745	5,755		19,500
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(65,086)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-7,824

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash 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 Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

Does the organization operate 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 operated 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. Complete this part to 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 complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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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" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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94-2978977

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 in 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 in 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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 in 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**	Yes	
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in 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" to 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 in 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)J THOMAS BRIODY	(i)	291,655	0	0	0	96	291,751	0
PRESIDENT	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	PART I, LINE 4A SEVERANCE PAYMENT WAS PAID TO JOHN SEDLANDER IN THE AMOUNT OF $9,349 THE AMOUNT WAS INCLUDED IN HIS FORM W-2 PART I, LINE 4A SEVERANCE PAYMENT WAS PAID TO SUZANNE HARRIS IN THE AMOUNT OF $24,322 THE AMOUNT WAS INCLUDED IN HIS FORM W-2

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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 IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

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Employer identification number
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Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ABAG FINANCE AUTHORITY	94-3130123	00037KBM3	08-28-2008	36,620,000	FINANCE CONSTRUCTION		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	36,620,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,060,612			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	33,559,388			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of 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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 00000%		%		%		%	
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 ▶	0 00000%		%		%		%	
6	Total of lines 4 and 5	0 00000%		%		%		%	
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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		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 you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
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 a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART III, LINE 2C, ARBITRAGE		BOND FUNDS WERE SPENT THE LAST REBATE COMPUTATION WAS PERFORMED DURING FISCAL YEAR-ENDED 2011

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CFO AND THE AUDIT COMMITTEE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD OF DIRECTORS FILL OUT AND SIGN A FORM INDICATING WHETHER THEY HAVE PO TENTIAL CONFLICTS THESE FORMS ARE KEPT ON FILE IN THE ADMINISTRATIVE OFFICE AND UPDATED A NNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS SETS THE INITIAL SALARY OF IOA'S PRESIDENT OTHER TOP MANAGEMENT AN D KEY EMPLOYEES' SALARIES ARE DETERMINED, IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTME NT, ON A CASE-BY-CASE BASIS
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
AUDIT COMMITEE AND OVERSIGHT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR