Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection 2017, and ending 20 18 For the 2017 calendar year, or tax year beginning D Employer identification number В C Name of organization Bay Area Older Adults, Inc. Check if applicable 1 | 80-0286918 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 408-774-0593 109-225 Initial return 1111 W El Camino Real City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Sunnyvale, CA 94087 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Dr. Anne Ferguson H(b) Are all subordinates included? ☐ Yes ☐ No 1111 W. El Camino Real Ste 109-225 Sunnyvale CA 94087 If "No," attach a list (see instructions) ◄ (insert no) ☐ 4947(a)(1) or √ 501(c)(3) 501(c) (Website. ▶ H(c) Group exemption number ▶ www bayareaolderaduits org Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities improve the mental, emotional and physical health Governance of older adults through education, physical activity, cultural learning and experiences, building of active older adult communities, and the sharing of their interests and experiences with others Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ∞ Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 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) 91,413 32,419 9 Program service revenue (Part VIII, line 2g) 187,798 191.791 Investment income (Part VIII, column (A), lines 3, 10 312 Other revenue (Part VIII, column (A), lines 5, 6008c, 90 11 4432 (3041)Total revenue - add lines 8 through 11 (must equal ParAM) 12 288,046 217,488 Grants and similar amounts paid (Part IX, column (A), lines 13 Benefits paid to or for members (Part IX, column (A), The 0 14 0 0 Salaries, other compensation, employee benefits (Ra 15 82,668 124,449 Professional fundraising fees (Part IX, column (A), line 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 176,555 157,882 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 177,468 288,331 19 Revenue less expenses. Subtract line 18 from line 12 (918)(64,843)End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 125,784 53,133 21 Total liabilities (Part X, line 26) 4760 4667 22 Net assets or fund balances Subtract line 21 from line 20 121,024 48,466 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 Signature of officer

Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Preparer Firm's name Use Only May the IRS discuss this return with the preparer shown above? (see

For Paperwork Reduction Act Notice, see the separate instructions.

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Form	990	(201)	7)

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	improve the mental, emotional and physical health of older adults through education, physical activity, cultural learning and experiences, building of active older adult communities, and the sharing of their interests and experiences with others
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
Ū	services?
4	If "Yes," describe these changes on Schedule O 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 \$ including grants of \$) (Revenue \$)
	Healthy Living Program health education, cultural learning, socialization and physical activity programs and resources for senior
	Itizens. An estimate of the value of donated products and services more than \$261,200. This amount includes one full time volunteer Executive Director, volunteer bookkeeper, software engineer and program assistants, software engineer and program assistants.
	and donated products from local businesses. This fiscal year, BAO served an estimated 120,000 older adults with online
	and in-person services.
	**
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	······································
	Other program services (Describe in Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 275 120

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Part	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,"		162	NO
	complete Schedule A	1	✓	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		\ <u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓_
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		/
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	Ì	1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		1
С	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Б	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		\ \
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		1
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		1
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		·
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Part	Checklist of Required Schedules (continued)		L.,	T
00	Did the averagetion appears one or more boontal facilities? If "Yee," complete Cahadula U	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	∀
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V ✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		∀
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	1	
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
33	complete Schedule N, Part II	32	<u> </u>	✓
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		1
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	√	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	2		٦,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (5		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	· /	\ <u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		١.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	7	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	\dagger
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	 .
	(FBAR).			ــــــــــــــــــــــــــــــــــــــ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		Ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		Ì	1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	. د. ا	,	
а	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	\ <u>\</u>	↓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	/	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		1
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c	72	 •
đ e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>→</u> 7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	1/
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		╀
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ļ 		┼ .
	sponsoring organization have excess business holdings at any time during the year?	8	ļ ~	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	1	Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		١.
11	Section 501(c)(12) organizations. Enter:			-
а	Gross income from members or shareholders	1 ;	:	`
b	Gross income from other sources (Do not net amounts due or paid to other sources	١,		
	against amounts due or received from them.)	ļ		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ. —	
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	" " "		
b	About a compation to be a possible of the college o		,	
_	100	43		1
C 1/12	100	44-	<u> </u>	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
<u>b</u>	in 165, has it lined a 10th 120 to report these payments: If Ivo, provide an explanation in Schedule O.	14b	L	L

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	_				
<u>C4</u> :	Check if Schedule O contains a response or note to any line in this Part VI		<u>···</u>	. <u>(</u>				
Section	on 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		.03	- -				
14	If there are material differences in voting rights among members of the governing body, or	1	, ,					
	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 3	1 1						
2								
•	any other officer, director, trustee, or key employee?							
3								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<u> </u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 -	\ <u>\</u>				
6	Did the organization have members or stockholders?	6		7				
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		✓_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1				
_	stockholders, or persons other than the governing body?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?		7					
b	Each committee with authority to act on behalf of the governing body?	8b	7	 				
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		✓_				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		√				
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	1	 				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1						
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c	/	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	/					
14 15	Did the organization have a written document retention and destruction policy?	14	-	 -				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			j }				
а	The organization's CEO, Executive Director, or top management official	15a	7					
b	Other officers or key employees of the organization	15b	✓					
• =	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			J				
	with a taxable entity during the year?	16a		- -				
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						
Secti	on C. Disclosure	<u>,</u>						
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
19	Own website Another's website Upon request Other (explain in Schedule O)	oroct	nolia:	, ^~~				
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	5162[אסווטל	r, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	•					
	<u>Dr. Anne Ferguson, 1111 W. El Camino Real Ste 109-225, Sunnyvale CA 94087 408-774-0593</u>		-					

Form 990 (2017))
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	<u> </u>	<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 no	any relate	d orga	anız	atio	n c	ompe	nsa	ted any currer	t officer, directo	, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Dr. Anne Ferguson											
(1) Dr. Anne Ferguson Executive Director and Member of the Board				1				0	o		0
(2) Huong Thu Trinh											_
CFO, Treasurer				✓				0	0		0
(3) Dr. Kevin Sato											
Secretary				✓				0	0		0
(4) Dr. Patricia Shane											
Member of the Board							_	0	0		_0
(5)											
(6)											
(7)											
(8)											_
(9)											_
(10)											
(11)											
(12)				_							_
(13)											
(14)											_

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	do x, ce (do x) of lindividua	not ch unles er and	Posi heck i ss per	C) sition more erson directi	e than c n is both tor/trust	one h an itee)	(D) Reportable compensation	(E) Reportable compensation related organization (W-2/1099-M	e from	Estin amo of compo fror organ	(F) mated sunt of ther ensation m the inization related
		line)	nstee	d trustee		yee	mpensated						izations
(15)													
(16)													
(17)			<u> </u>	\forall				+					
(18)				\vdash	-			\vdash	<u> </u>		_		
		J	<u> </u> '	-		-	<u> </u>	-			_		
			<u> </u>	\vdash	+			\vdash		 	+		
			 	 	-	-	-	-					
				 	⊬'	-		\vdash	 	 	-		
			<u> </u>	<u> </u>	<u> </u>	 	-	 		 	_		
			<u> </u>	<u> </u>	<u> </u>	_	 	<u> </u>		<u> </u>			
(24)				<u> </u>	!								
(25)										-			
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)			•				<u> </u>	0		0		0
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w				0 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	fficer, direc						emp		nest comper	nsated	d	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep	portal	ble o	com	nper	nsatio					e 🗔	
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or ind	ividua		
	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Repyear.												
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation
				_	_			 -					
				_		_		\vdash					
			<u> </u>		_	_	 	上					
2	Total number of independent contractor received more than \$100,000 of compensations.) th	nose listed abo			' " * ' <u>*</u>	•

Form 9	90 (201	7)					Page 9
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to				
				(A) Total røvenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	0				1
ìrar oun	b	Membership dues 1b	0		l		
S, G	С	Fundraising events 10	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	0				
ns,	e	Government grants (contributions) 1e	5,816		ļ		
er (S	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above					
nd on	9	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	Business Code	32,419			
Program Service Revenue	2a	Program Services	900099	107.700	107 709		
Ze K	b			187,798	187,798		
Se 1	C						
er	ď						
E	e						
gra	f	All other program service revenue.		0	0		
<u> </u>	g	Total. Add lines 2a-2f		187,798			
	3	Investment income (including divi	dends, interest,				
		and other similar amounts)	•	312			312
	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) Net rental income or (loss)					<u> </u>
	d 7a	Gross amount from sales of (i) Securities	(II) Other				
	'"	assets other than inventory	+			,	
	ь	Less: cost or other basis	1				
		and sales expenses .				1	!
	С	Gain or (loss)					
	d	Net gain or (loss)	>				
4)							
Other Revenue	8a	Gross income from fundraising				1	
Š		events (not including \$,			
ď.		of contributions reported on line 1c)	j		,		
þer			a 7255				
ŏ	1		b 11393				
		Net income or (loss) from fundraising	g events . ►	(4138)			(4138)
	9a	Gross income from gaming activities. See Part IV, line 19	_				
	h		a				
	b	Net income or (loss) from gaming ac					<u> </u>
		Gross sales of inventory, less					ļ
			$_{\mathbf{a}}$				
	ь		b				
	c	Net income or (loss) from sales of in			.	·	
		Miscellaneous Revenue	Business Code				
	11a	refunds	900099	1097	1097		
	ь						
	С						
	d	All other revenue					
	Ĉ	Total. Add lines 11a-11d	. ►	1097	the second	te to a profit g	ا و اوراد
	12	Total revenue. See instructions	▶	217,488	188,895		(3826)

Form 990 (2017)
Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete col	umn (A)
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			· · · ·	
	and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	o		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				ļ
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	72,059	72,059		
7	Other salaries and wages	0	0		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36000	36000		
9	Other employee benefits	10887	10887		
10	Payroll taxes	5503	5503		
11	Fees for services (non-employees).				
a	Management				
b	Legal	2500		100	2400
c d	Accounting	3500	· ·	100	3400
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	_	-		
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	1800	1800	i	
12	Advertising and promotion				
13	Office expenses	5812	5465	67	280
14	Information technology .	928	803	125	
15	Royalties				
16	Occupancy	4554	4513	41	
17	Travel	16188	15214	118	856
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · · -		
20	Interest Payments to affiliates	-			
21 22	Depreciation, depletion, and amortization				
23	Insurance	1006		1006	-
24	Other expenses Itemize expenses not covered	1006	-	1000	1
27	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.)				
а	excursion expenses	108653	108653		
b	other program expenses (meals, outreach,etc)	6361	6361		
С	••••				
d					
е	All other expenses	9080	7862	514	704
25	Total functional expenses. Add lines 1 through 24e	282331	275120	1971	5240
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 Following SOP 98-2 (ASC 958-720)				
			l.		

L	Part X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	40,579	1	4540
	2	Savings and temporary cash investments	77,747	2	540
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	<u>.</u>	5	ATTE 1.3.50
•		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	<u> </u>
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	<u> </u>	8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D		,	-1
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	7,458		222
	12	Investments—other securities. See Part IV, line 11	7,430	12	2323
	13	Investments—program-related See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	125,784		53133
	17	Accounts payable and accrued expenses	(4,760)		(4667
	18	Grants payable	· · · · · · · ·	18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		,	*
abi		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	M190 ((4,760)	26	4667 (\$667)
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		19"	to be the state of the
lan	27	Unrestricted net assets	125,784	27	53133
Ва	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
let Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	, M	1.,	12
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	125 784	33	53133

Total liabilities and net assets/fund balances . .

Form **990** (2017)

48466

121,024 34

Page	1	2
raue		•

Form	990	(201)	7)

Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12). al expenses (must equal Part IX, column (A), line 25). renue less expenses Subtract line 2 from line 1 assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). unrealized gains (losses) on investments	1 2 3 4 5 6 7 8 9			(1	17488 8233 64843 25,784 (135
al expenses (must equal Part IX, column (A), line 25) renue less expenses Subtract line 2 from line 1 assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . unrealized gains (losses) on investments	2 3 4 5 6 7 8 9			(1	8233 64843 25,784 (135 (12340
assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). unrealized gains (losses) on investments	3 4 5 6 7 8 9			(6	(135 (2340
assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . unrealized gains (losses) on investments	4 5 6 7 8 9			(1	25,784 (135 ((2340
unrealized gains (losses) on investments	5 6 7 8 9			(1	(135 (12340
estment expenses or period adjustments er changes in net assets or fund balances (explain in Schedule O) assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	6 7 8 9			•	2340
estment expenses or period adjustments er changes in net assets or fund balances (explain in Schedule O) assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7 8 9			•	2340
er changes in net assets or fund balances (explain in Schedule O) assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8 9			•	2340
er changes in net assets or fund balances (explain in Schedule O) assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9			•	
assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Ť				
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10				
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10				
Check if Schedule O contains a response or note to any line in this Part XII					4846
	· ·				
counting mathed used to eveneve the Form 200 T Cook // Approved			٠,	<u> </u>	
averting method used to eveners the Form 000 T Cosh T Approal T Other		_		Yes	No
		_			ĺ
ne organization changed its method of accounting from a prior year or checked "Other," exp	olaın ı	n			-
edule O			<u>. </u>		
re the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u>.</u>	1
Yes," check a box below to indicate whether the financial statements for the year were comp	olled o	or		}	ļ. <i>:</i> ,
ewed on a separate basis, consolidated basis, or both]	<u>'</u>	ĺ
Separate basis		_			<u>;</u>
re the organization's financial statements audited by an independent accountant?		. L:	2b		1
	d on	a ',	٥	₩ -	3,5
arate basis, consolidated basis, or both [.]		•	÷ '	40%	٤٠,٠
Separate basis		1	اخت		
es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	nt			1
ne audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	' :	2c		
e organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n 🗀		•	
edule O.			•	1	
a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n 🔽			
			3a		1
Single Audit Act and OMB Circular A-133?	ran th	e	$\neg \uparrow$		
· ·	go ui		3b		i
	Yes," check a box below to indicate whether the financial statements for the year were audited arate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for owne audit, review, or compilation of its financial statements and selection of an independent accountee organization changed either its oversight process or selection process during the tax year, expedule O. The area of the review of the rev	Yes," check a box below to indicate whether the financial statements for the year were audited on arate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight e audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain its edule O. The aresult of a federal award, was the organization required to undergo an audit or audits as set forth its Single Audit Act and OMB Circular A-133?	Yes," check a box below to indicate whether the financial statements for the year were audited on a arate basis, consolidated basis, or both. Separate basis	Yes," check a box below to indicate whether the financial statements for the year were audited on a arate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight ne audit, review, or compilation of its financial statements and selection of an independent accountant? It is oversight process or selection process during the tax year, explain in its inedule O. It is a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133? Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Yes," check a box below to indicate whether the financial statements for the year were audited on a arate basis, consolidated basis, or both: Separate basis

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 20**17**

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Bay Area Older Adults, Inc. 80-0286918 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C

its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations . .

	•																	
g Provide the following information	on about the sup	ported organization(s)																
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No														
(A)																		
(B)																		
(C)																		
(D)																		
(E)																		
Total	1,59.4																	

Part	Support Schedule for Organization (Complete only if you checked to						
	Part III. If the organization fails to						•
Secti	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	11504	16974	21248	91413	20110	161249
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	11504	16974	21248	91413	20110	161249
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)		in the second se				0
6	Public support. Subtract line 5 from line 4	11	*****	- +	i jihi in in in	- 4 "marger sy"	161249
Secti	on B. Total Support	17			1	! <u>-</u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	11504	16974			20110	161249
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11	Total support. Add lines / through 10	A TO THE POPULATION OF THE POP	*******	# # 47	. " . S & C & P.	Fig. Strates	161249
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere			, or fifth tax yo		n 501(c)(3) ▶ _
	ion C. Computation of Public Suppo			1 001:	•	14	45- 0/
14	Public support percentage for 2017 (line	• • •	•			15	100 %
15 16a	Public support percentage from 2016 Sc 331/3% support test—2017. If the organ box and stop here. The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	
b	331/3% support test—2016. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	eets the "facts	-and-circumst	ances" test, ch	neck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets th meets the "fac	e "facts-and-d ts-and-circum	circumstances' stances" test.	" test, check The organizati	this box and s on qualifies as	top here. a publicly
18	Private foundation. If the organization d						· ·

Part	III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked t						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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		1				
	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		į	/	1	ļ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					3 77	
	line 6.)	<u></u> -≥',	<u> </u>	<u> </u>	, * * · · ·	i. h.	
	on B. Total Support	(-) 0040	1/4/2014	1 1 2 2 4 5	1 1 2 2 2 2	() 2017	(O T)
	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest, dividends, payments received on securities loans, rents,		İ]		
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	-/					
U	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	}		ı		1	
	or not the business is regularly carried on			•			
12	Other income. Do not include gain or				· · · · · · · · · · · · · · · · · · ·		
	loss from the sale of capital assets		[
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) /						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>		<u> </u>	▶ □
<u>Secti</u>	on C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2017 (line					15	%
16	Public support percentage from 2016 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (17	%_
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests – 2017. If the organ						
	17 is not more than 331/3%, check this box						
þ	331/3% support tests—2016. If the organia line 18 is not more than 331/3%, check this						
/20							
<u>/20</u> _	Private foundation. If the organization d	id not check a	DOX OF THE 14	, 13a, UL 13D, C	CHECK THS DOX	and see msnuc	Alona 🟲 🗀

Schedule A (Form 990 or 990-EZ) 201

IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	an v	<u>.) </u>	
<u>Secti</u>	on A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			l
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status	Ι'	4,	٠.
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2	<u> </u>	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u> </u>	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-	ĺ	1
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			·
	organization made the determination.	3b	ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			, <u> </u>
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<u> </u>	ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		٠ ا	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			-:-
	despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination		. 1	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	',-,		F. F.
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes	4c		ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	130 12-	1 :
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		14	1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;	İ	17	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		_£:_	_
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u></u>		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	, i	*	-
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	2	٠,	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	<u>'</u>		<u> </u>
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	٠.		1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	- 7		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ. —	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		<u> </u>	
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-	٠,	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		<u> </u>	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	ļ	<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
46	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	<u> </u>	ļ
10a	<u> </u>	, '		4.
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10		
1		10a	ļ	ļ.,
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1,0	. :	27.4

determine whether the organization had excess business holdings.)

10b

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (g) a bove? c A 35% controlled entity of a person described in (g) a bove? c A 35% controlled entity of a person described in (g) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Old the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization fractions or trustees at all times during the tax year! If "No," describe in Part VI now the supported organization fractions or trustees at all times during the tax year and the provided organization or supported organization or trustees and located among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization or restrictions, if any, applied to such powers during the lax year organization(s) that operated, supporting organization or trustees and located among the supported organization of the trustees of each of the organizations or controlled the supporting organization? If the supported organization or trustees during the tax year also a majority of the directors or trustees of each of the organization organization was vested in the same persons that controlled or managed the supporting Organizations 1 Were a majority of the organization organization and the properties of the organization org	Part	V Supporting Organizations (continued)			
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20		reasons for the organization's position that its supported organization(s) would have engaged in these		9	
		activities but for the organization's involvement.	2b		
	3			~ .	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а				
trustees of each of the supported organizations? Provide details in Part VI.				<u> </u>	7. 1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	<u>izations</u>		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	١.	Le Kontra		
a Average monthly value of securities	1a	-T K	· · · · · · · · · · · · · · · · · · ·	
b Average monthly cash balances	1b	<u> </u>		
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
	14	<u> </u>	E sales	
e Discount claimed for blockage or other factors (explain in detail in Part VI).	١.		130x 4	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · · · · · · · · · · · · · · ·	* . Z F (
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7	<u></u>	·—	
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	و و وه وسوائريد،		
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6	The state of the s		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see	
instructions).	-			

Fart) Supporting Organi	zations (continued)				
Secti	on D - Distributions	<u> </u>		Current Year			
1							
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	-					
6	Other distributions (describe in Part VI) See instructions		<u> </u>				
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.	· ·	•				
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
_	(reasonable cause required—explain in Part VI) See	•					
	instructions						
3	Excess distributions carryover, if any, to 2017	,	15.				
а	3.	•	,				
b	From 2013		PS -2 "	, S- 1			
С	From 2014 .	The second second	en a maring the design of a	43 6 4 1 4 1 2 2 3			
d	From 2015	, , ,	f file court for good	2 4 2 4 11			
e	From 2016	1974 , 197, 4, 6	per telling a second	2 2 2 E			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years			P			
h	Applied to 2017 distributable amount	,					
i	Carryover from 2012 not applied (see instructions)	-	1	'. • ·			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		, ,				
4	Distributions for 2017 from	, ,	, ,				
·	Section D, line 7:		The state of the s	the region of a			
а	Applied to underdistributions of prior years		- \	1,161-2			
b	Applied to 2017 distributable amount		3 ,	, ,			
C	Remainder Subtract lines 4a and 4b from 4.		7				
5	Remaining underdistributions for years prior to 2017, if	1 1					
•	any. Subtract lines 3g and 4a from line 2. For result	•		, ,			
	greater than zero, explain in Part VI. See instructions.	•					
6	Remaining underdistributions for 2017. Subtract lines 3h		5 8 6				
U	and 4b from line 1. For result greater than zero, explain in	,					
	Part VI. See instructions.	, -					
7	Excess distributions carryover to 2018 Add lines 3			1 1 2			
•	and 4c.						
8	Breakdown of line 7;	progress of the standard of the second	ing sharing the training to t	الله الله الله الله الله الله الله الله			
a	Excess from 2013						
b	Excess from 2014	10.1	131 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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ď	Excess from 2016	* 21 J	and the second second second second				
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury

(10)

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

Internal Revenue Service Name of the organization Employer identification number Bay Area Older Adults, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified person and 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2) (3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 under section 4958 . . 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II: Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization from the principal amount by board or agreement? organization? committee? Yes То No From No Yes No Yes (1) (2)(3)(4)(5)(6)(7)(8)(9) (10)\$ Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7) (8)(9)

Schedule L (Form 990 or 99	00-EZ) 2017				P	age 2
Part IV Business Complete	s Transactions Invo	olving Interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1) Dr Khaleeli relati	ed to substantial	Executive Director's	\$72059	W2 wages as COO		✓
(2) contributor		family member				
(3)						
(4)						
(5)						
(6) (7)						
(8)					-	
(9)		-				
(10)						
Part V Supplem	nental Information	n for responses to questions	on Schedule L (see	instructions).		
	additional information	it for responses to questions				
Dr. Khalaali is the only	nord Pay Area Older	Adultic (PAO) amployee and is	not a kou amployaa			
Dr. Knaleen is the only	paid bay Alea Older	Adult's (BAO) employee and is	not a key employee.			
She is the spouse of D	r Anne Ferguson who	o is BAO's Executive Director				
	•••••					
		•••••				
	•••••					
						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

80-0286918 Bay Area Older Adults, Inc Part VI #11b The Executive Director emailed the completed Form 990 to all Board of Directors for their review and approval. Approval was confirmed via their response by email. Part VI #15 The Board of Directors has never voted on any decision that would compensate them in any way None of the Board of Directors, including the Executive Director, are paid one penny, or given gifts or favors. Except for the Executive Director, the Board Members paid jobs are completely unrelated to the business of Bay Area Older Adults. We do not currently have any key employees. Our one paid FTE is underpaid. Part VIII Value of donated goods was \$12,751; estimated value of donated services was \$248,450

chedule O (Form 990 or 990-EZ) (2017)					
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number				
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