

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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

AARP - Chapters Group Return

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

601 E Street, NW, Tax Dept.

Room/suite

City or town, state or country, and ZIP + 4

Washington, DC 20049

F Name and address of principal officer: Robert R. Hagans, Jr.

601 E Street, NW, Washington, DC 20049

D Employer identification number

23-7377940

E Telephone number

202-434-3220

G Gross receipts \$

10622568.

H(a) Is this a group return Schedule A
for affiliates? ☒ Yes ☐ No**H(b)** Are all affiliates included? ☒ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶ 1867**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ aarp.org**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation**M** State of legal domicile.**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <u>The chapter's mission is to represent AARP at the local level, providing a link between members,</u>							
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3	5734				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5734				
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	32344.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	983707.	Current Year	966778.		
9	Program service revenue (Part VIII, line 2g)		9509704.		8903739.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17027.		22637.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		689071.		729414.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11199509.		10622568.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		942385.		1035463.		
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)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10511680.		9800359.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11454065.		10835822.		
19	Revenue less expenses. Subtract line 18 from line 12		-254556.		-213254.		
20	Total assets (Part X, line 16)	Beginning of Current Year	4068440.	End of Year	3855186.		
21	Total liabilities (Part X, line 26)		0.		0.		
22	Net assets or fund balances. Subtract line 21 from line 20		4068440.		3855186.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Robert R. Hagans, Jr., CFO

Type or print name and title

Paid

Print/Type preparer's name

Preparer's sign

Preparer

Firm's name ▶

Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the

See Schedule O for Organization M

SCANNED DEC 21 2012

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.

AARP chapters help to foster quality of opportunity for older Americans by promoting their continued growth and development, self-respect, self-confidence and usefulness, and to aid these persons generally in their social, physical, economic and intellectual needs

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 and section 4947(a)(1) trusts 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 \$ 6733876. including grants of \$) (Revenue \$ 6987147.)

Tours: AARP chapters are promoting the social welfare of older persons by providing tours designed for the companionship needs and wants of older people, and also using their large-scale booking power to achieve savings for members. AARP's group tours build in for older persons an extra measure of security by having escorts able to handle any special situation or needs of its older members. In addition, tours help establish and excellent learning environment for those tours which pertain to historical or educational sites. Funds received by AARP chapters for tours are received from chapter members and paid by the chapter to the tour provider. The excess of receipts for this activity exceeds the amount paid due to the method of accounting employed by the chapters and represents amounts due to tour providers.

4b (Code) (Expenses \$ 2254457. including grants of \$) (Revenue \$ 1820576.)

Meetings: AARP chapters are promoting the social welfare of older persons by organizing and holding chapter meetings and various social events designed to meet the needs of older persons. These meetings and events allow individual members an opportunity to interact and communicate with other members, and to receive information on topics relevant to their needs and wants, thereby enhancing their quality of life, independence, dignity, purpose, and self-image.

4c (Code) (Expenses \$ 97935. including grants of \$) (Revenue \$ 63672.)

Activities in Support of Programs: AARP chapters are promoting the social welfare of older persons by supporting programs of AARP and other charitable and social welfare organizations.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1435234. including grants of \$ 1035463.) (Revenue \$ 729414.)

4e Total program service expenses 10521502.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 0		
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		X
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 0		
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	N/A	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country. <u>N/A</u> 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A	
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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	N/A	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A	
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	N/A	
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	N/A	
c Enter the amount of reserves on hand	13c	N/A	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 line 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 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	5734	
b Enter the number of voting members included in line 1a, above, who are independent	5734	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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		NA

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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: **AARP - 202-434-3220**
601 E Street, NW, Tax Department, Washington, DC 20049

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

Check if Schedule O contains a response 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, 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 nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VIII Statement of Revenue

				(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	1 a Federated campaigns	1a						
	b Membership dues	1b	611450.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	355328.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			966778.				
	Program Service Revenue	2 a <u>Tours</u>	Business Code	900099	6987147.	6987147.		
b <u>Meetings</u>			900099	1820576.	1820576.			
c <u>Program Support</u>			900099	63672.	63672.			
d <u>Advertising</u>			541800	32344.		32344.		
e								
f All other program service revenue								
g Total. Add lines 2a-2f				8903739.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			22637.			22637.
		4 Income from investment of tax-exempt bond proceeds						
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a 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					
11 a <u>Various - See Schedule</u>		900099	729414.	729414.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			729414.					
12 Total revenue. See instructions			10622568.	9600809.	32344.	22637.		

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) but are not required to complete columns (B), (C), and (D).

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	1035463.	1035463.		
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				
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				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	235922.	235922.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2254457.	2254457.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Tours</u>	6733876.	6733876.		
b <u>Administrative</u>	314320.		314320.	
c <u>Miscellaneous</u>	163849.	163849.		
d <u>Program Support</u>	97935.	97935.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10835822.	10521502.	314320.	0.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3054928.	1	2961545.
	2 Savings and temporary cash investments	1013512.	2	893641.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4068440.	16	3855186.	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	
	22 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		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	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	4068440.	32	3855186.
33 Total net assets or fund balances	4068440.	33	3855186.	
34 Total liabilities and net assets/fund balances	4068440.	34	3855186.	

Part XI Reconciliation of Net AssetsCheck 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	10622568.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10835822.
3	Revenue less expenses. Subtract line 2 from line 1	3	-213254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4068440.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3855186.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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

	Yes	No
2a		X
2b		X
2c		N/A
3a		X
3b		N/A

Form 990 (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
AARP - Chapters Group Return

Employer identification number
23-7377940

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

AARP - Chapters Group Return

Employer identification number
23-7377940

Form 990, Part I, Line 1, Description of Organization Mission:

communities and the Association's programs and services.

Form 990, Part III, Line 1, Description of Organization Mission:

by acting as a local chapter of AARP, an organization described in
Section 501(c)(4) of the Internal Revenue Code, in accordance with and
in furtherance of its purposes, objectives and ideals.

Form 990, Part III, Line 4d, Other Program Services:

Publications/Miscellaneous: AARP chapters are promoting the social
welfare of older persons by publishing the chapter newsletters, which
provide members with a wealth of information and entertainment tailored
to meet their needs, interests, and concerns. Chapter newsletters
report activities and projects specially suited for the needs and wants
of older persons, as well as stimulate interest in, and participation
in, its and AARP's programs, and a variety of other activities.

Expenses \$ 1435234. including grants of \$ 1035463. Revenue \$ 729414.

Form 990, Part VI, Section B, line 11: The group return is an aggregate of
all the chapters' data. Information is gathered and compiled by AARP's
Office of Volunteer and Civic Engagement and provided to the Tax
Department. The Tax Department prepares the return, which is reviewed by
the Controller and the Chief Financial Officer prior to filing.

Form 990, Part VI, Section C, Line 19: The AARP Chapters Group Return Form
990 is available upon request to AARP's General Counsel's Office.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

AARP - Chapters Group Return

Employer identification number
23-7377940

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AARP - 95-1985500 601 E Street, NW Washington, DC 20049	Social welfare organization dedicated to persons over age 50	District of Columbia	501(c)(4)				X

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

Schedule R (Form 990) 2011

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII	Supplemental Information
-----------------	---------------------------------

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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AARP - Chapter Group Return
23-7377940

Schedule A

Form 990. Return of Organization Exempt From Income Tax
For Tax year Ending: 12/31/2011
Group Exemption Number: 1897

Number	Name	State	FEIN	Incorp Date	Number	Name	State	FEIN	Incorp Date
2964	Swain County	NC	953161349	10/20/77	5412	West Washington County	AR	260412196	09/29/08
2965	Southern Worcester County	MD	953159513	11/14/77	5413	East New York	NY	331182860	12/07/07
2970	Northland	MO	953157970	10/05/77	5414	Jackson County Alabama	AL	113836986	04/04/08
2984	Warren County	IN	953165786	11/16/77	5415	Allentown	PA	331194067	03/03/08
2991	Perrymont-North	PA	953173127	11/28/77	5416	Houston South Lake Area	TX	743243519	01/03/08
2994	Belmont County West	OH	953175044	11/28/77	5417	San Diego Encanto	CA	743243522	12/21/07
2997	Haledon	NJ	953176185	04/25/78	5418	Bessemer/West Jefferson County	AL	743243525	12/20/07
2998	Ore City	TX	953175046	11/28/77	5421	Berkeley County - Martinsburg	WV	412270521	03/18/08
3006	Knoxville-Cedar Bluff	TN	953192515	01/16/78	5422	Fajardo	PR	223980314	06/05/09
3007	Indian Hills	MO	953216029	03/17/78	5423	Coamo City	PR	660713366	05/19/09
3016	Dormont	PA	953183598	01/09/78	5425	Amelia County	VA	743261396	07/16/08
3020	Western Greenwich	CT	953195131	02/09/78	5426	Montgomery County	KY	800416904	04/22/09
3024	Midtown	TX	953192518	01/17/78	5427	Yonkers Area	NY	320291684	10/01/09
3026	Richmond	CA	953194681	03/30/78	5428	Mount Pleasant/East Cooper	SC	900533748	12/09/10
3027	Rutland	GA	953277033	01/11/78	5429	Glen Ellyn	IL	352373721	02/01/10
3032	Brockton	MA	942514829	01/24/78	5430	Denver Harbor Area	TX	800706055	12/30/09
3035	Berlin	CT	953199799	02/14/78	5431	Las Piedras	PR	660747279	04/30/10
3036	Wallingford	CT	953199796	03/17/78	5432	Zachary	LA	611612428	01/19/10
3046	Belmont	CA	953208627	03/30/78	5433	Mid Town Louisiana	LA	320314000	06/01/10
3049	Louisa County	VA	953219150	05/18/78	5434	Myrtle Beach/Conway	SC	800620792	06/14/10
3053	West Little Rock	AR	953221343	06/21/78	5435	Olde City Philadelphia	PA	371642086	12/14/10
3056	Watertown Evening	WI	953221690	04/21/78	5436	San Juan City	PR	660766283	05/26/11
3060	Downtown York	PA	953221695	04/24/78	5437	South Fulton Area	GA	900742959	02/09/11
3062	Enfield	CT	953238892	05/04/78	5438	Northern Liberties Philadelphia	PA	appler for	12/14/10
3063	Benning-Hillcrest	DC	953223188	05/04/78	5439	Elizabeth Area	NJ	611658126	12/01/10
3066	Round Top	PA	953221580	04/24/78	5440	Jonesboro Olympic Park Area	GA	800752383	03/02/11
3067	Plum Borough	PA	953221698	04/24/78	5441	Oak Lane Area Philadelphia	PA	352415362	05/10/11
3071	Binghamton	NY	953277046	08/03/78	5442	Salinas	CA	900754450	03/01/11
3077	Endicott, N Y	NY	942495459	09/21/78	5443	Chowan County	NC	800721476	05/11/11
3081	Missouri City	TX	942500811	07/20/78	5444	Southwest Missouri	MO	900740203	08/29/11
3085	Cedar Park, Texas	TX	953248033	06/28/78	5445	Hernando County West	FL	352416608	06/09/11
3086	St Tammany	LA	942497556	07/21/78	5446	Philadelphia North Central	PA	900754518	09/29/11
3090	Parkville	MD	953251488	07/26/78	5447	Ravendale Eastside Detroit	MI	800825434	11/01/11
3091	Marshfield	MA	942518519	06/13/78	5448	Violet	LA	383851787	04/03/12
3099	Otsego County	NY	953251487	09/21/78	5449	Cordova Tennessee	TN	800784136	11/22/11
3103	Ridgefield Park	NJ	942501788	08/14/78	5450	Missouri Long Branch Area	MO	300711363	12/19/11
3104	Canfield	OH	942501784	07/24/78	5451	Parker	CO	364724514	02/09/12
3115	Whitehall Area	PA	942507329	08/21/78	5452	Far Northeast Metro Area Denver	CO	611676807	02/24/12

AARP Chapters
Federal 9990 - Group Return
For Tax Year Ending: 12/31/2011
Page 1, Part I Summary, Line 3 & 4

5734 total voting members of gov body			1507 total presidents		1390 total vice presidents		1412 total secretaries		1423 total treasurers	
Number	Chapter Name	State	President	President	Vice President	Vice President	Secretary	Secretary	Treasurer	Treasurer
5382	MIAMI DADE-NORTH Chapter	FL	Patricia Thomas	LORETTA TICE	Betty Hunt	Oswald Sands				
5383	JEFFERSON DAVIS COUNTY Chapter	MS	Michel Gambin	David Bourne	Warreace Payne	Mardessie Durr				
5387	BALDWIN COUNTY Chapter	GA	Dannette Jackson	Ruth Roach	Nancy Shireffs					
5388	BRONCKSLAND Chapter	NY	Jaime Hernandez	Mana Munoz	Raul Rodriguez	Minam Gutloff				
5390	MID-MISSOURI Chapter	MO	Carl Poehlman	Kay Wood	Bettina Ruccio	Ilene Todd				
5391	SCOTLAND COUNTY Chapter	NC	Diana Altman	Dee Heckert	Barbara Wright	Joyce Tyson				
5393	UPPER MANHATTAN CENTRAL HARLEM Chapter	NY	Carnetta Clark		Lois Farrar	Janette Walker				
5394	YANKTON Chapter	SD	Leroy Brng	Paul DeLong	Carolyn DeLong	Nancy Duhachek				
5395	SOUTHSIDE RICHMOND Chapter	VA	Bernice Evans	Leara Smith	Frances Hayes	Sarah Palmer				
5396	WAKEFIELD UMOJA Chapter	NY	Priscilla Crowell	Carol Murray	Bernice Ramsey	Oneater Sinclair				
5397	CENTRAL MORRIS Chapter	NJ	Richard Nyquist	Penny Johnson	Mary Damato	Frank Atkins				
5398	NEWARK UNIVERSITY AREA Chapter	NJ	Minnie Presley	Eugene Long	Burma Myles	W Nails				
5402	WEBSTER COUNTY Chapter	WV	John Stone	PAUL STONE	Ellouise Cutlip	Mona McCartney				
5405	HUNTINGTON AREA Chapter	WV	Dolores Rozzi	Judy Ketchum	Jane Cleghon	Vera Webb				
5406	PHILIP AREA Chapter	SD	Mike West	Hazel Sieler	Marica West	Donna Newman				
5407	MECHANICSVILLE Chapter	VA	Kate Brngs	Lawrence Gooss	Brenda Chapman	Elaine Dunn				
5408	MADISONVILLE ST TAMMANY Chapter	LA	John Albrecht	BERNADETTE NOWAK-SMIR	Cheryl Johnson	Tina Larson				
5409	TOMBALL Chapter	TX	Mary Ventra	Anthony Ruzzo	Manetta Werdensch	Winona Dutton				
5412	WEST WASHINGTON COUNTY Chapter	AR	Ronald Evans	Pat Lyle	Lorraine Watzel	Maebelle Kirk				
5413	EAST NEW YORK Chapter	NY	Gloria Cooke	Lina Green	Cynthia Reed	Carolyn Harrell				
5414	JACKSON COUNTY ALABAMA Chapter	AL	Donna Hawkins	Arlene Grede	Susan Bagile	Dorothy Black-Claybrook				
5415	ALLEN TOWN Chapter	PA	Jeanne Tilghman		Donna Held	DOLORES MCKEE				
5416	HOUSTON SOUTH LAKE AREA Chapter	TX	Helen Square	Jacklin Hall	Rosa Barfield	Marshall York				
5417	SAN DIEGO ENCANTO Chapter	CA	Alcia Bell	Mary Ponder	DORTHY STEWART MAGOIS	Barbara Singletary				
5418	BESSEMER/WEST JEFFERSON COUNTY Chapter	AL	Emma Ephnams	E W Phillips	Margaret Lewis	Theodore Childress				
5421	BERKELEY COUNTY - MARTINSBURG Chapter	WV	Ricardo Sith	Annie Otto	Pamela Toth	Karen Kelley				
5422	FAJARDO Chapter	PR	ANTHONY MERCADO	Mana Barbosa	Graciela Sanchez	ELIZABETH DIAZ				
5423	COAMO CITY Chapter	PR	Jose Martinez	ANA LEMIDEY	Gloria Ortiz-Sanchez	FERNANDO ADONTE				
5425	AMELIA COUNTY Chapter	VA	Barbara Jackson-Marshall	Nxolis Sowell	LAVERNE JOHNSON	Brenda Laney				
5426	MONTGOMERY COUNTY Chapter	KY	Charles Jones	Harold Wilson	Peggy Powell	Norma Patton				
5427	YONKERS AREA Chapter	NY	Henry Doerr	George DeGabriel	Maureen McTigue	Carole Adsluf				
5428	MOUNT PLEASANT/EAST COOPER Chapter	SC	Debra Whitfield	Rosa Bowens	Patncca Wolman	Lou Anderson				
5429	GLEN ELLYN Chapter	IL	George Pelch	Joseph Hanzlik	Elisa Correia	Betty Amdall				
5430	DENVER HARBOR AREA Chapter	TX	Lillie Ballard	Johnnie Brown	Barbara Colquitt	Edith Clarke				
5431	LAS PIEDRAS Chapter	PR	Judith Velazquez	Angel Davila	Zoraida Rabelo Mersed	Jorge Candelario				
5432	ZACHARY Chapter	LA	Ruth Montgomery	Manon Davis	Louise Horton	Audrey Nabors-Jackson				
5433	MID TOWN LOUISIANA Chapter	LA	Carolyn Malbrue	Charley Handy	Rose Betz	Lillian Brule				
5434	MYRTLE BEACH/CONWAY Chapter	SC		Samuel Frnk	Dollie Amirauf	Robert May				
5435	OLDE CITY PHILADELPHIA Chapter	PA	Nazano Pidlaaoan	Senen Fontanilla	Ernesto Arcila	Sostones Rvera				
5436	SAN JUAN CITY Chapter	PR	Rex Seymour	Betty Baldwin	Milly Figueroa	Roy Cohen				
5437	SOUTH FULTON AREA Chapter	GA	Arthur Tarpkin	Paul Mack	Dolores Bgggett	Daisy Tarpkin				
5438	NORTHERN LIBERTIES PHILADELPHIA Chapter	PA	Jousette Anaya	Kiana Calderon	Gloria Santiago	Yolanda Rios				
5439	ELIZABETH AREA Chapter	NJ	Barbara Shannon	Robert Davis	Lorraine Tidd	Robert Michaels				
5440	JONESBORO OLYMPIC PARK AREA Chapter	GA	Mary Thompson	Agnes Odom	Jacqui Jones	Barbara Sweany				
5441	OAK LANE AREA PHILADELPHIA Chapter	PA	Eric Hardaway	Lee Williams	Frances McDonald	K Kilpatrick				
5442	SALINAS Chapter	CA	Silva Huerta			Josa Contreras				
5444	SOUTHWEST MISSOURI Chapter	MO	Don Helms	Margaret Deweese		Rebecca Helms				
5445	HERNANDO COUNTY WEST Chapter	FL	Robert Williams	Jeffens Lvingston	Edith Lohlein	Leonard Parnno				
5446	PHILADELPHIA NORTH CENTRAL Chapter	PA	BARBARA COOKE	Gwendolyn Blake	Matte Wilson	Leona Smith				
5447	RAVENDALE EASTSIDE DETROIT Chapter	MI	Antonette McIlwain	Constance Leftwich	Shirley Jones	Dorothy Wafer				
5448	VIOLET Chapter	LA	Lois Dorsex	Maxine Sino	Gwendolyn Tucker	Iona Franklin				
5449	CORDOVA TENNESSEE Chapter	TN	Nelma Brady-Hampton	Midred Arts	Little St Clair	Ellie Davis				
5450	MISSOURI LONG BRANCH AREA Chapter	MO	Mickey Shipp	Lillian Freeman	Patncca Toolley	Shirley Techau				
5451	PARKER Chapter	CO	Yvette Gunther	Patncca De La Salle	Cal Wilson					
5452	FAR NORTHEAST METRO AREA DENVER Chapter	CO	Elaine Smith	Walter Cross	THERESA OWENS	John Daniels				

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Part II**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AARP - Chapters Group Return	Employer identification number (EIN) or ☒ 23-7377940
	Number, street, and room or suite no. If a P.O. box, see instructions. 601 E Street, NW, Tax Department	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20049	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **AARP, 601 E Street, NW, Tax Department, Washington, DC 20049**

Telephone No. **202-434-3220**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

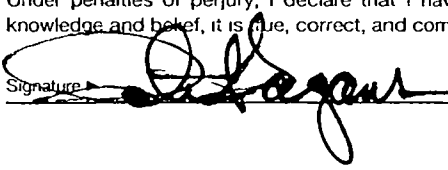
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **1867**. If this is for the whole group, check this box ☒. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **November 15**, 20 **12**.
- 5 For calendar year **2011**, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to gather information to prepare a complete and accurate tax return**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature 

Title **Chief Financial Officer**

Date **8/10/12**

Form 8868 (Rev. 1-2012)