

Form **990**

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

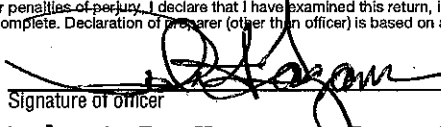
**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> AARP Doing Business As		<b>D Employer identification number</b> 95-1985500
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 E Street, NW c/o Tax Dept.		<b>E Telephone number</b> 202-434-3220
		City or town, state or country, and ZIP + 4 Washington, DC 20049		<b>G Gross receipts \$</b> 2,182,262,128.
		<b>F Name and address of principal officer:</b> Robert R. Hagans, Jr. 601 E Street, NW, Washington, DC 20049		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c) Group exemption number</b>
<b>J Website:</b> www.aarp.org				<b>L Year of formation:</b> 1958 <b>M State of legal domicile:</b> DC
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>AARP is a nonprofit, nonpartisan organization dedicated to enhancing the quality of life for people</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	2173
	6 Total number of volunteers (estimate if necessary)	6	25000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	121,407,354.
b Net unrelated business taxable income from Form 990-T, line 34	7b	8,649,960.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	260,921,827.	263,493,646.
	9 Program service revenue (Part VIII, line 2g)	147,964,320.	135,171,155.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,795,124.	34,147,944.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	675,111,204.	660,440,584.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1144792475.	1093253329.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,638,353.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,595,504.	230,365,923.
16a Professional fundraising fees (Part IX, column (A), line 11e)		959,866.	879,018.
b Total fundraising expenses (Part IX, column (D), line 25) <b>5,452,400.</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		718,080,060.	619,424,576.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1109273783.	855,097,641.
19 Revenue less expenses. Subtract line 18 from line 12	35,518,692.	238,155,688.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 994,357,004.	End of Year 1291821683.
	21 Total liabilities (Part X, line 26)	983,628,347.	877,542,999.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,728,657.	414,278,684.

**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:  Date: 6/28/10

Signature of officer: Robert R. Hagans, Jr., CFO  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

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

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>AARP</b>	Employer identification number <b>95-1985500</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>601 E Street, NW c/o Tax Dept.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20049</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### AARP

- The books are in the care of **601 E Street, NW - 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) \_\_\_\_\_. 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year **2009** or  
 tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> 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.	3a	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
AARP is dedicated to enhancing quality of life for all as we age. We lead positive social change and deliver value to members through information, advocacy, and service.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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.

See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 232306974. including grants of \$ 134,650. ) (Revenue \$ 2,399. )
Membership Service helps ensure AARP is providing useful information, programs, and services to members through events, exhibits, AARP's "award-winning content" website, member call center, and other interactive member touch points. Membership service summarizes AARP's position on activities related to the organization's strategic priorities, as well as the activities that support its strategic plan. In 2006, AARP created AARP Global Network LLC to cooperate with organizations representing people 50+ in other countries to promote and deliver social change through joint international commitment to assure that people 50+ are better able to live fulfilling lives with dignity and purpose.

4b (Code: ) (Expenses \$ 172100922. including grants of \$ 776,973. ) (Revenue \$ 121407354. )
AARP publishes "AARP The Magazine," which is published every other month (bimonthly) in three versions, each of which targets a specific age group: members 50-59, members 60-69, and members 70 and over to be sure that we are providing highly useful information and outreach to each group. "AARP The Magazine" includes the key areas of health, personal finance, work/life transitions, and personal enrichment. AARP also publishes 10 issues of "AARP Bulletin," a monthly publication (January/February and July/August are combined) that reports on such issues as Social Security, Medicare, and those related to work, retirement, pensions, benefits, health, and quality of life. "AARP Segunda Juventud" (published twice in 2009), is a bilingual publication for Hispanic members of AARP. This publication includes profiles of

4c (Code: ) (Expenses \$ 99,071,187. including grants of \$ 488,968. ) (Revenue \$ 465,000. )
Legislative Activities and Public Policy - Through AARP's Government Relations & Advocacy group, State Executive Councils, and AARP advocacy volunteers, AARP works to raise awareness and advocates for the rights of its members pertaining to the following issues: affordable health care for all Americans; ensuring the solvency of Social Security for current and future retirees; ensuring the long-term solvency of Medicare and prescription drug coverage; informing members and consumers about Medicare health insurance and related issues; independent living and long-term care; and financial security in retirement.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 199012758. including grants of \$ 3,027,533. ) (Revenue \$ 13,209,158. )

4e Total program service expenses \$ 702,491,841.

**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 Schedule B, Schedule of Contributors?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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 where 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28.</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	<b>38</b> X	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 1311		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
<b>2a</b>	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 2173		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	5a		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	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?	X	
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VII 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.

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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, Washington, DC 20049**

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jennie Chin Hansen President	10.00	X					14,842.	0.	0.	
W. Lee Hammond President-elect	1.00	X					2,332.	0.	0.	
Robert Romasco Secretary/Treasurer	1.00	X					1,411.	0.	0.	
Bonnie M. Cramer Board Chair	1.00	X					5,306.	0.	0.	
F. John Zarlengo Board Vice Chair	1.00	X					7,175.	0.	0.	
Yash Aggarwal Director	1.00	X					18,604.	0.	0.	
Gail E. Aldrich Director	1.00	X					10,987.	0.	0.	
Cora L. Christian Director	1.00	X					11,266.	0.	0.	
Allen Douma Director	1.00	X					10,272.	0.	0.	
Leobardo Estrada Director	1.00	X					5,218.	0.	0.	
A. James Forbes, Jr. Director	1.00	X					1,943.	0.	0.	
William J. Hall Director	1.00	X					0.	0.	0.	
Joanne Handy Director	1.00	X					4,398.	0.	0.	
Hubert H. Humphrey, III Director	1.00	X					2,317.	0.	0.	
Richard Johnson Director	1.00	X					4,471.	0.	0.	
Jacob Lozada Director	1.00	X					2,221.	0.	0.	
Mara Mayor Director	1.00	X					1,434.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Maeona Mendelson Director	1.00	X					10,881.	0.	0.	
J. David Nelson Director	1.00	X					1,559.	0.	0.	
N. Joyce Payne Director	1.00	X					4,004.	0.	0.	
Charles E. Reed Director	1.00	X					11,625.	0.	0.	
George T. Rowan Director	1.00	X					1,443.	0.	0.	
Thomas Byron Thames Director	1.00	X					3,128.	0.	0.	
Addison B. Rand Chief Executive Officer	50.00			X			551,349.	0.	97,291.	
William D. Novelli Chief Executive Officer	46.00			X			1,607,848.	0.	39,571.	
Robert R. Hagans, Jr. Chief Financial Officer	50.00			X			317,324.	0.	46,703.	
Thomas C. Nelson Chief Operating Officer	67.00				X		492,320.	0.	48,609.	
<b>1b Total</b>							<b>7,290,069.</b>	<b>156,724.</b>	<b>832,166.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **529**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLEY 111 SOUTH WACKER DRIVE, CHICAGO, IL 60606	PRINTING SERVICES FOR PUBLICATIONS	65,469,719.
GSD&M IDEA CITY LLC 828 WEST 6TH STREET, AUSTIN, TX 78703	ADVERTISING AND MARKETING FIRM	23,514,362.
CATALYST 360 4 WALNUT GROVE DRIVE, HORSHAM, PA 19044	OPERATING STUDIES AND ANALYSIS	17,824,766.
PARADYSZ MATERA COMPANY INC, 5 HANOVER SQUARE, 6TH FLOOR, NEW YORK, NY 10004	DIRECT MAIL AND PRINT MEDIA	11,911,414.
MOORE WALLACE, 30 HAZELWOOD DRIVE, STE 100, AMHERST, NY 14228	PRINTING SERVICES FOR PUBLICATIONS	11,149,134.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **429**

See Schedule J-2 for Part VII, Section A Continuation

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	246170144.				
	c Fundraising events	1c					
	d Related organizations	1d	3,085,657.				
	e Government grants (contributions)	1e	1,950.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14235895.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		263493646.				
	Program Service Revenue	2 a Pub/Web Advertising	Business Code	541800	121407354.		121407354
b Driver's Safety Progra			900099	6,873,866.	6,873,866.		
c Member Event			900099	4,197,451.	4,197,451.		
d							
e							
f All other program service revenue			900099	2,692,484.	2,692,484.		
g Total. Add lines 2a-2f				135171155.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			63863649.		63863649.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			656974323.		656974323	
	6 a Gross Rents	(i) Real	3339389.				
		(ii) Personal					
		b Less: rental expenses	3333817.				
	c Rental income or (loss)	5,572.					
	d Net rental income or (loss)			5,572.		5,572.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	#####				
		(ii) Other					
		b Less: cost or other basis and sales expenses	#####185,268.				
	c Gain or (loss)	#####-185268.					
	d Net gain or (loss)			-29715705.		-29715705	
	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 Captive Insurance Prem		900099	2,934,647.			2934647.	
b Miscellaneous income		900099	526,042.			526,042.	
c							
d All other revenue							
e Total. Add lines 11a-11d			3,460,689.				
12 Total revenue. See instructions.			1093253329	13763801.	121407354	694588528	

**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).

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 U.S. See Part IV, line 21	4,428,124.	4,428,124.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,666,079.	1,350,279.	5,315,800.	
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	182,756,516.	108,743,707.	73,895,144.	117,665.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,112,806.	6,355,878.	751,587.	5,341.
9 Other employee benefits	21,442,251.	14,469,011.	6,955,333.	17,907.
10 Payroll taxes	12,388,271.	7,189,452.	5,190,140.	8,679.
11 Fees for services (non-employees):				
a Management				
b Legal	3,424,545.	12,178.	3,412,367.	
c Accounting	713,334.	51,276.	662,058.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	879,018.			879,018.
f Investment management fees	4,223,283.		4,223,283.	
g Other	103,154,308.	93,853,937.	9,213,034.	87,337.
12 Advertising and promotion	93,411,492.	88,611,159.	4,698,698.	101,635.
13 Office expenses	3,454,171.	973,727.	2,480,444.	
14 Information technology	40,132,148.	13,556,918.	25,988,371.	586,859.
15 Royalties				
16 Occupancy	21,383,129.	20,090,809.	1,292,320.	
17 Travel	5,668,325.	4,634,934.	1,033,391.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,219,241.	9,619,386.	599,855.	
20 Interest	9,860,636.		9,860,636.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,484,637.	5,558,400.	24,926,237.	
23 Insurance	2,795,800.		2,795,800.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Printing &amp; Postage</u>	212,231,969.	207,809,205.	820,272.	3,602,492.
b <u>ITS Shared Services</u>	0.	42,690,727.	-42,736,194.	45,467.
c <u>Member Call Center</u>	27,092,322.	27,092,322.	0.	0.
d <u>Research, Surveys, &amp; Te</u>	20,755,419.	16,959,030.	3,796,389.	0.
e <u>Shared Svs (Finance, HR</u>	0.	12,400,549.	-12,400,549.	0.
f All other expenses	30,419,817.	16,040,833.	14,378,984.	
25 Total functional expenses. Add lines 1 through 24f	855,097,641.	702,491,841.	147,153,400.	5,452,400.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	6,016,288.	3,655,124.	0.	2,361,164.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	985,389.	<b>1</b>	2,762,611.
	<b>2</b> Savings and temporary cash investments .....	196,512,354.	<b>2</b>	292,556,875.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	51,971,771.	<b>4</b>	84,831,421.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	14,665,577.	<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,158,714.	<b>9</b>	24,070,208.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 467,133,057.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 185,223,641.		
	<b>11</b> Investments - publicly traded securities .....	286,274,960.	<b>10c</b>	281,909,416.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	420,788,239.	<b>11</b>	595,512,438.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,000,000.	<b>12</b>	3,000,000.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>14</b>	1,127,131.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	994,357,004.	<b>15</b>	6,051,583.	
	150,163,937.	<b>16</b>	129,182,168.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	80,941,824.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	210,202,253.	<b>19</b>	209,083,670.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	205,068,706.	<b>24</b>	187,836,042.
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	418,193,451.	<b>25</b>	399,681,463.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	983,628,347.	<b>26</b>	877,542,999.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	10,728,657.	<b>27</b>	414,278,684.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	10,728,657.	<b>33</b>	414,278,684.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	994,357,004.	<b>34</b>	129,182,168.

Form 990 (2009)

Part XI Financial Statements and Reporting

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 consolidated basis, separate 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.

Table with 3 columns: Question ID, Yes, No. Rows include 2a, 2b, 2c, 3a, 3b with 'X' marks in the Yes/No columns.

Form 990 (2009)

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

AARP

Employer identification number

95-1985500

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 4 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **AARP** Employer identification number **95-1985500**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ **156,236.**
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part I A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....															

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	X	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Part I-A, Line 1:**

AARP sends out questionnaires to candidates running for political office at the federal, state, and local level to gather information on their positions related to issues that impact AARP members. AARP then publishes (either in AARP The Magazine, voters guides mailed to members, or on AARP.org) the responses provided by the candidate's



Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AARP

Employer identification number

95-1985500

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements...

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		48,572,664.		48,572,664.
b Buildings		195,575,078.	49,754,254.	145,820,824.
c Leasehold improvements		40,097,448.	9,249,235.	30,848,213.
d Equipment				
e Other		182,887,867.	126,220,152.	56,667,715.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>281,909,416.</b>













**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," explain:  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain:  
\_\_\_\_\_  
\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		
10a		
11		
12		

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b>	%	
<b>b</b> An outside facility .....	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**2009**

Open to Public Inspection

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization  
**AARP**

Employer identification number  
**95-1985500**

**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. 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. Use Part IV and Schedule I-1 (Form 990) 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
ACADEMY OF TEJANO ARTISTS & MUSICIANS - 427 NORTH MAIN #7 - SAN ANTONIO, TX 78205	04-3701778	501(C)(3)	20,000.	0.			GENERAL SUPPORT
AMERICAN SOCIETY ON AGING 833 MARKET STREET, STE 511 SAN FRANCISCO, CA 94103	94-2292868	501(C)(3)	20,000.	0.			GENERAL SUPPORT
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	36,300.	0.			STUDENT INTERN PROGRAM
AMERICA'S AGENDA HEALTHCARE 1150 CONNECTICUT AVE, NW STE 1020 WASHINGTON, DC 20036	20-0682634	501(C)(4)	20,000.	0.			GENERAL SUPPORT FOR HEALTH CARE REFORM EFFORTS
BIBB COUNTY SCHOOL DISTRICT 484 MULBERRY STREET MACON, GA 31201	58-6000191	501(C)(3)	42,198.	0.			GRANT FOR COMPENSATION FOR SITE COORDINATOR FOR COLLEGE AND CAREER PROGRAM
CITIZEN'S ADVOCACY CENTER 182 N YORK ROAD ELMHURST, IL 60126	36-3920270	501(C)(3)	20,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **34.**

3 Enter total number of other organizations **8.**

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

AARP'S Public Outreach Office requires all departments to submit a two-page form detailing the donee organization, its mission, and how the contribution will support AARP's goals. The Public Outreach Office approves and tracks the contribution requests that best leverage relationships and accomplish AARP's social impact, people strategy, and member value goals.

Part II, line 1, Column (h):

Name of Organization or Government: NNPA FOUNDATION

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number  
95-1985500**AARP****Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ALBERT LEA - MINNESOTA 221 E CLARK STREET ALBERT LEA, MN 56007	41-6004922	LOCAL GOVERNMENT	10,000.	0.			GENERAL SUPPORT FOR BLUE ZONE PROJECT
CONSUMER COALITION FOR QUALITY HEALTH CARE - 1612 K ST, NW - WASHINGTON, DC 20006	52-1985179	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GENERATION'S UNITED 1331 H ST, NW WASHINGTON, DC 20005	31-1542973	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-1603942	501(C)(3)	8,250.	0.			STUDENT INTERN PROGRAM
HEALTHY ECONOMY NOW 1000 POTOMAC ST, NW STE 500 WASHINGTON, DC 20007	26-4707411	501(C)(4)	50,000.	0.			GENERAL SUPPORT
HERNDON ALLIANCE 3438 EAST FLORENCE COURT SEATTLE, WA 98112	20-3438789	501(C)(3)	35,000.	0.			GENERAL SUPPORT
JOINT CENTER FOR HOUSING STUDIES 1033 MASSACHUSETTS AVE, 5TH FL CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	20,000.	0.			GENERAL SUPPORT GRANT FOR COMPENSATION FOR SITE COORDINATOR FOR COLLEGE AND CAREER PROGRAM
KLAMATH FALLS CITY SCHOOLS 1336 AVALON KLAMATH FALLS, OR 97603	93-6000545	501(C)(3)	27,197.	0.			

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

Schedule I-1 (Form 990) 2009

2009

Open to Public Inspection

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number  
95-1985500

AARP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MASSACHUSETTS AVENUE RM E40-278 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	130,000.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 171 ASHLEY AVE, STE 305 - CHARLESTON, SC 29425	57-6000722	501(C)(3)	10,000.	0.			CONFERENCE SPONSORSHIP ON HEALTH DISPARITIES
NATIONAL ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	13-3039601	501(C)(3)	25,000.	0.			TRIBUTE PLEDGE FOR ANNUAL GALA
NATIONAL HISPANIC COUNCIL ON AGING 1341 CONNECTICUT AVE, NW WASHINGTON, DC 20036	52-1306347	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NATIONAL INSTITUTE ON RETIREMENT SECURITY - 1730 RHODE ISLAND AVE, NW - WASHINGTON, DC 20036	20-8705822	501(C)(4)	25,000.	0.			GENERAL SUPPORT FOR WORK ON PUBLIC PENSIONS
NATIONAL PARK FOUNDATION 1201 EYE ST, NW WASHINGTON, DC 20005	52-1086761	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NNPA FOUNDATION 3200 15th ST, NW WASHINGTON, DC 20010	52-1008362	501(C)(3)	80,000.	0.			GRANT TO HIRE AND TRAIN FELLOW TO FOCUS ON ISSUES THAT DISPARATELY AFFECT QUALITY OF LIFE FOR
MIAMI UNIVERSITY 396 UPHAM HALL OXFORD, OH 45056	31-6026014	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

2009

Open to Public Inspection

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization

AARP

Employer identification number  
95-1985500**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POINTS OF LIGHT INSTITUTE 600 MEANS STREET, STE 210 ATLANTA, GA 30318	65-0206641	501(C)(3)	5,000.	0.			GENERAL SUPPORT
POSTPARTISAN FOUNDATION 600 PENNSYLVANIA AVE, SE STE 400 WASHINGTON, DC 20003	27-0969439	501(C)(3)	100,000.	0.			GENERAL SUPPORT FOR THE RETIREMENT SECURITY CAMPAIGN
PROTECT COLORADO'S COMMUNITIES 1900 GRANT STREET, STE 1170 DENVER, CO 80203	27-1298654	501(C)(4)	25,000.	0.			GENERAL SUPPORT FOR ISSUE COMMITTEE FOR LEGAL CHALLENGE TO INITIATIVES
ROADWAY SAFETY FOUNDATION 1101 14TH STREET, NW STE 750 WASHINGTON, DC 20005	53-0030282	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SMART GROWTH AMERICA 1707 L ST, NW, STE 1050 WASHINGTON, DC 20036	27-0038938	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE CONGRESSIONAL AWARD FOUNDATION 379 FORD OFFICE BUILDING WASHINGTON, DC 20515	52-1168592	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 2121 EYE ST, NW, STE 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR THE CENTER ON AGING, HEALTH, & HUMANITY
NATIONAL COALITION ON HEALTH REFORM - 1120 E STREET, NW, STE 850 - WASHINGTON, DC 20005	52-1687849	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

2009

Open to Public Inspection

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization  
**AARP**  
 Employer identification number  
**95-1985500**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPUBLICAN MAIN STREET PARTNERSHIP 325 7TH ST, NW, STE 610 WASHINGTON, DC 20004	59-1828852	501(C)(4)	12,000.	0.			GENERAL SUPPORT
REBUILDING TOGETHER 1536 16TH STREET, NW WASHINGTON, DC 20036	52-1585880	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR THE SAFE AT HOME PROGRAM
TRINITY CHRISTIAN COMMUNITY 3908 JOLIET STREET NEW ORLEANS, LA 70118	72-0689114	501(C)(3)	39,478.	0.			GENERAL SUPPORT
CAMPAIGN FOR EFFECTIVE PATIENT CARE - 22 MADRONE COURT - FAIRFAX, CA 94930	26-3992158	501(C)(4)	25,000.	0.			GENERAL SUPPORT
HEATHINSIGHT 348 EAST 4500 SOUTH SALT LAKE CITY, UT 84107	87-0303872	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL LOW INCOME ENERGY CONSORTIUM - 901 NORTH OLDEN AVE EXTENSION - EWING, NJ 08618	52-1592497	501(C)(3)	6,000.	0.			GENERAL SUPPORT
AARP FOUNDATION 601 E STREET, NW WASHINGTON, DC 20004	52-0794300	501(C)(3)	586,943.	0.			GENERAL SUPPORT
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET, NW WASHINGTON, DC 20004	52-1194741	501(C)(3)	1,655,892.	0.			GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

**AARP**

**95-1985500**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242960	501(C)(3)	230,318.	0.			GRANT TO SUPPORT THE PEOPLE TO PEOPLE HEALTH PROJECT
UNIVERSITY OF CENTRAL FLORIDA 14758 CLARKSON DRIVE ORLANDO, FL 32828	75-3157893	501(C)(3)	85,000.	0.			GRANT TO SUPPORT THE RESEARCH AND DEVELOPMENT FOR THE ASSESSMENT OF CURRENT NURSE WORKFORCES BLUE ZONES' IS AN ONGOING PROJECT THAT IS PART OF QUEST NETWORK, INC.
QUEST NETWORK, INC. 724 NORTH FIRST STREET MINNEAPOLIS, MN 55401	20-0779494	CORPORATION	700,000.	0.			FUNDED BY THE NATIONAL NEW CITY MEDIA INC. IS A PARTICIPANT IN THE BLUE ZONES' PROJECT THAT IS PART OF QUEST NETWORK,
NEW CITY MEDIA, INC. 1872 PRATT DRIVE STE 1250 BLACKSBURG, VA 24060	54-1785936	CORPORATION	57,925.	0.			

**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: GRANT TO HIRE AND TRAIN FELLOW TO FOCUS ON ISSUES THAT DISPARATELY AFFECT QUALITY OF LIFE FOR AFRICAN AMERICANS

Name of Organization or Government: UNIVERSITY OF CENTRAL FLORIDA

(h) Purpose of Grant or Assistance: GRANT TO SUPPORT THE RESEARCH AND DEVELOPMENT FOR THE ASSESSMENT OF CURRENT NURSE WORKFORCES DATA CAPACITY IN SELECTED STATES AND DEVELOPMENT OF MINIMUM NURSE SUPPLY, DEMAND, AND EDUCATIONAL DATASETS

Name of Organization or Government: QUEST NETWORK, INC.

(h) Purpose of Grant or Assistance: BLUE ZONES' IS AN ONGOING PROJECT THAT IS PART OF QUEST NETWORK, INC. FUNDED BY THE NATIONAL INSTITUTE ON AGING AND NATIONAL GEOGRAPHIC. BLUE ZONE STUDIES THE WORLD'S LONGEST-LIVED POPULATIONS AROUND THE WORLD FOR INFORMATION AND LIFESTYLE CHARACTERISTICS THAT CAN HELP PEOPLE LIVE LONGER, BETTER LIVES.

Name of Organization or Government: NEW CITY MEDIA, INC.

(h) Purpose of Grant or Assistance: NEW CITY MEDIA INC. IS A PARTICIPANT IN THE BLUE ZONES' PROJECT THAT IS PART OF QUEST NETWORK, INC. FUNDED BY THE NATIONAL INSTITUTE ON AGING AND NATIONAL GEOGRAPHIC. BLUE ZONE STUDIES THE WORLD'S LONGEST-LIVED POPULATIONS AROUND THE WORLD FOR INFORMATION AND LIFESTYLE CHARACTERISTICS THAT CAN HELP PEOPLE LIVE LONGER, BETTER LIVES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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**2009**

Open to Public Inspection

Name of the organization

AARP

Employer identification number

95-1985500

**Part I Questions Regarding Compensation**

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

95-1985500

AARP

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Addison B. Rand	442,308.	1,350.	107,691.	88,430.	8,861.	648,640.	
William D. Novelli	345,243.		1,262,605.	35,362.	4,209.	1,647,419.	520,023.
Robert R. Hagans, Jr.	312,587.	1,350.	3,387.	35,266.	11,437.	364,027.	
Thomas C. Nelson	442,038.	1,350.	48,932.	33,030.	15,579.	540,929.	
Nancy A. LeaMond	339,984.	1,350.	2,322.	37,489.	1,964.	383,109.	
Emilio Pardo	324,502.	1,350.	787.	31,674.	14,510.	372,823.	
Joan S. Wise	317,832.	1,350.	6,508.	33,064.	9,296.	368,050.	
Shereen G. Remez	299,079.	1,350.		36,727.	2,078.	339,234.	
John C. Rother	284,981.	1,350.	3,758.	34,585.	5,684.	330,358.	
Kevin J. Donnellan	276,349.	1,350.	1,008.	31,756.	9,199.	319,662.	
Ellen Hollander	255,451.	1,350.	4,745.	33,236.	15,363.	310,145.	
Harroll Backus	250,013.	1,350.	7,465.	29,661.	9,090.	297,579.	
Matthew Mitchell	242,991.	1,350.	377.	30,561.	15,304.	290,583.	
Nancy Smith	280,437.	1,350.	973.	32,130.	1,798.	316,688.	
Hugh Delehanty	270,641.	1,350.	2,819.	32,926.	9,185.	316,921.	
David Sloane	262,348.	1,350.	950.	33,480.	5,614.	303,742.	

**Part III** Supplemental Information

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

Part I, Line 1a: AARP board members, officers, and key employees are provided the benefit of first-class travel on flights exceeding 5 hours when business class accommodations are not available. The AARP Chief Executive Officer is provided the benefit of first-class travel on flights exceeding 1 hour due to the extensive travel requirements of the position.

All directors for AARP serve on a volunteer basis and are not compensated for their generous commitment to AARP. The officers, directors, and key employees are, however, reimbursed by AARP for travel and subsistence costs incurred in carrying out their duties. In addition, directors are reimbursed for travel and subsistence costs incurred for spouses/companions accompanying them to Association functions. The board members receive a gross-up payment to ensure there are no out-of-pocket expenses related to the income taxes for the spouse/companion travel. All spouse/companion travel reimbursements and tax gross-up payments are treated as taxable income to the directors.

The Chief Executive Officer of AARP is given an annual net payment of \$5,000 to cover any incidental expenses. AARP pays the applicable

**Part III** Supplemental Information

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

withholding taxes on his behalf. The Chief Executive Officer of AARP is given an annual allowance, not to exceed \$12,000, for necessary maintenance expenses related to his personal vehicle. In 2009 the Chief Executive Officer of AARP received relocation benefits of \$98,169, which was treated as taxable compensation.

Part I, Line 4a: A severance payment in the amount of \$350,657.28 is included in Mr. Novelli's compensation package in 2009.

A severance payment in the amount of \$247,126.80 is included in James Laney's compensation package in 2009.



**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

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**2009**

Open to Public  
Inspection

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**Part VII Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy A. LeMond EVP Social Impact	60.00				X			343,656.	0.	39,453.
Emilio Pardo EVP & Chief Brand Office	55.00				X			326,639.	0.	46,184.
Joan S. Wise EVP & General Counsel	38.00				X			325,690.	0.	42,360.
Shereen G. Remez EVP Member Value	46.00				X			300,429.	0.	38,805.
John C. Rother EVP Policy & Strategy	47.50				X			290,089.	0.	40,269.
Kevin J. Donnellan EVP & Chief Communicatio	49.00				X			278,707.	0.	40,955.
Ellen Hollander EVP & Chief People Offic	52.00				X			261,546.	0.	48,599.
Harroll Backus EVP State Operations	46.00				X			258,828.	0.	38,751.
Matthew Mitchell Chief Information Office	44.50				X			244,718.	0.	45,865.
Nancy Smith SVP Corporate Secretary	53.00				X			282,760.	0.	33,928.
Hugh Delehanty SVP & Editor-in Chief AA	52.00					X		274,810.	0.	42,111.
David Sloane SVP Govt. Relations & Ad	51.50					X		264,648.	0.	39,094.
James Laney BOS-Admin & Mgmt Operati	50.00					X		325,962.	0.	12,411.
Matthew Rosser Deputy General Counsel	45.00					X		261,710.	0.	48,727.
James Fishman SVP-Publisher	47.00					X		144,199.	156,724.	42,480.

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

Schedule J-2 (Form 990) 2009

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
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Form 990, Part I, Line 1, Description of Organization Mission:

age 50 and over. AARP leads positive social change for all as we age  
and creates impact through information, advocacy, and service.

Form 990, Part III, Line 4b, Program Service Accomplishments

leading Hispanic personalities, articles on new trends in the Hispanic  
community, and advice for protecting health, managing money, and  
enjoying leisure time. "AARP The Magazine" and "AARP Bulletin" are  
provided to all AARP member households. All publications are available  
electronically to the general public on AARP's website [www.aarp.org](http://www.aarp.org).

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

The State Operations Program has established a field office in every  
state, the District of Columbia, Puerto Rico, and the Virgin Islands.  
These offices coordinate AARP's local efforts and provide a structure  
that delivers personalized services and programs to members and other  
older Americans in their homes and communities. These offices offer  
needed assistance, information, and support to older Americans. They  
also fill many of the gaps in services that families, communities, and  
government are unable to address, enabling older persons to maintain  
their independence and dignity.

Expenses \$ 72732493. including grants of \$ 91319. Revenue \$ 26800.

The Membership Development work is based on the recognition that  
members are an essential part of AARP's ability to achieve its mission.

Speaking on behalf of its tens of millions of members gives AARP

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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significant power and reach in advocating for social change in our national, federal, and state legislatures; and members also provide grassroots activism, volunteer work, and input into the problems faced by Americans as they age, which helps shape AARP's social change agenda. Membership Development is dedicated to ensuring that the member experience is valuable, members are satisfied, and a relevant portfolio of member services and benefits is available. Membership Development researches the wants and needs of specific segments within the population of age 50+, including, for example, multicultural segments, boomers, retired educators, and AARP's primary age segments (50-59, 60-69, and 70 and over).

Expenses \$ 80722673. including grants of \$ 0. Revenue \$ 0.

Education and Outreach - AARP researches and identifies certain strategic areas and focuses its activities and resources to develop programs, provide/produce information, and conduct studies on three key issues affecting members: health, economic security/work, and livable communities.

Expenses \$ 11870087. including grants of \$ 385000. Revenue \$ 47178.

Divided We Fail is a social initiative to propel public and private sector innovation and action on health (including long-term care) and financial security (Social Security, work, private and public pensions and savings) for Americans of all ages by moving the public to demand bipartisan, responsible, and intergenerational action from policy makers.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
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Expenses \$ 2271789. including grants of \$ 0. Revenue \$ 0.

The AARP Driver Safety Program helps older drivers maintain their independence by instructing them on safety in the driver's seat. The program, which is led by volunteer instructors, teaches participants about the normal changes that occur with aging and how to use this awareness to become safer drivers.

Expenses \$ 5892153. including grants of \$ 0. Revenue \$ 6873866.

AARP Foundation (cash contributions)

Expenses \$ 586943. including grants of \$ 586943. Revenue \$ 0.

AARP/Member Events

Expenses \$ 11741637. including grants of \$ 120000. Revenue \$ 4203596.

International Affairs Office

Expenses \$ 2349699. including grants of \$ 0. Revenue \$ 0.

Legal Counsel for the Elderly (cash contributions)

Expenses \$ 1655892. including grants of \$ 1655892. Revenue \$ 0.

Various Other Programs

Expenses \$ 9189392. including grants of \$ 188379. Revenue \$ 2057718.

Form 990, Part VI, Section B, line 11: The Form 990 is prepared and reviewed in AARP's internal tax department. The return is then put through

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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a secondary review which includes the AARP Controller, General Counsel, and Outside Counsel. After this thorough review process, the Form 990 is uploaded to the Board of Directors Sharepoint site and emails are sent to each member to let them know the return is ready for their review. The board then has seven days to review and provide comments or questions. After all issues are addressed the return is reviewed by the Chief Financial Officer prior to electronically filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: All board members and employees (including officers) are required to review the ethics policy, formally acknowledge their understanding of the policy, and disclose any real or potential conflicts of interest annually. Disclosures are reviewed by appropriate management representatives (or in the case of a board member, the Board Governance Committee), and the Chief Ethics & Compliance Officer. The appropriate resolution plan is implemented (for example, recusal from participating in any deliberations and decisions relevant to the disclosure). The Chief Ethics & Compliance Officer monitors compliance with these requirements and ensures proper follow-up as needed.

Form 990, Part VI, Section B, Line 15a: AARP considers relevant for-profit and not-for-profit data since this is the landscape in which AARP competes for talent. Establishing the appropriate compensation for positions and jobs considers external market pricing (where possible) from an independent, third party compensation consulting firm, internal criteria, and an individuals's actual performance and contribution. Internal criteria

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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is based on a standard approach that measures the internal value of positions, including: complexity and scope of responsibility, skill set and competencies, education and experience, and the reporting relationship of the position. An individual's actual performance and contribution is measured through AARP's performance management approach and then rewarded through AARP's annual base pay merit and incentive awards programs.

For the CEO, information from all three areas (external data, internal data, individual performance and contribution) is submitted to the Board of Directors for review and approval. In some cases, the Board may deal directly with the independent, third party compensation consulting firm on external market pricing. The individual in this position may have legal representation and may insist on an employment contract with terms that are mutually agreed upon by the individual and the Board.

Form 990, Part VI, Section C, Line 19: AARP makes its Form 990 available upon request to the General Counsel's Office. AARP's audited financial statements are available on our website at [www.aarp.org](http://www.aarp.org). AARP's governing documents and conflict of interest policy will be made available to the public in the event those documents are included in a filing with the Internal Revenue Service.

Schedule G, Part I, Line 2b, Column (v): All fundraisers listed above do not raise funds directly for AARP, but provide counsel, services, and support to AARP's internal development office.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AARP

Employer identification number  
95-1985500

Form 990, Part VIII, Line 7a and 7b, Column (i)

**Amounts from Sale of Securities**

7a. Gross amount from sales of asset other than inventory

\$1,055,959,277

7b. Less: cost or other basis and sales expenses

\$1,085,489,714

**Schedule R, Part V, Question 2**

**Transactions with Related Organizations**

The AARP Insurance Plan is a grantor trust established by an Agreement and Declaration of Trust for the purpose of making group health insurance and other health-related products and services available to AARP, Inc. members. Agreements between AARP, Inc., AARP Services, United HealthCare Corporation, Metropolitan Life Insurance Company, Genworth Life Insurance Company, and Aetna Life Insurance Company make certain types of insurance available to AARP members.

At the direction of the third party insurance carriers, the Plan pays AARP, Inc. a portion of the total premiums collected for the use of its intellectual property, which is reported as royalties in the consolidated statements of activities.

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

**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.

**2009**

**Open to Public Inspection**

Name of the organization  
**AARP**  
Employer identification number  
**95-1985500**

**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
AARP Properties LLC - 95-1985500 601 E Street, NW Washington, DC 20049	Real Estate Holding Company	Delaware	19,122.	153822357.	AARP
AARP 50 F 2-3 LLC - 95-1985500 601 E Street, NW Washington, DC 20049	Real Estate Holding Company	Delaware	0.	17570846.	AARP
AARP 650 F 4-5 LLC - 95-1985500 601 E Street, NW Washington, DC 20049	Real Estate Holding Company	Delaware	0.	17796259.	AARP
AARP Carson Place LLC - 95-1985500 601 E Street, NW Washington, DC 20049	Real Estate Holding Company	Delaware	0.	20950653.	AARP

**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
AARP Foundation - 52-0794300 601 E Street, NW Washington, DC 20049	Foundation dedicated to persons over 50 at social and economic risk	District of Columbia	501 (c)(3)	509(a)(1)	AARP
AARP Institute - 52-0788950 601 E Street, NW Washington, DC 20049	Supporting organization of AARP Foundation	District of Columbia	501 (c)(3)	509(a)(3)	AARP Foundation
Legal Counsel for the Elderly - 52-1194741 601 E Street, NW Washington, DC 20049	Provides free or low cost legal assistance and education to DC elderly	District of Columbia	501 (c)(3)	509(a)(1)	AARP

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

Schedule R (Form 990) 2009



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	X	

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AARP Services, Inc. Consolidated	A	3,333,817.
(2) AARP Foundation (cash contributions)	B	586,943.
(3) Legal Counsel for the Elderly (cash contributions)	B	1,655,892.
(4) AARP Foundation	C	3,085,657.
(5) AARP Foundation	D	26,550,000.
(6) Legal Counsel for the Elderly (in-kind rent)	M	64,289.



**SCHEDULE R-1 (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Continuation Sheet for Schedule R (Form 990)**  
 Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

Name of filing organization **AARP**

Employer identification number  
**95-1985500**

**Part I** Continuation of Identification of Disregarded Entities

(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
AARP Watson Plaza LLC - 95-1985500					
601 E Street, NW					
Washington, DC 20049	Real Estate Holding Company	Delaware	0.9	887,271.	AARP
AARP Global Network LLC - 20-4499090	Works with organizations representing people 50+ in other countries.	District of Columbia	525,084.	43,451.	AARP
601 E Street, NW					
Washington, DC 20049					
AARP Andrus Insurance Fund LLC - 95-1985500	Insurance captive	District of Columbia	4,065,645.	7,943,142.	AARP
601 E Street, NW					
Washington, DC 20049					

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) AARP Foundation (in-kind contributions)	L	10,246,445.
(8) AARP Services, Inc. Consolidated	L	92,495,725.
(9) Legal Counsel for the Elderly (in-kind contributions)	L	1,488,190.
(10) AARP Services, Inc. Consolidated (printing, postage, telephone)	P	56,840.
(11) AARP Foundation (printing, postage, telephone)	P	858,975.
(12) Legal Counsel for the Elderly (printing, postage, telephone)	P	37,673.
(13) AARP Insurance Plan (see Schedule O for explanation)	R	325,778,915.
(14) AARP Services, Inc. Consolidated	K	6,086,423.
(15) AARP Services, Inc. Consolidated (dividend payment)	R	10,000,000.
(16) AARP Services, Inc. Consolidated (shared services)	K	10,983,452.
(17) AARP Foundation (dual employee reimbursement)	O	428,507.
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

2009 DEPRECIATION AND AMORTIZATION REPORT  
Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3	Buildings Building Improvements	010106SL	10.00SL	2067342.					2067342.	640,507.		214,914.
62	Terrell Place 650 F 2-3 Building	010305SL	39.00SL	13209343.					13209343.	1761246.		440,311.
82	Terrell Place 650 F 2-3 Building Impro	010106SL	39.00SL	4389703.					4389703.	524,480.		438,998.
114	Terrell Place 650 F 4-5 Building	010305SL	39.00SL	13379427.					13379427.	1783924.		445,981.
124	Terrell Place 650 F 4-5 Building Impro	010106SL	10.00SL	4860841.					4860841.	1338396.		486,084.
15	AARP Properties Building	122000SL	39.00SL	138329964					138329964	37047288.		4610999.
16	AARP Properties Building Improvement	010106SL	10.00SL	24265668.					24265668.	1352034.		2167025.
17	Carson Place Building	120506SL	39.00SL	17861316.					17861316.	1241321.		595,377.
20	Carson Place Building Improvement	120108SL	10.00SL	504,394.					504,394.	22,748.		39,886.
23	Watson Plaza Building	120506SL	39.00SL	8405325.					8405325.	584,151.		280,178.
25	Watson Plaza Building Improvement	120108SL	10.00SL	273,696.					273,696.	25,051.		27,370.
	* 990 Page 10 Total Buildings			227547019				0.	227547019	46321146.	0.	9747123.
	Furniture & Fixtures											
1	Furniture and Equipment	010106SL	7.00	104732279					104732279	58765297.		10916466.
92	Terrell Place 650 F 2-3 Furniture & Eq	010106SL	7.00	48,049.					48,049.	18,935.		9,308.
13	AARP Properties Furniture & Equipme	010105SL	7.00	1589960.					1589960.	441,167.		175,659.
21	Carson Place Furniture & Equipme	120108SL	7.00	56,841.					56,841.	493.		5,673.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
22	Watson Plaza Furniture & Equipme	1231107SL		7.00	16	48,767.			48,767.	5,291.		4,877.
	* 990 Page 10 Total Furniture & Fixtur					106475896		0.	106475896	59231183.	0.	11111983.
	Land											
72-3	Terrell Place 650 F Land	010305L		39.00		3302336.			3302336.			0.
104-5	Terrell Place 650 F Land	010305L		39.00		3344857.			3344857.			0.
14	AARP Properties Land	122000L		39.00		35405471.			35405471.			0.
19	Carson Place Land	120506L		39.00		4433600.			4433600.			0.
24	Watson Plaza Land	120506L		39.00		2086400.			2086400.			0.
	* 990 Page 10 Total Land					48572664.		0.	48572664.	0.	0.	0.
	Management and General Leasehold Improvements											
2	Improvements	010106SL		10.00	16	8125507.			8125507.	2315256.		619,964.
4	Vehicles	010106SL		5.00	16	167,335.			167,335.	164,990.		2,344.
5	Software Development Costs	010106SL		3.00	16	76244636.			76244636.	45695117.		10014535.
26	Debt Issuance Costs	122000		360M	43	1585368.			1585368.	405,391.		52,846.
	* 990 Page 10 Total Management and Gen					86122846.		0.	86122846.	48580754.	0.	10689689.
	* Grand Total 990 Page 10 Depr & Amor					468718425		0.	468718425	154133083	0.	31548795.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AARP

Form 990 Page 10

95-1985500

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

Table with 13 rows for Section 179 election. Line 1: 250,000. Line 3: 800,000. Line 13: 31,495,949.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 16: 31,495,949.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions. Line 17: 17.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 22: 31,495,949. Line 23: 23.

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

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

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

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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: %

27 Property used 50% or less in a qualified business use: S/L - %

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability.

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

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

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use by employees.

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

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year 43 52,846. 44 Total. Add amounts in column (f). See the instructions for where to report 44 52,846.