

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICAN ANTHROPOLOGICAL ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2200 WILSON BOULEVARD 600

City or town, state or country, and ZIP + 4
ARLINGTON, VA 22201

D Employer identification number
53-0246691

E Telephone number
703-528-1902

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: WWW.AAANET.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **9,341,264.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	335,113.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	564,654.	
	e	Total (add lines 1a through 1d) (cash \$ 899,767. noncash \$)	1e	899,767.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,145,227.	
	3	Membership dues and assessments	3	1,907,876.	
	4	Interest on savings and temporary cash investments	4	26,352.	
	5	Dividends and interest from securities	5	255,089.	
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		2,640,375.	8a		
		Less: cost or other basis and sales expenses	8b		
		2,164,749.	8b		
8c	Gain or (loss) (attach schedule)	8c			
8d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMP 1	8d	475,626.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
		b Less: direct expenses other than fundraising expenses	9b		
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a			
		b Less: cost of goods sold	10b		
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	466,578.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	7,176,515.		
Expenses	13	Program services (from line 44, column (B))	13	4,403,396.	
	14	Management and general (from line 44, column (C))	14	1,416,216.	
	15	Fundraising (from line 44, column (D))	15	62,957.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	5,882,569.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,293,946.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,835,780.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<425,285.>	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	7,704,441.	

723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

COPY Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 4	
22b Other grants and allocations (attach schedule) (cash \$ 40,300 • noncash \$ 0. If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	40,300.	40,300.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	409,622.	54,479.	348,383.	6,760.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,091,450.	728,222.	351,249.	11,979.
27 Pension plan contributions not included on lines 25a, b, and c	90,739.	77,789.	11,431.	1,519.
28 Employee benefits not included on lines 25a - 27	209,885.	124,080.	83,404.	2,401.
29 Payroll taxes	108,058.	59,050.	47,649.	1,359.
30 Professional fundraising fees				
31 Accounting fees	22,945.	0.	22,945.	0.
32 Legal fees	32,745.	27,869.	4,589.	287.
33 Supplies	21,148.	19,427.	1,147.	574.
34 Telephone	21,589.	19,832.	1,171.	586.
35 Postage and shipping	246,372.	226,322.	13,363.	6,687.
36 Occupancy	271,841.	169,339.	92,615.	9,887.
37 Equipment rental and maintenance	28,718.	522.	28,196.	
38 Printing and publications	315,465.	289,792.	17,111.	8,562.
39 Travel	264,639.	209,196.	55,317.	126.
40 Conferences, conventions, and meetings	385,246.	374,262.	10,885.	99.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	67,561.	42,407.	25,154.	0.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	2,254,246.	1,940,508.	301,607.	12,131.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,882,569.	4,403,396.	1,416,216.	62,957.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PUBLICATIONS - THE PUBLICATION AND DISTRIBUTION OF THE AMERICAN ANTHROPOLOGIST, ANTHROPOLOGY NEWSLETTER AND OTHER PUBLICATIONS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,928,643.
b PUBLIC EDUCATION - TO INFORM MEMBERS ABOUT THE RECENT DEVELOPMENTS IN THE FIELD OF ANTHROPOLOGY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	831,841.
c SECTIONS - TO MANAGE AND SUPPORT THE ACTIVITIES OF SPECIALIZED ANTHROPOLOGICAL SOCIETIES ORGANIZED ON A REGIONAL BASIS.	
(Grants and allocations \$ 40,300.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	513,027.
d ANNUAL MEETING - EXPENSES TO CONDUCT THE ASSOCIATION'S ANNUAL MEETING, WHICH PROVIDES CURRENT INFORMATION TO MEMBERS AND NON-MEMBERS ABOUT THE FIELD OF ANTHROPOLOGY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	412,368.
e Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	717,517.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,403,396.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	75.	75.
	46 Savings and temporary cash investments	1,328,959.	1,497,775.
	47 a Accounts receivable	403,797.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	90,676.	34,859.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,380,376.	7,251,214.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other SEE STATEMENT 7	323,174.	310,353.	
57 a Land, buildings, and equipment: basis	1,131,093.		
b Less: accumulated depreciation STMT 8	951,642.		
58 Other assets; including program-related investments (describe SEE STATEMENT 9)	41,760.	29,314.	
59 Total assets (must equal line 74). Add lines 45 through 58	9,292,455.	9,706,838.	
Liabilities	60 Accounts payable and accrued expenses	1,172,260.	627,057.
	61 Grants payable		
	62 Deferred revenue	1,175,614.	1,260,380.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe DEFERRED LEASE BENEFIT)	108,801.	114,960.
66 Total liabilities. Add lines 60 through 65	2,456,675.	2,002,397.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	5,998,885.	7,047,431.
	68 Temporarily restricted	542,955.	353,248.
	69 Permanently restricted	293,940.	303,762.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	6,835,780.	7,704,441.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,292,455.	9,706,838.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	6,675,417.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	<425,285.>
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	<425,285.>
c	Subtract line b from line a	c	7,100,702.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	75,813.
2	Other (specify):	d2	
	Add lines d1 and d2	d	75,813.
e	Total revenue (Part I, line 12). Add lines c and d	e	7,176,515.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	5,806,756.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	5,806,756.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	75,813.
2	Other (specify):	d2	
	Add lines d1 and d2	d	75,813.
e	Total expenses (Part I, line 17). Add lines c and d	e	5,882,569.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		321,075.	88,547.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members		85c N/A
d	Section 162(e) lobbying and political expenditures		85d N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		86a N/A
b	Gross receipts, included on line 12, for public use of club facilities		86b N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		87a N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		88b X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		89g
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 12</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	23
91 a	The books are in care of <u>THE ASSOCIATION</u> Telephone no. <u>703.528.1902</u>		
	Located at <u>2200 WILSON BLVD, #600, ARLINGTON, VA</u> ZIP + 4 <u>22201</u>		
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)? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part V Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					1,566,871.
b ANNUAL MEETING			07	1,033,914.	
c ACADEMIC SERVICES					412,083.
d SECTION MEETINGS					132,359.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,907,876.
95 Interest on savings and temporary cash investments			14	26,352.	
96 Dividends and interest from securities			14	255,089.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	475,626.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING	541800	149,805.			
b MAILING LIST RENTAL			13	23,086.	
c ROYALTIES			15	261,504.	
d COMMISSIONS	900004	6,813.			
e OTHER INCOME					25,370.
104 Subtotal (add columns (B), (D), and (E))		156,618.		2,075,571.	4,044,559.
105 Total (add line 104, columns (B), (D), and (E))					6,276,748.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Signature and name section for William E. Davis III, Executive Director, dated 10/11/08. Includes preparer's signature, date, and firm information for RAHFA, PC.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **AMERICAN ANTHROPOLOGICAL ASSOCIATION** Employer identification number **53 0246691**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SAMUEL HIMES: 2200 WILSON BLVD. #600, ARLINGTON, VA 22201	DIR. OF INFO. 37.50	MGMT. 77,100.	18,412.	0.
LUCILLE HORN: 2200 WILSON BLVD. #600, ARLINGTON, VA 22201	DIR. OF MEETINGS 30.00	79,322.	29,739.	0.
MARY OVERBEY: 2200 WILSON BLVD. #600, ARLINGTON, VA 22201	PROJ. MNGR., 37.50	GRANTS 85,000.	19,203.	0.
KATHLEEN TERRY-SHARP: 2200 WILSON BLVD #600, ARLINGTON, VA 22201	DIR. OF ACAD. 37.50	SERV. 79,562.	17,956.	0.
SUZANNE MATTINGLY: 2200 WILSON BLVD. #600, ARLINGTON, VA 22201	CONTROLLER 37.50	78,563.	18,588.	0.
Total number of other employees paid over \$50,000	3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BLVD, ST. PAUL, MN 55102	RACE PROJECT SERVICES	875,602.
UCREGENTS ONE SHIELDS AVENUE, DAVIS, CA 95616	PUBLICATION AND EDITORIAL SERVICE	446,409.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FIGLEAF 1523 16TH ST., NW, WASHINGTON, DC 20036	SOFTWARE TRAINING	89,698.
VAIL RESORTS MANAGEMENT CO. DEPT 177, DENVER, CO 80291	CONFERENCE SERVICES	66,687.
DIRECT MARKETING 14501-A LEE JACKSON HWY, CHANTILLY, VA 20151	MARKETING	53,439.
GANNETT OFFSET P.O. BOX 1936, SPRINGFIELD, VA 22151	PRINTING AND DIST. OF ANT.NEWS	52,578.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,913,800.	444,169.	195,665.	810,145.	3,363,779.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,828,763.	3,394,357.	3,370,693.	4,355,960.	14,949,773.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	326,955.	1,521,698.	339,328.	213,341.	2,401,322.
19 Net income from unrelated business activities not included in line 18	139,419.	154,824.	52,186.	144,405.	490,834.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	246,668.	9,274.	SEE STATEMENT 15 683.		256,625.
23 Total of lines 15 through 22	6,455,605.	5,524,322.	3,958,555.	5,523,851.	21,462,333.
24 Line 23 minus line 17	2,626,842.	2,129,965.	587,862.	1,167,891.	6,512,560.
25 Enter 1% of line 23	64,556.	55,243.	39,586.	55,239.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 4,200. (2005) 4,200. (2004) 4,200. (2003) 4,100.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 3,363,779. 16 _____ 17 14,949,773. 20 _____ 21 _____					27c 18,313,552.
d Add: Line 27a total 16,700. and line 27b total 0.					27d 16,700.
e Public support (line 27c total minus line 27d total)					27e 18,296,852.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 21,462,333.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 85.2510%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 11.1885%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

COPY

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization AMERICAN ANTHROPOLOGICAL ASSOCIATION	Employer identification number 53-0246691
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization AMERICAN ANTHROPOLOGICAL ASSOCIATION	Employer identification number 53-0246691
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 564,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 80,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

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
1	FURNITURE AND EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	1131093. 1131093.		0.	1131093. 1131093.	884,081. 884,081.	0.	67,561. 67,561.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
GAIN ON SALE OF INVESTMENTS	2,640,375.	2,164,749.	0.	475,626.	
TO FORM 990, PART I, LINE 8	2,640,375.	2,164,749.	0.	475,626.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION	AMOUNT			
UNREALIZED LOSS ON INVESTMENTS	<425,285.>			
TOTAL TO FORM 990, PART I, LINE 20	<425,285.>			

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
UCP FEES	572,218.	572,218.	0.	0.		
CONSULTING AND HONORARIA	930,035.	811,091.	110,596.	8,348.		
FIELD EDITOR EXPENSES	238,029.	238,029.	0.	0.		
ONLINE OPERATING EXPENSES	216,041.	216,041.	0.	0.		
EDITORIAL AND PRODUCTION SERVICES	22,880.	12,401.	10,479.	0.		
DEVELOPMENT AND PROMOTION	55,205.	50,952.	470.	3,783.		
BANK FEES	78,598.	153.	78,445.	0.		
COPYRIGHT CHARGES	335.	335.	0.	0.		
MISCELLANEOUS	20,990.	9,515.	11,475.	0.		
CORPORATE TAXES	4,285.	0.	4,285.	0.		
SECTION WEB SITES	16,977.	16,977.	0.	0.		
INVESTMENT FEES	75,813.	0.	75,813.	0.		
DUES AND SUBSCRIPTIONS	22,840.	12,796.	10,044.	0.		
TOTAL TO FM 990, LN 43	2,254,246.	1,940,508.	301,607.	12,131.		

COPY

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED LIST	40,300.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	40,300.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

EXPLANATION

TO INFORM MEMBERS ABOUT CURRENT ANTHROPOLOGICAL ISSUES AND TO PUBLISH VARIOUS ANTHROPOLOGICAL LITERATURE.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS		EXPENSES
MEMBERSHIP	0.		349,200.
ACADEMIC SERVICES AND MEDIA RELATIONS	0.		237,106.
GOVERNMENT RELATIONS AND MINORITY AFFAIRS	0.		131,211.
TOTAL TO FORM 990, PART III, LINE E			717,517.

COPY

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
LIMITED PARTNERSHIPS	MARKET VALUE	310,353.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		310,353.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	1,131,093.	951,642.	179,451.
TOTAL TO FORM 990, PART IV, LN 57	1,131,093.	951,642.	179,451.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ADVANCES	11,515.	4,873.
SECURITY DEPOSITS	30,245.	24,441.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	41,760.	29,314.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	4,453,683.			4,453,683.
FIXED INCOME	FMV		2,797,531.		2,797,531.
TO FORM 990, LINE 54A, COL B		4,453,683.	2,797,531.		7,251,214.

COPY

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM DAVIS 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR 37.50	205,364.	69,079.	0.
ELAINE LYNCH 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	DEPUTY EXECUTIVE DIR/ CFO 37.50	115,711.	19,468.	0.
SETHA M. LOW 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	PRESIDENT 1.00	0.	0.	0.
VIRGINIA DOMINGUEZ 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	PRESIDENT-ELECT 1.00	0.	0.	0.
DAN SEGAL 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	SECRETARY 1.00	0.	0.	0.
FLORENCE BABB 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
THEODORE C. BESTOR 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
CHARLES L. BRIGGS 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
MONICA S. HELLER 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
T.J. FERGUSON 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
JENNIFER L. JACKSON 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.

THOMAS L. LEATHERMAN 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
ELLEN LEWIN 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
ED LIEBOW 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
SALLY ENGLE MERRY 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
GWENDOLYN MIKELL 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
DEBORAH L. NICHOLS 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
KATHERINE SPIELMANN 2200 WILSON BOULEVARD, SUITE 600 ARLINGTON, VA 22201	MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		321,075.	88,547.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 12
PART VI, LINE 90

STATES

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TO PUBLISH AND PROMOTE PUBLICATION OF ANTHROPOLOGICAL MONOGRAMS AND JOURNALS.
93C	TO INFORM MEMBERS OF RECENT DEVELOPMENTS IN THE FIELD OF ANTHROPOLOGY; TO PROVIDE A FORMAL LINK BETWEEN THE DEPARTMENTS OF ANTHROPOLOGY AND THE ASSOCIATION & AND TO FACILITATE THE STUDY OF ANTHROPOLOGY.
93D	TO ADVANCE THE SCIENCE OF ANTHROPOLOGY, FOSTER AND SUPPORT THE DEVELOPMENT OF SPECIAL ANTHROPOLOGY SOCIETIES ORGANIZED ON A REGIONAL

OR FUNCTIONAL BASIS.

- 94 MEMBERSHIP DUES PROVIDE SERVICES TO FACILITATE RESEARCH, TRAINING AND PROFESSIONAL DEVELOPMENT FOR THE MEMBERS.
- 103E MISCELLANEOUS INCOME SOURCES WHICH SUPPORT PROGRAM SERVICES.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 14

SEE PART V-A, FORM 990. THE ASSOCIATION ALSO REIMBURSED TRAVEL EXPENSES TO VIRGINIA DOMINGUEZ, PRESIDENT-ELECT, FOR \$1,757 AND MONICA S. HELLER, MEMBER, FOR \$1,051.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	246,668.	9,274.	683.	0.
TOTAL TO SCHEDULE A, LINE 22	246,668.	9,274.	683.	0.

American Anthropological Association
Form 990, Part II, Line 22, Grant and Allocations
Year Ended December 31, 2007

53-0246691

NAME ADDRESS	AMOUNT	DESCRIPTION
Sophie Day Goldsmiths, U of London New Cross, London ENGLAND SE14 6NW	\$500	Basker Prize, SMA
Rocio Magana 38 N Main Street, #100 Hanover, NH 03755	\$5,000	Minority Dissertation Fellowship
Shedra Snipes 8300 El Mundo, #710 Houston, TX 77054	\$5,000	Minority Dissertation Fellowship
Christopher Fisher 700 Rocky Mountain Way Fort Collins, CO 80526	\$1,000	Wiley Prize, AD
Bronwyn Nicole Fullard 953 Shadybrook Circle Birmingham, AL 35226	\$400	L White award, CSAS
Sarah Hunt 172 Glendale Heights Winterville, GA 30683	\$550	Rappaport Prize, ES
Jessica Piekielek 1709 E. Waverly Tucson, AZ 85719	\$300	Rappaport Prize, ES
Eleanor Shoreman 461 East Foster Avenue State College, PA 16801	\$300	Rappaport Prize, ES
Karen Hebert 426 5th Street, #2 Ann Arbor, MI 48103	\$300	Rappaport Prize, ES
Seth Murray 306 Crest Drive Chapel Hill, NC 47516	\$300	Rappaport Prize, ES
Genese Sodikoff 19 Dix Street New Brunswick, NJ 08901	\$250	Junior Scholar Award, ES

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American Anthropological Association
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NAME ADDRESS	AMOUNT	DESCRIPTION
Kenneth Bauer 146 University Place Burlington, VT 05405	\$250	Junior Scholar Award, ES
J Stephen Lansing 392 S. Convent Avenue Tucson, AZ 85701	\$500	J Steward book award, ES
Council for European Studies Columbia University 420 W 118 th St, MC 3310 New York, NY 10027	\$4,000	Fellowship prize, SAE
Robin Root 136 West 87th St, #9 New York, NY 10024	\$500	Polgar Prize, SMA
Irit Rasooly 11617 Gilsan Street Silver Spring, MD 20902	\$250	Rivers Prize, SMA
Kate Goldade 1238 Scheffer Ave, #1 St. Paul, MN 55116	\$250	Hughes Prize, SMA
Junko Kitanaka Setagaya-ku, Tokyo JAPAN	\$500	SMA MASA Dissertation Award
Lenore Manderson Blackburn Road Clayton, Victoria 3800 AUSTRALIA	\$500	SMA Mentor Award
Susan Hunter PO Box 590 Lake Lucerne, NY 12846	\$500	SMA Practicing Award
Margaret Lock 356 Lansdowne Avenue Montreal Quebec, H3Z 2L4 CANADA	\$500	SMA Career Award
Ronnie Frankenberg 19 Keele Road Newcastle under Lyme Staffordshire, UK	\$500	SMA Career Award

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American Anthropological Association
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NAME ADDRESS	AMOUNT	DESCRIPTION
Sharon Kaufman 89 Bolinas Avenue San Anselmo, CA 94960	\$500	SMA, Millennium Award
James Diego Vigil 6021 Hoover Avenue Whittier, CA 90601	\$1,000	Robert Textor prize
Song Pae Cho Complex 4 King's Garden #814 Seoul, South Korea	\$600	Payne Prize, SOLGA
Chris Tan Block 26 Silat Walk, #03-22 SINGAPORE	\$250	Payne Prize, SOLGA
Sarah Green Chr. Markopoulou 8 (A3) Lesvos, GREECE	\$500	Wm Douglas Endowment
Kimberly Powell 187 Limerock Terrace State College, PA 16801	\$100	dissertation, CAE
Kate Anderson 55A Nanyang Terrace SINGAPORE	\$200	CAE travel award
Leena Her 1644 9th Street Berkeley, CA 94061	\$200	CAE travel award
Juanita Watters 16255 N. Silverthorn Catalina, AZ 85739	\$200	CAE travel award
Theresa John 1737 University Avenue, G22 Fairbanks, AK 99709	\$200	CAE travel award
Michelle Foster 25 Standish Ct. Crockett, CA 94525	\$500	Spindler Award, CAE
Katherine Erdman 4387 Stonebridge #5 Wyoming, MI 49519	\$300	student paper prize, CSAS

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American Anthropological Association
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NAME ADDRESS	AMOUNT	DESCRIPTION
Tamara Jacka The Australian National U Canberra, ACT 0200, AUSTRALIA	\$250	SEAA Hsu Book Prize
Jacob Saunders 3371 Lebon Drive San Diego, CA 92122	\$400	SAE student paper prize
Ann Willow 4126 Green Avenue Madison, WI 53704	\$400	Dillingham Award
Kate Goldade 1238 Scheffer Ave, #1 St. Paul, MN 55116	\$700	Forman Prize, AFA
Faye Goodman 1479 S. 4th Street, #3B Louisville, KY 40208	\$500	Forman Prize, AFA
Mark Schuller 5 College Avenue New Paltz, NY 12561	\$600	APLA Paper Prize
Bethany Turner 1557 Dickey Drive Atlanta, GA 30322	\$250	BAS student paper prize
Yuanyuan Zhang 22 Montague Avenue Ewing, NJ 08628	\$100	SAFN Award
Melissa Salazar 617 1/2 Vallejo Street Crockett, CA 94525	\$100	SAFN Award
Dan Hruschka 1399 Hyde Park Rd ANR Dw, NM 87501	\$250	Evolutionary Anthropology Section
David Nolin 10739 Fremont Ave N Seattle, WA 98133	\$250	Evolutionary Anthropology Section
Song Pae Cho Complex 4 King's Garden #814 Seoul, South Korea	\$250	Bestor Prize, SEAA

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**American Anthropological Association
Form 990, Part II, Line 22, Grant and Allocations
Year Ended December 31, 2007**

NAME ADDRESS	AMOUNT	DESCRIPTION
Kathryn R Goldade 1238 Scheffer Ave Saint Paul, MN 55116	\$250	SLACA Section Award
Kristine Latta 8114 Manning Avenue Raytown, MO 64138	\$250	SLACA Section Award
Emilio Spadola 801 Westmoreland Ave Syracuse, NY 13210	\$450	MES Prize
Al Scotten 3807 Calvert St, NW Washington, DC 20007	\$500	MES Prize
Liz Beasley 116 W. Seeman Street, #3 Durham, NC 27701	\$100	SHA student award
Roxanne Varzi 2005 Los Trancos Drive, E Irvine, CA 92617	\$100	SHA student award
Mara Buchbinder 6414 West Olympic Blvd. Los Angeles, CA 90048	\$100	SHA student award
Everett Zhang 380 MFAC Ellicott Complex Buffalo, NY 14261	\$500	Stirling Prize, SPA
Christa Amouroux 1643 27th Avenue San Francisco, CA 94122	\$250	Grad Essay, SUNTA
Amanda Carlson 969 Columbus Ave New York, NY 10025	\$150	Undergrad Essay, SUNTA
Stephen Gregory 560 Riverside Dr New York, NY 10027	\$500	Leeds Prize, SUNTA

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NAME ADDRESS	AMOUNT	DESCRIPTION
Nina Jablonski 432 North Shadow Lane State College, PA 16803	\$500	Howells Award, BAS
Ira Bashkow 2101 Tarleton Drive Charlottesville, VA 22901	\$500	Turner Prize, SHA
Marcia Inhorn 3064 Cedar Brook Road Ann Arbor, MI 48105	\$250	D Forsythe Prize
June Anne English-Lueck 5358 Pecan Blossom Drive San Jose, CA 95123	\$250	D. Forsythe Prize
Elana Shever 5475 S. Everett Ave, #35 Chicago, IL 60615	\$1,000	Schneider Award
Noa Vaisman 220 Linn Street, #2 Ithaca, NY 14850	\$1,000	Schneider Award
Molly Hurley-Depret 330 Elm Drive Muscle Shoals, AL 35661	\$100	NASA Award
Carla Klehm 4505 Duval Street 349 Austin, TX 78751	\$100	NASA Award
Dawn Stricklin PO Box 502 Pilot Knob, MO 63663	\$200	Hunter-Tate Award, NASA
Carolyn Barnwell 33 Auburn Street Concord, NH 03301	\$200	Hunter-Tate Award, NASA
Robert T O'Brien 500 S. 49th Street Philadelphia, PA 19143	\$200	Hunter-Tate Award, NASA
Isaac Gagne 22 Trumbull St, #2 New Haven, CT 06511	\$100	Society for Linguistic Anthropology Award

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American Anthropological Association
Form 990, Part II, Line 22, Grant and Allocations
Year Ended December 31, 2007

NAME ADDRESS	AMOUNT	DESCRIPTION
Gregory M Simon 1810 S. Bentley Ave Los Angeles, CA 90025	\$500	SAR paper competition
Neena Mahadev 501 W. University Parkway Baltimore, MD 21210	\$150	SAR paper competition
Ryan Schram 57 Haverford Station Rd Haverford, PA 19041	\$100	SAR paper competition
Estate of Elliott Skinner 700 New Hampshire Ave, NW Washington, DC 20037	\$500	Distinguished Africanist Award
Theresa Preston 32 Cunningham Place San Francisco, CA 94110	\$250	Wolf Prize, SAW
Troy Wilson 508 E. Thorn Street Colfax, WA 99111	\$250	Wolf Prize, SAW
Keonik Kwon 113 Rue Emile Banning Brussels 1050 BELGIUM	\$250	Geertz Prize, Anthropology of Religion Section
Total Grants Paid	\$40,300	

COPY

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 **X**
 - 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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization AMERICAN ANTHROPOLOGICAL ASSOCIATION	Employer identification number 53-0246691
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2200 WILSON BOULEVARD, NO. 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201	

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 |

- The books are in the care of ▶ **THE ASSOCIATION**
Telephone No. ▶ **703.528.1902** 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, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2007** 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

3a 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 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	\$	
c Balance Due. 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.

Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN ANTHROPOLOGICAL ASSOCIATION	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 53-0246691
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2200 WILSON BOULEVARD, NO. 600 City or town, state, and ZIP code ARLINGTON, VA 22201	E Unrelated business activity codes (See instructions for Block E on page 9.) 541800 900004
C Book value of all assets at end of year 9,706,839.	F Group exemption number (see instructions for Block F.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ THE ASSOCIATION** Telephone number **▶ 703.528.1902**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13		
	6,813.		6,813.
	149,805.	48,866.	100,939.
	156,618.	48,866.	107,752.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	3,767.
20 Charitable contributions (See instructions for limitation rules.)	20	6,488.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	36,610.
28 Other deductions (attach schedule)	28	1,500.
29 Total deductions. Add lines 14 through 28	29	48,365.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	59,387.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	59,387.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	58,387.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c 9,597.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 9,597.

Part IV Tax and Payments	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a
b Other credits (see instructions)	40b
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	40c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d
e Total credits. Add lines 40a through 40d	40e
41 Subtract line 40e from line 39	41 9,597.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42
43 Total tax. Add lines 41 and 42	43 9,597.
44a Payments: A 2006 overpayment credited to 2007	44a 12,375.
b 2007 estimated tax payments	44b
c Tax deposited with Form 8868	44c
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d
e Backup withholding (see instructions)	44e
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f
45 Total payments. Add lines 44a through 44f	45 12,375.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 2,778.
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax 2,778. Refunded	49 0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)		
1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs	4a		X
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>[Signature]</i>	Date 07/11/08		
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 5/26/08	Check if self-employed <input type="checkbox"/>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Firm's name (or yours if self-employed), address, and ZIP code	Preparer's SSN or PTIN		
	RAAFA, PC	EIN 52-1511275		
	1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036	Phone no. 202-822-5000		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property

Table with 4 rows for property descriptions (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) INSURANCE						
(2) COMMISSIONS	6,813.		6,813.			
(3)						
(4)						
Totals	6,813.	0.				0.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4) STATEMENT 18	149,805.	48,866.	100,939.	770,986.	1133146.	36,610.
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	149,805.	48,866.				36,610.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T		CONTRIBUTIONS	STATEMENT 16
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CONTRIBUTION CARRYOVER FROM 2006	N/A		31,495.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			31,495.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION			AMOUNT
TAX PREP FEES			1,500.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			1,500.

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED ON A SEPARATE BASIS STATEMENT 18

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS
ANTHROPOLOGY NEWS	31,010.	15,375.	15,635.	15,772.	468,049.	15,635.
AMERICAN ANTHROPOLOGIST	34,605.	16,303.	18,302.	433,818.	322,725.	
AMERICAN ENTHNOLOGIST	7,038.	8,719.	<1,681.>			
ANTHROPOLOGY & EDUCATION	187.	892.	<705.>			
CULURAL ANTHROPOLOGY	5,622.	2,148.	3,474.	106,523.	109,998.	3,474.
MEDICAL ANTHROPOLOGY	1,142.	938.	204.	77,461.	77,665.	204.
JOURNAL OF LINGUISTIC ANTHROPOLOGY	251.	101.	150.	31,987.	32,136.	149.
ANTROPOLOGY & HUMANISM	450.	338.	112.	23,989.	24,101.	112.
ETHOS	226.	194.	32.	49,159.	49,191.	32.
MUSEUM ANTH	481.	392.	89.	32,277.	32,365.	88.
JLACA CONFERENCE	0.	386.	<386.>			
	68,793.	3,080.	65,713.		16,916.	16,916.
TO FM 990-T, SCH J	149,805.	48,866.	100,939.	770,986.	1133146.	36,610.

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