

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)

2008

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 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN ANTHROPOLOGICAL ASSOCIATION		D Employer identification number 53-0246691
		Doing Business As		E Telephone number 703-528-1902
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 WILSON BOULEVARD 600		G Gross receipts \$ 8,818,077.
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: SETHA M. LOW SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.AAANET.ORG		H(c) Group exemption number
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1902		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADVANCE ANTHROPOLOGY AS THE SCIENCE THAT STUDIES HUMANKIND AND ITS USE TO SOLVE HUMAN PROBLEMS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3 Number of voting members of the governing body (Part VI, line 1a) 3				
	4 Number of independent voting members of the governing body (Part VI, line 1b) 15				
	5 Total number of employees (Part V, line 2a) 29				
	6 Total number of volunteers (estimate if necessary) 0				
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 159,997.				
b Net unrelated business taxable income from Form 990-T, line 34 44,576.					
Revenue	8 Contributions and grants (Part VIII, line 1h) 899,767.	9 Program service revenue (Part VIII, line 2g) 5,053,103.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 757,067.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 466,578.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,176,515.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 40,300.	14 Benefits paid to or for members (Part IX, column (A), line 4) 94,329.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,801,696.	16a Professional fundraising fees (Part IX, column (A), line 11e) 76,647.	b Total fundraising expenses (Part IX, column (D), line 25) 76,647.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,040,573.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,882,569.	19 Revenue less expenses. Subtract line 18 from line 12 1,293,946.		
			20 Total assets (Part X, line 16) 9,706,838.	Net Assets or Fund Balances	
			21 Total liabilities (Part X, line 26) 2,002,397.	Beginning of Year	
			22 Net assets or fund balances. Subtract line 21 from line 20 7,704,441.	End of Year	

Part II Signature Block

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

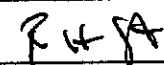
Sign Here

Signature of officer:  Date: **05/13/09**

WILLIAM DAVIS, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: **5/13/09** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **RAFFA, PC**
1899 L STREET NW, SUITE 900
WASHINGTON, DC 20036

Preparer's identifying number (see instructions): **EIN**

Phone no.: **202-822-5000**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

COPY

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE PURPOSES OF THE ASSOCIATION SHALL BE TO ADVANCE ANTHROPOLOGY AS
THE SCIENCE THAT STUDIES HUMANKIND IN ALL ITS ASPECTS, THROUGH
ARCHEOLOGICAL, BIOLOGICAL, ETHNOLOGICAL, AND LINGUISTIC RESEARCH; AND
TO FURTHER THE PROFESSIONAL INTERESTS OF AMERICAN ANTHROPOLOGISTS,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.
- 4 Describe the 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.

4a (Code:) (Expenses \$ 1,098,871. including grants of \$ 0.) (Revenue \$ 997,392.)
PUBLICATIONS - AAA ADVANCES ITS CORE GOALS OF: FURTHERING THE
PROFESSIONAL INTERESTS OF ANTHROPOLOGISTS; DISSEMINATING
ANTHROPOLOGICAL KNOWLEDGE AND ITS USES TO ADDRESS HUMAN PROBLEMS;
PROMOTING THE ENTIRE FIELD OF ANTHROPOLOGY IN ALL ITS DIVERSITY; AND
REPRESENTING THE DISCIPLINE NATIONALLY AND INTERNATIONALLY, IN THE
PUBLIC AND PRIVATE SECTORS THROUGH, AMONG OTHER THINGS, ITS PUBLISHING
PROGRAM. WITH OVER 20 TITLES PUBLISHED IN PRINT AND ONLINE, AAA IS THE
LARGEST SINGLE PUBLISHER OF ANTHROPOLOGICAL JOURNALS. THROUGH ITS
PARTNERSHIP WITH WILEY-BLACKWELL PUBLISHERS JOURNAL CONTENT IS MADE
AVAILABLE IN ELECTRONIC FORMAT TO AAA MEMBERS AND SUBSCRIBERS.

4b (Code:) (Expenses \$ 426,835. including grants of \$ 0.) (Revenue \$ 1,132,973.)
ANNUAL MEETING - THE AAA ANNUAL MEETING IS THE LARGEST GATHERING OF
ANTHROPOLOGISTS IN THE WORLD WITH OVER 5,000 PARTICIPANTS. AAA MEMBERS
AND INVITED PARTICIPANTS PRESENT SCHOLARLY PAPERS AT OVER 550 SCHOLARLY
SESSIONS. IN ADDITION TO PAPER SESSIONS THERE ARE ROUNDTABLES, POSTER
SESSIONS, FORUMS, AND APPROXIMATELY 100 EXHIBITORS.

4c (Code:) (Expenses \$ 401,524. including grants of \$ 94,329.) (Revenue \$ 118,825.)
SECTIONS - TO MANAGE AND SUPPORT THE ACTIVITIES OF SPECIALIZED
ANTHROPOLOGICAL SOCIETIES ORGANIZED ON A REGIONAL BASIS.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 1,044,888. including grants of \$) (Revenue \$ 2,335,984.)

4e Total program service expenses ► \$ 2,972,118. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational reporting requirements, such as 'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?' and 'Did the organization engage in direct or indirect political campaign activities...'

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	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>	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	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	108		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
d	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9a			
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-11. Includes questions about voting members, family relationships, management duties, organizational changes, assets, members, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b. Includes questions about conflict of interest policy, whistleblower policy, document retention, compensation review, and joint ventures.

Section C. Disclosure

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

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee.

(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			
SETHA M LOW PRESIDENT	1.00	X		X			0.	0.	0.	
VIRGINIA DOMINGUEZ PRES-ELECT	1.00	X		X			0.	0.	0.	
DAN SEGAL SECRETARY	1.00	X		X			0.	0.	0.	
NAN ROTHSCHILD MEMBER	1.00	X					0.	0.	0.	
GEORGE ARMELAGOS MEMBER	1.00	X					0.	0.	0.	
ELLEN LEWIN MEMBER	1.00	X					0.	0.	0.	
LAURA GRAHAM MEMBER	1.00	X					0.	0.	0.	
GWENDOLYN MIKELL MEMBER	1.00	X					0.	0.	0.	
TJ FERGUSON MEMBER	1.00	X					0.	0.	0.	
JENNIFER JACKSON STUDENT MBR	1.00	X					0.	0.	0.	
THEODORE BESTOR MEMBER	1.00	X					0.	0.	0.	
CHARLES BRIGGS MEMBER	1.00	X					0.	0.	0.	
LEE BAKER MEMBER	1.00	X					0.	0.	0.	
ED LIEBOW TREASURER	1.00	X					0.	0.	0.	
KATHERINE SPIELMANN MEMBER	1.00	X					0.	0.	0.	
MARY GRAY MEMBER	1.00	X					0.	0.	0.	
WILLIAM DAVIS EXECUTIVE DIRECTOR	37.50			X			214,466.	0.	71,827.	

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			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	80,161.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	883,362.		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		963,523.		
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	1,960,289.	1,960,289.	
	b ANNUAL MEETING	900099	1,132,973.		1132973.
	c PUBLICATIONS	900099	424,222.	424,222.	
	d ACADEMIC SERVICES	900099	375,695.	375,695.	
	e SECTION MEETINGS	900099	118,825.	118,825.	
	f All other program service revenue	900099	33,903.	17,423.	
	g Total. Add lines 2a-2f		4,045,907.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		312,578.		312,578.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		476,143.		476,143.
	6 a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	2859929.		
	b Less: cost or other basis and sales expenses		3116519.		
	c Gain or (loss)		<256590.>		
	d Net gain or (loss)		<256,590.>	<256,590.>	
	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 ADVERTISING	541800	159,997.		159,997.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		159,997.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,701,558.	2,639,864.	159,997.	1938174.

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	30,000.	30,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	64,329.	64,329.		
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	286,293.	11,452.	274,841.	
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	1,308,539.	818,392.	463,236.	26,911.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	83,386.	73,823.	7,207.	2,356.
9 Other employee benefits	326,641.	182,261.	138,727.	5,653.
10 Payroll taxes	64,909.	34,883.	28,947.	1,079.
11 Fees for services (non-employees):				
a Management	33,268.	15,781.	17,487.	
b Legal	33,413.		33,413.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	78,180.		78,180.	
f Investment management fees	604,316.	438,658.	156,030.	9,628.
g Other	18,753.	18,306.		447.
12 Advertising and promotion	366,369.	221,677.	125,828.	18,864.
13 Office expenses	23,259.	23,259.		
14 Information technology				
15 Royalties				
16 Occupancy	261,825.	170,866.	80,318.	10,641.
17 Travel	185,582.	124,050.	60,675.	857.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	387,450.	373,087.	14,214.	149.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,507.	32,029.	39,478.	
23 Insurance	26,392.	6,585.	19,807.	
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 CORPORATE TAXES	14,999.		14,999.	
b FIELD EDITOR EXPENSES	265,053.	265,053.		
c MISCELLANEOUS	56,074.	22,453.	33,621.	
d EDITORIAL/PROD SERVICES	34,676.	22,794.	11,882.	
e DUES/SUBSCRIPTIONS	32,685.	20,547.	12,076.	62.
f All other expenses	35,756.	1,833.	33,923.	
25 Total functional expenses. Add lines 1 through 24f	4,693,654.	2,972,118.	1,644,889.	76,647.
26 Joint Costs. Check here <input 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 ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	75.	1	75.
	2	Savings and temporary cash investments	1,497,775.	2	1,571,452.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	403,797.	4	144,632.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	34,859.	9	55,978.
	10a	Land, buildings, and equipment: cost basis	1,170,906.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	974,185.	10c	196,721.
	11	Investments - publicly traded securities	179,451.	11	6,754,015.
	12	Investments - other securities. See Part IV, line 11	7,251,214.	12	384,289.
	13	Investments - program-related. See Part IV, line 11	310,353.	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	29,314.	15	42,781.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,706,838.	16	9,149,943.	
Liabilities	17	Accounts payable and accrued expenses	627,057.	17	505,069.
	18	Grants payable		18	
	19	Deferred revenue	1,260,380.	19	1,216,909.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	114,960.	25	111,454.
	26	Total liabilities. Add lines 17 through 25	2,002,397.	26	1,833,432.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	7,047,431.	27	6,316,437.
	28	Temporarily restricted net assets	353,248.	28	671,523.
	29	Permanently restricted net assets	303,762.	29	328,551.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,704,441.	33	7,316,511.	
34	Total liabilities and net assets/fund balances	9,706,838.	34	9,149,943.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c If "Yes" to lines 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?	X	
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?		X
3b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	195,665.	444,169.	1913800.	899,767.	963,523.	4416924.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3527260.	4280739.	4484418.	5053103.	4045907.	21391427.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	3722925.	4724908.	6398218.	5952870.	5009430.	25808351.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,200.	4,200.	4,200.	4,200.	4,200.	21,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	4,200.	4,200.	4,200.	4,200.	4,200.	21,000.
8 Public support (Subtract line 7c from line 6.)						25787351.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	3722925.	4724908.	6398218.	5952870.	5009430.	25808351.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	339,328.	312,289.	326,955.	566,031.	788,721.	2333324.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	44,139.	72,586.	37,944.	49,790.	38,890.	243,349.
c Add lines 10a and 10b	383,467.	384,875.	364,899.	615,821.	827,611.	2576673.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	683.	9,274.	246,668.	25,370.		281,995.
13 Total support (Add lines 9, 10c, 11, and 12.)						28667019.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	89.95 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	85.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	8.99 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	11.19 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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, and 990-PF.

OMB No. 1545-0047

2008

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

AMERICAN ANTHROPOLOGICAL ASSOCIATION

53-0246691

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 80,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 20,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization AMERICAN ANTHROPOLOGICAL ASSOCIATION	Employer identification number 53-0246691
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 9,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization AMERICAN ANTHROPOLOGICAL ASSOCIATION	Employer identification number 53-0246691
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number

53-0246691

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Table with 2 columns: Question number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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.
b 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 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 Trust, 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 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	1,739,213.				
b Contributions	865,355.				
c Investment earnings or losses	12,246.				
d Grants or scholarships					
e Other expenditures for facilities and programs	405,217.				
f Administrative expenses	3,500.				
g End of year balance	2,208,097.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 82.82 %
- b Permanent endowment 14.88 %
- c Term endowment 2.30 %

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		X
(ii) related organizations		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,170,906.	974,185.	196,721.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				196,721.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
DEFERRED LEASE BENEFIT	111,454.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	111,454.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,701,558.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,693,654.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,007,904.
4	Net unrealized gains (losses) on investments	4	<1,395,833.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<1,395,833.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<387,929.>

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

1	Total revenue, gains, and other support per audited financial statements	1	4,227,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,395,833.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<1,395,833.>
3	Subtract line 2e from line 1	3	5,623,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	78,180.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	78,180.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,701,557.

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

1	Total expenses and losses per audited financial statements	1	4,615,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,615,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	78,180.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	78,180.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,693,654.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE CLASSIFIED AS UNRESTRICTED AND BOARD DESIGNATED. THE PORTION OF THE ENDOWMENT RELATED TO SECTIONS DUES ARE FOR PROGRAMS APPROVED BY THEIR MEMBERSHIP.

PART X: THE ASSOCIATION HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION 48 FOR THE YEAR ENDING DECEMBER 31, 2008.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number
53-0246691

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106	34-1018992	501(C)(3)	10,000.	0.			LEMELSON AND SOA CONFERENCE FUNDING
EMORY UNIVERSITY RELIGION, ANTH & PSYCHOANALYTIC IN\$ ATLANTA, GA 30322	58-0566256	501(C)(3)	10,000.	0.			LEMELSON AND SOA CONFERENCE FUNDING
UTAH STATE UNIVERSITY OLD MAIN HALL 730 LOGAN, UT 84322	87-6000528	501(C)(3)	10,000.	0.			LEMELSON AND SOA CONFERENCE FUNDING

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

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

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AMERICAN ANTHROPOLOGICAL ASSOCIATION

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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
AWARDS	4	20,000.	0.		LEMELSON PROGRAM AWARD
FELLOWSHIP	2	10,000.	0.		AAA MINORITY FELLOWSHIP FOR EDUCATIONAL FUNDING
AWARDS	118	34,329.	0.		AWARDS TO STUDENTS FOR POETRY AND BOOK CONTESTS

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

SCHEDULE I, PART I, LINE 1: SEPARATE INVESTMENT ACCOUNTS ARE MAINTAINED FOR GRANT FUNDS. MONTHLY FINANCIAL STATEMENTS ARE PRODUCED AND IN ACCORDANCE WITH GRANTING AGENCY REQUIREMENTS ANNUAL AND SOMETIME SEMI-ANNUAL REPORTS ARE SUBMITTED TO THE GRANTING AGENCY. FINANCIAL STATEMENTS PRODUCED FOR THE PURPOSE OF MEETING GRANTING AGENCY REQUIREMENTS ARE REVIEWED BY THE CONTROLLER, GRANT PROJECT MANAGER, AND THE DEPUTY EXECUTIVE DIRECTOR/CFO.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number

53-0246691

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

b If line 1a is 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input 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:

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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Schedule J (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number
53-0246691

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCLUDING THE DISSEMINATION OF ANTHROPOLOGICAL KNOWLEDGE AND ITS USE TO SOLVE HUMAN PROBLEMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SERVICES AND MEDIA RELATIONS

EXPENSES \$ 249377. INCLUDING GRANTS OF \$ 0. REVENUE \$ 375695.

GOVERNMENT RELATIONS AND MINORITY AFFAIRS

EXPENSES \$ 183340. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP

EXPENSES \$ 371779. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1960289.

PUBLIC EDUCATION

EXPENSES \$ 240392. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE MAY 15, 2008 BYLAWS WERE AMENDED USING A PAPER BALLOT. THIS IS SIGNIFICANT BECAUSE THE CHANGE TO THE BYLAWS WAS MADE TO PROVIDE THE MEMBERSHIP THE OPTION OF USING ELECTRONIC VOTING (AT THE EXECUTIVE BOARDS DISCRETION) WHEN VOTING ON ISSUES, BYLAWS CHANGES, AND REFERENDUMS.

THE BYLAWS WERE AGAIN AMENDED DECEMBER 15TH USING THE ONLINE SYSTEM, SO AS TO GIVE THE SECTION ASSEMBLY (SA), AND THUS THE SECTIONS, A LARGER AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

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Employer identification number

53-0246691

SPECIFICALLY DEFINED ROLE IN AAA GOVERNANCE. IN PARTICULAR, THE CHANGES ADD TO THE EB THREE VOTING MEMBERS: A SECTION ASSEMBLY CONVENOR (ELECTED BY THE SA) AND TWO OTHER PERSONS WHO WILL BE NOMINATED FROM WITHIN THE SA AND THEN ELECTED BY THE AAA MEMBERSHIP-AT-LARGE. THE SA WILL PREPARE A SLATE OF TWO CANDIDATES FOR EACH OF THESE TWO SEATS, AND THEN THE AAA MEMBERSHIP WILL CHOOSE BETWEEN THE CANDIDATES, AS PART OF THE SAME BALLOT FOR ALL OTHER OPEN AAA POSITIONS.

THIS BUNDLE OF CHANGES ALSO INCLUDES A PROVISION TO ESTABLISH AS PERMANENT THE FOLLOWING SECTIONS, INDEPENDENT OF THEIR MEMBERSHIP SIZE: THE ASSOCIATION OF INDIGENOUS ANTHROPOLOGISTS (AIA), ASSOCIATION OF LATINA AND LATINO ANTHROPOLOGISTS (ALLA) , SOCIETY OF LESBIAN AND GAY ANTHROPOLOGISTS (SOLGA), ASSOCIATION OF BLACK ANTHROPOLOGISTS (ABA), ASSOCIATION OF SENIOR ANTHROPOLOGISTS (ASA) AND THE SOCIETY FOR ANTHROPOLOGY IN COMMUNITY COLLEGES (SACC). THE MINIMUM MEMBERSHIP SIZE TO BECOME AND REMAIN A SECTION HAS BEEN REDUCED FROM 250 TO 225 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6: AAA HAS THREE CLASSES OF MEMBERS: MEMBERS, ASSOCIATES, AND INSTITUTIONS. THE MEMBERS OF THE ASSOCIATION SHALL CONSTITUTE THE FINAL AUTHORITY OF THE ASSOCIATION, AND SHALL ELECT FROM THEIR NUMBER THE ELECTED OFFICERS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE EXECUTIVE BOARD IS ELECTED THROUGH A GENERAL ELECTION PROCESS, VOTED ON BY THE ENTIRE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B: THE ONLY DECISIONS MEMBERS

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832211
12-18-08

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

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Employer identification number

53-0246691

PARTICIPATE IN IS THE ELECTION OF THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 10: THE AAA CONTROLLER PROVIDES THE FINANCIAL DATA FOR THE 990 AND 990T. THE AAA FINANCE COMMITTEE WILL MEET BY CONFERENCE CALL WITH THE AAA CONTROLLER AND DEPUTY EXECUTIVE DIRECTOR/CFO TO REVIEW THE 990 DRAFT BEFORE FILING. THE DRAFT WILL BE REVIEWED LINE BY LINE AND ANY SIGNIFICANT CHANGES FROM THE PRIOR YEAR WILL BE DISCUSSED. THE CHAIR OF THE FINANCE COMMITTEE WHO ALSO SERVES AS TREASURER WILL REPORT ON THE 990 REVIEW TO THE EXECUTIVE BOARD AT THEIR NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL STAFF, EXECUTIVE BOARD MEMBERS, AND MEMBERS OF THE NOMINATIONS COMMITTEE, FINANCE COMMITTEE, AUDIT COMMITTEE, AND RESOURCE DEVELOPMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: ONLY THE EXECUTIVE DIRECTOR RECEIVES COMPENSATION. AN ANNUAL REVIEW IS CONDUCTED BY THE PRESIDENT ELECT. AN EVALUATION FORM IS SENT TO STAFF, MEMBERS OF THE EXECUTIVE BOARD, HEADS OF SECTIONS AND AAA COMMITTEE CHAIRS WHO ARE ASKED TO COMPLETE THE FORM AND RETURN IT TO THE PRESIDENT-ELECT. ALL RESPONSES ARE CONFIDENTIAL. THE EXECUTIVE DIRECTOR IS ASKED TO PROVIDE A SUMMARY OF HIS/HER ACCOMPLISHMENTS. THE PRESIDENT-ELECT COMPILES THE RESPONSES AND REPORTS TO THE EXECUTIVE BOARD AT THEIR ANNUAL MEETING IN THE FALL DURING A CLOSED SESSION. NEAR THE CONCLUSION OF THE CLOSED SESSION THE EXECUTIVE DIRECTOR IS ASKED TO JOIN THE DISCUSSION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Employer identification number

53-0246691

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, 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 VI, SECTION C, LINE 19: AAA MAKES ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC BY POSTING THE ABOVE ITEMS ON THE ORGANIZATION'S WEBSITE AND IN THE
ANNUAL REPORT.

FORM 990, PART XI, LINE 2C

THE ASSOCIATION HAS HAD NO CHANGES IN THESE PROCESSES FROM THE PRIOR
YEAR.

2008 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990 PAGE 10

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
	MACHINERY & EQUIPMENT FURNITURE AND EQUIPMENT	VARIES		.000	16	1170906.			1170906.	902,678.		71,507.
	* 990 PAGE 10 TOTAL					1170906.		0.	1170906.	902,678.	0.	71,507.
	MACHINERY & EQUIPMENT					1170906.		0.	1170906.	902,678.	0.	71,507.
	* GRAND TOTAL 990 PAGE 10 DEPR					1170906.		0.	1170906.	902,678.	0.	71,507.

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

For calendar year 2008 or other tax year beginning , and ending

2008

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity.

Form section 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-subsidiary controlled group? No. J The books are in care of THE ASSOCIATION. Telephone number 703.528.1902.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a-4c Capital gain net income, 5 Income from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here 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 6,686.
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or 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 6,686.

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. Attach Form 3800 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 6,686.
 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
 43 Total tax. Add lines 41 and 42 43 6,686.
 44a Payments: A 2007 overpayment credited to 2008 44a 2,778.
 b 2008 estimated tax payments 44b 6,822.
 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: Form 2439 Form 4136 Other _____ Total 44f
 45 Total payments. Add lines 44a through 44f 45 9,600.
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46 6.
 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 2,908.
 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax 2,908. Refunded 49 0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 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, Report of Foreign Bank and Financial Accounts. 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. Yes No
 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a Additional section 263A costs	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

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.

Sign Here
 Signature of officer: *[Signature]* Date: 10/13/09 Title: EXECUTIVE DIRECTOR
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 5/13/09 Check if self-employed Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP code: RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036
 EIN: 52-1511275 Phone no.: 202-822-5000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and (c) Deductions. Includes rows for descriptions (1-4) and a Totals row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income, 3 Deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1-4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

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, 6 Deductions directly connected with income.

Table for Nonexempt Controlled Organizations with 5 main columns: 7 Taxable income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included, 11 Deductions directly connected with income. Includes a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 21)

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 21)

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)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions on page 21)

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 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) STATEMENT 3	159,997.	77,475.	82,522.	1090181.	551,805.	27,352.
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		159,997.	77,475.			27,352.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

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 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CONTRIBUTION CARRYOVER	N/A		25,007.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			25,007.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
TAX PREP FEES			1,750.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			1,750.

FORM 990-T		SCHEDULE J - INCOME FROM PERIODICALS REPORTED ON A SEPARATE BASIS	STATEMENT 3
------------	--	--	-------------

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS
ANTHROPOLOGY NEWS	19,223.	48,916.	<29,693.>			
AMERICAN ANTHROPOLOGIST	52,879.	14,228.	38,651.	648,293.	173,443.	
AMERICAN ENTHNOLOGIST	6,256.	4,525.	1,731.	296,657.	146,171.	
ANTHROPOLOGY & EDUCATION QUARTERLY	999.	1,343.	<344.>			
CULURAL ANTHROPOLOGY	3,968.	1,284.	2,684.	63,657.	72,380.	2,684.
JOURNAL OF LINGUISTIC ANTHROPOLOGY	660.	198.	462.	11,306.	15,186.	462.
ANTHROPOLOGY & HUMANISM	251.	63.	188.	9,744.	7,760.	
ETHOS MUSEUM	226.	162.	64.	34,752.	39,546.	64.
ANTHROPOLOGY JLACA	221.	358.	<137.>			
TRANSFORMING ANTHROPOLOGY	1,402.	348.	1,054.	8,297.	31,945.	1,054.
MEETING PROGRAM	220.	262.	<42.>			
ARCH PAPERS OF THE AAA	71,888.	4,048.	67,840.		22,682.	22,682.
	221.	50.	171.	3,817.	12,252.	171.

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MED ANTH QUARTERLY	1,142.	1,484.	<342.>			
VISUAL ANTH REV	221.	88.	133.	6,533.	18,302.	133.
POLAR	220.	118.	102.	7,125.	12,138.	102.
TO FM 990-T, SCH J	159,997.	77,475.	82,522.	1090181.	551,805.	27,352.