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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008Open to Public
Inspection

▶ 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 **MAY 1, 2008** **and ending** **APR 30, 2009****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 ASSOCIATION OF FAMILY & CONSUMER SCIENCES**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
400 NORTH COLUMBUS STREET 202

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

ALEXANDRIA, VA 22314**F Name and address of principal officer: CAROLYN W. JACKSON
SAME AS C ABOVE****D Employer identification number****53-0025870****E Telephone number****703-706-4600****G Gross receipts \$****2,638,152.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.AAFCS.ORG****K Type of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** **1909****M State of legal domicile** **DC****Part I Summary**

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FURTHER EDUCATION AND RESEARCH IN FAMILY AND CONSUMER SCIENCES.		
	2 Check this box ☐ 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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	140,221.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	375,057.	391,048.
	9 Program service revenue (Part VIII, line 2g)	768,039.	1,276,428.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	922,705.	<559,195.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,790.	3,166.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,584,591.	1,111,447.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,583.	130,894.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	895,100.	1,019,571.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,954.		
	17 Other expenses (Part IX, column (A), lines 11d, 11f-24f)	1,156,477.	1,217,262.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,079,160.	2,367,727.
19 Revenue less expenses. Subtract line 18 from line 12	505,431.	<1,256,280.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,388,866.	8,035,689.
	21 Total liabilities (Part X, line 18)	1,032,511.	982,219.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,356,355.	7,053,470.

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

Carolyn W. Jackson
Signature of officer**3/15/10**
Date**CAROLYN W. JACKSON, EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Juliana L. Wood

Date

3/10/2010Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**TATE AND TRYON
805 15TH STREET, NW SUITE 900
WASHINGTON, DC 20005**

EIN ▶

Phone no ▶ **(202) 293-2200**

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

☒ Yes ☐ No

432201 12-18-08

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

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION

THE MISSION OF THE AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES
IS TO PROVIDE LEADERSHIP AND SUPPORT FOR PROFESSIONALS WHOSE WORK
ASSISTS INDIVIDUALS, FAMILIES, AND COMMUNITIES IN MAKING INFORMED

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 \$ 648,120. including grants of \$ 130,894.) (Revenue \$)
MEMBER SERVICES - TO EDUCATE THE MEMEBRSHIP AND GENERAL PUBLIC ABOUT
SUBJECTS RELATING TO NUTRITION, FAMILIES AND INTERRELATIONSHIPS
MEMBER SERVICES

4b (Code:) (Expenses \$ 464,749. including grants of \$) (Revenue \$)
ANNUAL MEETING & CONFERENCE - PROVIDES A FORUM FOR THE EXCHANGE OF
IDEAS AND INFORMATION RELATED TO FAMILY AND CONSUMER SCIENCES.

4c (Code:) (Expenses \$ 190,424. including grants of \$) (Revenue \$)
COMMUNICATIONS & PUBLICATIONS - TO DISSEMINATE INFORMATION TO THE
MEMBERSHIP AND TO PROMOTE THE SHARING OF IDEAS AND INFORMATION BETWEEN
THE MEMBERSHIP AND OTHERS IN THE PROFESSION.

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

(Expenses \$ 382,914. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 1,686,207. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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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

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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	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	14	
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	
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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	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?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?	N/A	8
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	N/A	
a	Did the organization make any taxable distributions under section 4966?	N/A	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	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

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Part VI 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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **DWIGHT THEALL, DIVISION DIRECTOR FIN & ADMIN - 703-706-4600**
400 NORTH COLUMBUS STREET, ALEXANDRIA, VA 22314

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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			
SHELLY M. NICKOLS-RICHAR PRESIDENT	5.00	X		X				0.	0.	0.
MARILYN R. SWIERK PRESIDENT-ELECT	5.00	X		X				0.	0.	0.
JEAN HANSON KNAAK TREASURER	5.00	X		X				0.	0.	0.
DR. SUSAN S. SHOCKEY DIRECTOR OF AFFILIATES	5.00	X						0.	0.	0.
DR. KAY M. WILDER, CFCS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
MARILYN SUE BUCK, CFCS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
DR. M. VIRGINIA RICHARDS DIRECTOR-AT-LARGE	5.00	X						0.	0.	0.
MEGAN L. PRITCHETT STUDENT UNIT CHAIR	5.00	X						0.	0.	0.
BONNIE BRAUN, CFCS PAST PRESIDENT	5.00	X						0.	0.	0.
CAROLYN JACKSON EX. OFFICIO: EXEC DIR	40.00	X		X				163,969.	0.	16,306.
DWIGHT THEALL DIV DIR FIN & ADMIN	40.00			X				94,254.	0.	11,885.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								258,223.	0.	28,191.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	391,048.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			391,048.			
Program Service Revenue	2 a ANNUAL MEETING	Business Code	900099	396,131.	311,683.	800.	83,648.
	b PUBLICATIONS		541800	173,021.	132,370.	40,651.	
	c ACCREDITATION & CERTIF		900099	158,427.	59,657.	98,770.	
	d						
	e						
	f All other program service revenue		900099	548,849.	548,849.		
	g Total. Add lines 2a-2f			1,276,428.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			277,814.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				45,185.	45,185.		
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	636,640.			
b Less: cost or other basis and sales expenses				1473649.			
c Gain or (loss)				<837009.>			
d Net gain or (loss)					<837,009.>	<837,009.>	
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		3,391.			
b Less: cost of goods sold	b		53,056.				
c Net income or (loss) from sales of inventory				<49,665.>	<49,665.>		
Miscellaneous Revenue			Business Code				
11 a ADMINISTRATION FEES		900099	2,958.	2,958.			
b LIST AND LABEL SALES		900004	2,265.			2,265.	
c MISCELLANEOUS		900099	1,363.	1,363.			
d All other revenue		900004	1,060.			1,060.	
e Total. Add lines 11a-11d			7,646.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				1,111,447.	215,391.	140,221.	364,787.

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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	130,894.	130,894.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	286,414.	163,256.	103,109.	20,049.
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	587,494.	335,506.	212,592.	39,396.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,280.	15,550.	9,821.	1,909.
9 Other employee benefits	56,424.	32,162.	20,312.	3,950.
10 Payroll taxes	61,959.	35,317.	22,305.	4,337.
11 Fees for services (non-employees):				
a Management				
b Legal	14,217.	14,217.		
c Accounting	37,000.	37,000.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	17,125.		17,125.	
g Other	257,638.	217,697.	36,869.	3,072.
12 Advertising and promotion	10,085.	10,085.		
13 Office expenses	94,616.	60,572.	33,354.	690.
14 Information technology	14,637.	10,561.	4,076.	
15 Royalties				
16 Occupancy	120,676.	120,676.		
17 Travel	75,904.	44,124.	31,780.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	173,710.	167,194.	4,631.	1,885.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,392.	120,392.		
23 Insurance				
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 EQUIPMENT RENTAL	98,503.	57,097.	32,815.	8,591.
b PRINTING	89,411.	87,967.	1,044.	400.
c BANK FEE	75,802.	17,615.	58,187.	
d DUES AND SUBSCRIPTIONS	9,424.	8,325.	1,099.	
e AWARDS	2,675.			2,675.
f All other expenses	5,447.		5,447.	
25 Total functional expenses. Add lines 1 through 24f	2,367,727.	1,686,207.	594,566.	86,954.
26 Joint Costs. Check here ☐ 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				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	354,653.	1	303,249.
	2 Savings and temporary cash investments	1,219,143.	2	899,375.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	98,738.	4	116,325.
	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	5,889.	8	5,889.
	9 Prepaid expenses and deferred charges	124,735.	9	120,263.
	10a Land, buildings, and equipment: cost basis	817,446.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	471,548.		
		451,521.	10c	345,898.
	11 Investments - publicly traded securities	3,697,219.	11	6,238,081.
	12 Investments - other securities. See Part IV, line 11	4,426,507.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	10,461.	15	6,609.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,388,866.	16	8,035,689.	
Liabilities	17 Accounts payable and accrued expenses	333,985.	17	224,559.
	18 Grants payable		18	
	19 Deferred revenue	698,526.	19	757,660.
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,032,511.	26	982,219.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,825,792.	27	5,562,163.
	28 Temporarily restricted net assets	299,083.	28	131,870.
	29 Permanently restricted net assets	1,231,480.	29	1,359,437.
	Organizations that do not follow SFAS 117, check here ☐ 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	9,356,355.	33	7,053,470.
	34 Total liabilities and net assets/fund balances	10,388,866.	34	8,035,689.

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to 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?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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 ☐						

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 ☐		
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 ☐		
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 ☐		
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 ☐		
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 ☐		

Schedule A (Form 990 or 990-EZ) 2008

AMERICAN ASSOCIATION OF FAMILY

Schedule A (Form 990 or 990-EZ) 2008 & CONSUMER SCIENCES

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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.")	1009599.	870,814.	780,902.	1143096.	939,897.	4744308.
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	689,075.	742,626.	766,960.	768,039.	731,970.	3698670.
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	1698674.	1613440.	1547862.	1911135.	1671867.	8442978.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified 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						
8 Public support (Subtract line 7c from line 6)						8442978.

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	1698674.	1613440.	1547862.	1911135.	1671867.	8442978.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254,217.	419,754.	378,074.	387,650.	322,999.	1762694.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	254,217.	419,754.	378,074.	387,650.	322,999.	1762694.
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.)	25,655.	2,848.	16,798.	7,462.	7,646.	60,409.
13 Total support (Add lines 9, 10c, 11, and 12)						10266081.

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	82.24 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	17.17 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	18.87 %

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 A (Form 990 or 990-EZ) 2008

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

2008Open to Public
InspectionName of the organization **AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES**Employer identification number
53-0025870**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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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.

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	▶ \$ _____

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Schedule D (Form 990) 2008

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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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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	2,576,628.				
b Contributions	294,083.				
c Investment earnings or losses	<145,576.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	568,857.				
f Administrative expenses					
g End of year balance	2,156,278.				

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

a Board designated or quasi-endowment ▶ 31.00 %

b Permanent endowment ▶ 63.00 %

c Term endowment ▶ 6.00 %

- 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 |
- 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		734,234.	471,548.	262,686.
e Other		83,212.		83,212.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				345,898.

Schedule D (Form 990) 2008

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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	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

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.

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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	1,111,447.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,367,727.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,256,280.>
4	Net unrealized gains (losses) on investments	4	<1,046,605.>
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	<1,046,605.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<2,302,885.>

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	100,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<1,046,605.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	53,056.
e	Add lines 2a through 2d	2e	<993,549.>
3	Subtract line 2e from line 1	3	1,094,322.
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	17,125.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,125.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,111,447.

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

1	Total expenses and losses per audited financial statements	1	2,403,658.
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	53,056.
e	Add lines 2a through 2d	2e	53,056.
3	Subtract line 2e from line 1	3	2,350,602.
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	17,125.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	17,125.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,367,727.

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 FIELD OF FAMILY AND CONSUMER SCIENCES (FCS)

ENCOMPASSES THE STUDY OF RELATIONSHIPS AMONG PEOPLE AND THEIR PERSONAL ENVIRONMENTS IN ORDER TO STRENGTHEN COMMUNITIES AND ADVANCE THE WELL-BEING OF INDIVIDUALS AND FAMILIES OVER THEIR LIFESPAN. FCS IS ROOTED IN THE ARTS, SOCIAL AND NATURAL SCIENCES AND HUMANITIES. IN ORDER TO ADDRESS CHALLENGES RELATED TO THE HEALTH OF INDIVIDUALS, FAMILIES AND COMMUNITIES, FCS USES INTEGRATIVE, INTERDISCIPLINARY APPROACHES THAT CONSIDER INDIVIDUALS AND FAMILIES IN THE CONTEXT OF THEIR ENVIRONMENTS.

AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES

Schedule D (Form 990) 2008

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Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 53056.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 53056.

**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.

**AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES**

1

- 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.	▶

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

▲ ▲

Schedule I (Form 990) 2008

**AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES**

53-0025870 Page 2

Schedule I (Form 990) 2008

Part III 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
SCHOLARSHIPS AND GRANTS	14	130,894.	0.		

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

GRANTS ARE AWARDED TO THOSE IN THE FIELD OF FAMILY AND CONSUMER SCIENCES SO THAT THEY MAY CONTINUE THEIR WORK IN THIS AREA. THE SPECIFIC QUALIFICATIONS OF THOSE RECEIVING THESE AWARDS ARE DETERMINED BASED ON THE PROCEDURES ESTABLISHED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES** Employer identification number **53-0025870**

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

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 ASSOCIATION OF FAMILY
& CONSUMER SCIENCES

Employer identification number
53-0025870

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

DECISIONS ABOUT THEIR WELL BEING, RELATIONSHIPS, AND RESOURCES TO
ACHIEVE OPTIMAL QUALITY OF LIFE.

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

HIGHER EDUCATION AND ACCREDITATION - TO PROMOTE STANDARD EDUCATIONAL
PROGRAMS THROUGHOUT THE COUNTRY AND TO PROMOTE CONTINUING EDUCATIONAL
OPPORTUNITIES FOR THE MEMBERSHIP.

EXPENSES \$ 161644. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS AND FACILITIES

EXPENSES \$ 221270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP SHALL CONSIST OF TWO
CATEGORIES, INDIVIDUAL AND ORGANIZATIONAL. INDIVIDUAL MEMBERS SHALL BE
MEMBERS OF THE AFFILIATE IN WHICH THEY RESIDE OR DESIGNATE, AS WELL AS
AAFCS. MEMBERS WHO LIVE IN A GEOGRAPHIC AREA NOT SERVED BY AN AFFILIATE
SHALL BE MEMBERS-AT-LARGE UNLESS A MEMBER OTHERWISE DESIGNATES AN
AFFILIATE. INDIVIDUAL MEMBERSHIP CATEGORIES SHALL BE ACTIVE, ELLEN
RICHARDS SUSTAINING, EMERITUS, AND STUDENT.

DUES

ACTIVE

DUES: \$135*

CRITERIA FOR MEMBERSHIP CATEGORY

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.

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Name of the organization

AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES

Employer identification number
53-0025870

PROFESSIONAL WITH A DEGREE IN FAMILY AND CONSUMER SCIENCES OR
RELATED FIELD WORKING TOWARD OR SUPPORTING THE VISION AND MISSION OF AAFCS.

MEMBER BENEFITS

ELIGIBLE TO VOTE AND HOLD OFFICE.

ANNUAL SUBSCRIPTION TO THE JOURNAL OF FAMILY AND CONSUMER SCIENCES.

INCLUDES ALL MEMBER BENEFITS, AS WELL AS DISCOUNTS ON PUBLICATIONS AND
EVENT REGISTRATIONS.

SPECIAL INTRODUCTORY RATE FOR THE FIRST YEAR OF ACTIVE MEMBERSHIP
(ONE-YEAR ONLY) \$100

*ANNUAL DUES IN CA, OH \$140; TX, KS, NE \$145; IA \$150.

ELLEN H. RICHARDS SUSTAINING

DUES: \$250

CRITERIA FOR MEMBERSHIP CATEGORY

ANY INDIVIDUAL WHO IS ELIGIBLE FOR MEMBERSHIP AS DEFINED UNDER
THE ACTIVE CATEGORY AND IS INTERESTED IN FURTHERING THE PURPOSES OF AAFCS
THROUGH ADDITIONAL CONTRIBUTION, ACCORDING TO DUES STRUCTURE.

MEMBER BENEFITS

INCLUDES ALL MEMBER BENEFITS OF ACTIVE MEMBER.

INCLUDES LISTING IN THE HONOR ROLL OF DONORS IN ANNUAL CONFERENCE
PROGRAM BOOK AND IN THE JOURNAL OF FAMILY & CONSUMER SCIENCES.

EMERITUS

DUES: \$95

CRITERIA FOR MEMBERSHIP CATEGORY

ANY INDIVIDUAL WHO IS RETIRED AND AT LEAST 60 YEARS OF AGE AND HAS

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

AMERICAN ASSOCIATION OF FAMILY
& CONSUMER SCIENCES

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BEEN A MEMBER OF AAFCS FOR AT LEAST 10 YEARS.

MEMBER BENEFITS

ELIGIBLE TO VOTE.

ANNUAL SUBSCRIPTION TO THE JOURNAL OF FAMILY AND CONSUMER SCIENCES.

INCLUDES ALL MEMBER BENEFITS, DISCOUNTS ON PUBLICATIONS, EVENT
REGISTRATIONS, ETC.

STUDENT COLLEGIATE/POST-SECONDARY

DUES: \$60

CRITERIA FOR MEMBERSHIP CATEGORY

ENROLLED FULL-TIME AS AN UNDERGRADUATE OR GRADUATE STUDENT

COMPLETION OF STUDENT STATUS STATEMENT**

MEMBER BENEFITS

ELIGIBLE TO VOTE AND HOLD OFFICE IN THE AAFCS STUDENT UNIT. ANNUAL
SUBSCRIPTION TO THE JOURNAL OF FAMILY AND CONSUMER SCIENCES.

INCLUDES ALL MEMBER BENEFITS, DISCOUNTS ON PUBLICATIONS, EVENT
REGISTRATIONS, ETC.

*ANNUAL DUES IN TX \$70.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERSHIP SHALL CONSIST OF TWO CATEGORIES, INDIVIDUAL AND ORGANIZATIONAL.

INDIVIDUAL MEMBERS SHALL BE MEMBERS OF THE AFFILIATE IN WHICH THEY RESIDE
OR DESIGNATE, AS WELL AS AAFCS. MEMBERS WHO LIVE IN A GEOGRAPHIC AREA NOT

SERVED BY AN AFFILIATE SHALL BE MEMBERS-AT-LARGE UNLESS A MEMBER OTHERWISE

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.

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DESIGNATES AN AFFILIATE. INDIVIDUAL MEMBERSHIP CATEGORIES SHALL BE ACTIVE,
ELLEN RICHARDS SUSTAINING, EMERITUS, AND STUDENT.

ACTIVE

DUES: \$135*

ELIGIBLE TO VOTE AND HOLD OFFICE.

ELLEN H. RICHARDS SUSTAINING

DUES: \$250

MEMBER BENEFITS

INCLUDES ALL MEMBER BENEFITS OF ACTIVE MEMBER.

EMERITUS

DUES: \$95

ELIGIBLE TO VOTE.

STUDENT COLLEGIATE/POST-SECONDARY

DUES: \$60

ELIGIBLE TO VOTE AND HOLD OFFICE IN THE AAFCS STUDENT UNIT.

FORM 990, PART VI, SECTION A, LINE 7B: SENATE

1. PURPOSE

THE ASSOCIATION, IN ORDER TO EFFECT ITS PURPOSES, SHALL HAVE A SENATE.

2. MEMBERSHIP OF THE SENATE

THE SENATE SHALL CONSIST OF:

A MINIMUM OF TWO SENATORS FROM EACH AFFILIATE (ONE BEING THE AFFILIATE

SCHEDULE O
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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.

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PRESIDENT OR DESIGNEE). AFFILIATES WITH MEMBERSHIP BETWEEN 500-999 SHALL HAVE ONE ADDITIONAL SENATOR; WITH MEMBERSHIP OVER 1000, THERE SHALL BE TWO ADDITIONAL SENATORS FOR A MAXIMUM OF FOUR. SENATOR SELECTION SHALL BE DETERMINED BY ALL MEMBERS OF EACH AFFILIATE. SENATORS MAY SERVE FOR A TWO YEAR TERM WITH TERMS BEING STAGGERED WITHIN EACH AFFILIATE. THE TERM OF OFFICE FOR SENATORS BEGINS WITH THE AAFCS SENATE MEETING HELD DURING THE AAFCS ANNUAL CONFERENCE AND EXPOSITION;

TWO STUDENTS ELECTED ANNUALLY FOR A ONE-YEAR TERM BY THE
MEMBERSHIP OF THE STUDENT UNIT.

THREE PAST AAFCS PRESIDENTS ELECTED BY THEIR MEMBERSHIP FOR
STAGGERED TERMS; AND

VOTING MEMBERS OF THE AAFCS BOARD OF DIRECTORS

3. FUNCTIONS OF THE SENATE:

THE FUNCTIONS OF THE SENATE SHALL BE TO:

RECEIVE ANNUAL REPORT;

RECEIVE FISCAL REPORTS;

RECEIVE REPORTS FROM OFFICERS AND COMMITTEES/COUNCIL CHAIRS;

ADOPT STRATEGIC PLANS FOR THE ASSOCIATION;

ADOPT RESOLUTIONS;

APPROVE CATEGORIES AND DUES FOR MEMBERSHIP; AND

ADOPT AND AMEND AAFCS BYLAWS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEW INTERNALLY BY THE DIRECTOR OF FINANCE AND ADMINISTRATION.

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.

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AMERICAN ASSOCIATION OF FAMILY
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FORM 990, PART VI, SECTION C, LINE 19: THE AAFCS POLICIES AND PROCEDURES
MANUAL IS POSTED ON THE WEBSITE AAFCS.ORG, THIS DOCUMENT INCLUDES GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY. THE ANNUAL AUDIT IS PUBLISHED
IN AAFCS'S OFFICIAL JOURNAL.

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

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

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

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES	53-0025870	
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	
	400 NORTH COLUMBUS STREET, No. 202		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	ALEXANDRIA, VA 22314		

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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

THE ORGANIZATION

- The books are in the care of **400 NORTH COLUMBUS STREET - ALEXANDRIA, VA 22314**
Telephone No. **703-706-4600** 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 is for

- 4 I request an additional 3-month extension of time until **March 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **MAY 1, 2008**, and ending **APR 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

Signature and Verification

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

Signature **Subina L. Ward** Title **CPA** Date **12/11/2009**