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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.

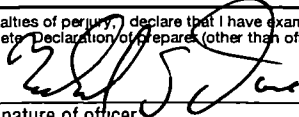
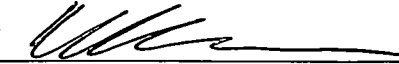
A For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

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 ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE		D Employer identification number 52-0886491
		Doing Business As		E Telephone number 703-476-3400 G Gross receipts \$ 12,491,080. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 ASSOCIATION DR		
		City or town, state or country, and ZIP + 4 RESTON, VA 20191-9537		
		F Name and address of principal officer MICHAEL G. DAVIS SAME AS C ABOVE		
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.AAHPERD.ORG 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: 1969 M State of legal domicile: DC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE/SUPPORT LEADERSHIP, EDUCATION AND BEST PRACTICES IN HEALTHY AND ACTIVE LIFESTYLES.		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	102
	6 Total number of volunteers (estimate if necessary)	6	22000
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	195,482.
b Net unrelated business taxable income from Form 990-T, line 34	7b	<13,421.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,277,903.	5,935,238.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,810,235.	3,053,030.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	444,562.	323,470.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	586,000.	660,838.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,118,700.	9,972,576.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	130,447.	87,929.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,790,910.	5,454,281.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 201,999.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-12a)	4,915,849.	4,816,932.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,837,206.	10,359,142.
	19 Revenue less expenses. Subtract line 18 from line 12	281,494.	<386,566.>
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	10,052,070.	8,786,063.
Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	4,166,219.	4,222,127.
		5,885,851.	4,563,936.

Part II Signature Block

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Signature of officer 		Date 1/15/2010	
	MICHAEL G. DAVIS, CEO Type or print name and title			
Paid Preparer's Use Only Preparer's signature 	Date 1/8/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205		EIN ▶ Phone no. ▶ 703-336-6400	

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

☒ Yes ☐ No

gls 2

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE

Form 990 (2008)

52-0886491 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROMOTE AND SUPPORT LEADERSHIP, RESEARCH, EDUCATION, AND BEST PRACTICES IN THE PROFESSIONS THAT SUPPORT CREATIVE, HEALTHY, AND ACTIVE LIFESTYLES; INCLUDING HEALTH EDUCATION, PHYSICAL EDUCATION, RECREATION EDUCATION, AND DANCE EDUCATION.

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 4,338,189. including grants of \$ 40,000.) (Revenue \$ 993,880.)

ASSOCIATION PROGRAMS-INCLUDING VARIOUS PROGRAMS TO ENHANCE MEMBER AND NON-MEMBER PROFESSIONALS IN HEALTH EDUCATION, PHYSICAL EDUCATION, RECREATION, EDUCATION, AND DANCE EDUCATION. MAJOR ACTIVITIES INCLUDE ONGOING PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION THROUGH CONFERENCES, PUBLICATIONS, DISSEMINATION OF NATIONAL STANDARDS; PROVIDING INFORMATION AND PROGRAMING FOR ADMINISTRATORS AND TEACHERS REGARDING EQUITY ISSUES IN SPORTS FOR GIRLS AND WOMEN; ADVOCATING FOR QUALITY DANCE PROGRAMS AT ALL LEVELS IN THE ARTS AND PHYSICAL EDUCATION; PROVIDE NETWORKING OPPORTUNITIES TO DEVELOP EDUCATIONAL SKILLS; PROVIDE LEADERSHIP DEVELOPMENT TRAINING TO ENHANCE THE PROFESSION, AND VARIOUS ASSOCIATION DISCIPLINE RELATED GOVERNMENT GRANTS.

4b (Code) (Expenses \$ 1,232,068. including grants of \$) (Revenue \$ 1,131,208.)

CONVENTION-PROVIDE CONTINUING EDUCATION AND NETWORKING OPPORTUNITIES TO OVER 6,000 ATTENDEES. ENCOURAGE THE EXCHANGE OF DIVERSE OPINIONS, PROVIDE OPPORTUNITIES TO REVIEW THE LATEST EQUIPMENT AND RESOURCE TOOLS AVAILABLE TO THE PROFESSIONS WE SERVE. OFFERING OVER 700 PROGRAMS AND EVENTS, THE CONVENTION PROVIDES THE OPPORTUNITY TO CONNECT WITH OTHER PROFESSIONALS, ENHANCE SKILLS AND KNOWLEDGE, EXCHANGE EXPERIENCES, AND STRENGTHEN THE PROFESSION. PROGRAM OFFERINGS STRENGTHEN THE SKILLS OF VETERANS AND FUTURE PROFESSIONALS ALIKE. VARIOUS PROGRAMS PROVIDE STUDENT ORIENTED TRACKS, AS WELL AS CONTINUING EDUCATION CREDITS. RECOGNITION AWARDS ARE PRESENTED FOR OUTSTANDING SERVICE TO ONE OR MORE OF THE PROFESSIONS AND VARIOUS OTHER AWARDS.

4c (Code) (Expenses \$ 985,666. including grants of \$) (Revenue \$ 869,097.)

PERIODICALS-THE VARIOUS JOURNALS OF THE ORGANIZATION ADDRESS THE NEEDS OF HEALTH EDUCATORS; PROVIDE THE LATEST RESEARCH FINDINGS ON EXERCISE AND SPORT; AND PROVIDE PRACTICAL INFORMATION AND IDEAS THAT WORK FOR SPORT AND PHYSICAL EDUCATORS OF ALL LEVELS. THE PERIODICALS INCLUDE THE AMERICAN JOURNAL OF HEALTH EDUCATION; THE JOURNAL OF PHYSICAL EDUCATION, RECREATION & DANCE; STRATEGIES: A JOURNAL FOR PHYSICAL AND SPORT EDUCATORS; AND RESEARCH QUARTERLY FOR EXERCISE AND SPORT. THE JOURNALS INCLUDE PEER REVIEWED ARTICLES AND HAVE A CIRCULATION IN EXCESS OF 28,400. THE JOURNALS OFFER THE MOST UP-TO-DATE INFORMATION IN SUCH DIVERSE AREAS AS TEACHING, CURRICULUM, ASSESSMENT, ADMINISTRATION, COACHING, FITNESS, PROFESSIONAL PREPARATION, RESEARCH IN THE ART AND SCIENCE OF HUMAN MOVEMENT STUDIES, MULTIDISCIPLINARY

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

(Expenses \$ 2,035,341. including grants of \$ 47,929.) (Revenue \$ 58,845.)

4e Total program service expenses ► \$ 8,591,264. (Must equal Part IX, Line 25, column (B))

Form 990 (2008)

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page 3

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. 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

Form 990 (2008)

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page **4**

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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
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>		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>		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>		X

Form **990** (2008)

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page 5

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	136	
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	102	
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: CANADA 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.		
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	

Form 990 (2008)

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page 6

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

	Yes	No
<i>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.</i>		
1a Enter the number of voting members of the governing body	15	
1b Enter the number of voting members that are independent	15	
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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	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?	9b	X
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	10	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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
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?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AK, AZ, AR, CA, CO, CT, GA, IL, KY, ME, MD, MA

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 ►
LAURA MYERS - 703-476-3400
1900 ASSOCIATION DR, RESTON, VA 20191

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page 7

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			
DANA BROOKS PRESIDENT	25.00	X		X				0.	0.	0.
MONICA MIZE PAST-PRESIDENT	20.00	X		X				0.	0.	0.
VICKI WORRELL PRESIDENT-ELECT	10.00	X		X				0.	0.	0.
DAVID BIRCH GOVERNOR	5.00	X						0.	0.	0.
MARILYN BUCK GOVERNOR	5.00	X						0.	0.	0.
IRENE CUCINA GOVERNOR	5.00	X						0.	0.	0.
LORI DUNN GOVERNOR	5.00	X						0.	0.	0.
CAM KERST-DAVIS GOVERNOR	5.00	X						0.	0.	0.
JERRY LANDWER GOVERNOR	5.00	X						0.	0.	0.
JACKIE LUND GOVERNOR	5.00	X						0.	0.	0.
RON MCBRIDE GOVERNOR	5.00	X						0.	0.	0.
FRAN MEYER GOVERNOR	5.00	X						0.	0.	0.
THOMAS SAWYER GOVERNOR	5.00	X						0.	0.	0.
SHARON SHIELDS GOVERNOR	5.00	X						0.	0.	0.
JOHN ZODY GOVERNOR	5.00	X						0.	0.	0.
MICHAEL DAVIS CEO	60.00			X				240,027.	0.	32,227.
LAURA MYERS VP BUS & FINC	55.00			X				128,611.	0.	21,085.

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page **8**

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			
JUDY YOUNG VP PROGRAMS	55.00			X				139,714.	0.	22,195.
BECKY SMITH EX. DIR-AAHE	55.00					X		102,543.	0.	18,478.
CHARLENE BURGESSON EX. DIR-NASPE	55.00					X		109,860.	0.	10,986.
1b Total								720,755.	0.	104,971.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIRECTIVITY 13504 RUSSET LEAF LN, SAN DIEGO, CA 92129	DIRECT MAIL	201,138.
KVB, INC. P.O. BOX 222393, CHANTILLY, VA 20153	BUILDING RENOVATION	109,573.
OVID BELL PRESS P.O. BOX 370, FULTON, MO 65251	PRINTING SERVICES	102,528.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **3**

Form **990** (2008)

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page **9**

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	1,944,523.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	646,822.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,343,893.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			5935238.			
Program Service Revenue	2 a CONVENTIONS	Business Code	541800	1623853.	1131208.	36,949.	455,696.
	b PERIODICALS		541800	1027630.	869,097.	158,533.	
	c WORKSHOP REGISTRATION			365,696.	365,696.		
	d PROGRAM REVENUE			35,851.	35,851.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3053030.			
	3 Investment income (including dividends, interest, and other similar amounts)			620,349.			620,349.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			119,119.			119,119.	
Other Revenue	6 a Gross Rents	(i) Real	46,880.				
	b Less: rental expenses	(ii) Personal	46,210.				
	c Rental income or (loss)		670.				
	d Net rental income or (loss)			670.			670.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,055,540.				
	b Less: cost or other basis and sales expenses	(ii) Other	2,352,419.				
	c Gain or (loss)		<296,879.>				
	d Net gain or (loss)			<296,879.>			<296879.>
	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	599538.				
	b Less. cost of goods sold	b	119875.				
	c Net income or (loss) from sales of inventory			479,663.	479,663.		
	Miscellaneous Revenue			Business Code			
11 a OTHER INCOME			61,386.	61,386.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			61,386.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e			9972576.	2942901.	195,482.	898,955.	

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page **10**

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	66,929.	66,929.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,000.	21,000.		
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	585,661.	368,131.	204,886.	12,644.
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	3,848,732.	2,422,210.	1,342,398.	84,124.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	259,549.	159,481.	95,500.	4,568.
9 Other employee benefits	458,503.	293,785.	153,675.	11,043.
10 Payroll taxes	301,836.	200,903.	93,970.	6,963.
11 Fees for services (non-employees):				
a Management				
b Legal	33,904.	5,223.	21,931.	6,750.
c Accounting	34,521.		34,521.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,797.		38,797.	
g Other	967,869.	708,003.	259,866.	
12 Advertising and promotion	15,150.	7,524.	7,388.	238.
13 Office expenses	1,001,292.	595,580.	400,987.	4,725.
14 Information technology	129,053.	82,597.	46,036.	420.
15 Royalties	21,856.	21,856.		
16 Occupancy	77,356.		77,356.	
17 Travel	800,414.	651,933.	144,652.	3,829.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,441.	101,441.		
20 Interest	15,495.		15,495.	
21 Payments to affiliates	278,122.	278,122.		
22 Depreciation, depletion, and amortization	254,143.		254,143.	
23 Insurance	52,117.	9,535.	42,582.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING & PRODUCTION</u>	771,188.	626,499.	135,318.	9,371.
b <u>FULFILLMENT</u>	117,410.	117,410.		
c <u>HONORARIUMS</u>	99,550.	99,550.		
d <u>RENTAL EXP ON LINE 6B</u>	<46,210.>		<46,210.>	
e <u>EXPENSE ALLOCATIONS</u>	<115,241.>	1,614,965.	<1,784,791.>	54,585.
f All other expenses _____	168,705.	138,587.	27,379.	2,739.
25 Total functional expenses. Add lines 1 through 24f	10,359,142.	8,591,264.	1,565,879.	201,999.
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				

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Form 990 (2008)

52-0886491 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	323,555.	1	188,008.
	2 Savings and temporary cash investments	1,309,030.	2	737,131.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	444,622.	4	507,886.
	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	218,026.	8	220,845.
	9 Prepaid expenses and deferred charges	250,229.	9	162,003.
	10a Land, buildings, and equipment: cost basis	4,583,285.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	2,942,401.		
		1,687,097.	10c	1,640,884.
	11 Investments - publicly traded securities	5,795,085.	11	5,316,857.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	24,426.	15	12,449.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,052,070.	16	8,786,063.	
Liabilities	17 Accounts payable and accrued expenses	526,834.	17	619,769.
	18 Grants payable		18	
	19 Deferred revenue	1,943,169.	19	1,822,995.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D	96,076.	21	242,801.
	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	1,541,479.	23	1,500,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	58,661.	25	36,562.
	26 Total liabilities. Add lines 17 through 25	4,166,219.	26	4,222,127.
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	5,109,952.	27	3,882,079.
	28 Temporarily restricted net assets	326,208.	28	231,166.
	29 Permanently restricted net assets	449,691.	29	450,691.
	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	5,885,851.	33	4,563,936.
	34 Total liabilities and net assets/fund balances	10,052,070.	34	8,786,063.

Part XI Financial Statements and Reporting

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Employer identification number
52-0886491

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?

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

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

[illegible]

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"/>		

Schedule A (Form 990 or 990-EZ) 2008

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL

Schedule A (Form 990 or 990-EZ) 2008 **EDUCATION, RECREATION AND DANCE**

52-0886491 Page 3

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.")	6,162,137.	4,841,628.	5,062,049.	5,277,903.	5,935,238.	27,278,955.
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	3,189,659.	3,762,960.	4,088,556.	4,129,176.	3,457,086.	18,627,437.
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	9,351,796.	8,604,588.	9,150,605.	9,407,079.	9,392,324.	45,906,392.
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)						45,906,392.

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	9,351,796.	8,604,588.	9,150,605.	9,407,079.	9,392,324.	45,906,392.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	402,350.	445,521.	691,065.	454,914.	786,348.	2,780,198.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	402,350.	445,521.	691,065.	454,914.	786,348.	2,780,198.
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.)	76,662.	15,882.	32,243.	65,632.	61,386.	251,805.
13 Total support (Add lines 9, 10c, 11, and 12)						48,938,395.

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	93.80 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	5.68 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.34 %

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008
Open to Public
Inspection

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

Name of organization	AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE	Employer identification number	52-0886491
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL

Schedule C (Form 990 or 990-EZ) 2008

EDUCATION, RECREATION AND DANCE

52-0886491 Page 2

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	12,729.													
c Total lobbying expenditures (add lines 1a and 1b)	12,729.													
d Other exempt purpose expenditures	10346413.													
e Total exempt purpose expenditures (add lines 1c and 1d)	10359142.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	667,957.													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	166,989.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	537,648.	528,238.	556,791.	667,957.	2,290,634.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,435,951.
c Total lobbying expenditures				12,729.	12,729.
d Grassroots non-taxable amount	134,412.	132,060.	139,198.	166,989.	572,659.
e Grassroots ceiling amount (150% of line 2d, column (e))					858,989.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL

Schedule C (Form 990 or 990-EZ) 2008

EDUCATION, RECREATION AND DANCE

52-0886491 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

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

Part IV Supplemental Information

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

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 ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Employer identification number
52-0886491

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.

- 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

	Held at the End of the Year
2a	
2b	
2c	
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 ▶ \$ _____

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

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:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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	555,410.				
b Contributions	1,000.				
c Investment earnings or losses	<45,265.>				
d Grants or scholarships	6,000.				
e Other expenditures for facilities and programs	11,711.				
f Administrative expenses					
g End of year balance	493,434.				

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

- a** Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☒ 91.30 %
c Term endowment ☒ 8.70 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
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		157,504.		157,504.
b Buildings		2,659,306.	1,701,602.	957,704.
c Leasehold improvements				
d Equipment		27,257.	27,257.	0.
e Other		1,739,218.	1,213,542.	525,676.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,640,884.

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

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	9,972,576.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,359,142.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<386,566.>
4	Net unrealized gains (losses) on investments	4	<935,349.>
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	<935,349.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,321,915.>

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	9,164,515.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<935,349.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	166,085.
e	Add lines 2a through 2d	2e	<769,264.>
3	Subtract line 2e from line 1	3	9,933,779.
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	38,797.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	38,797.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,972,576.

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

1	Total expenses and losses per audited financial statements	1	10,486,430.
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	166,085.
e	Add lines 2a through 2d	2e	166,085.
3	Subtract line 2e from line 1	3	10,320,345.
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	38,797.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	38,797.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,359,142.

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 IV, LINE 2B: CUSTODIAN ACCOUNT HELD FOR SOME OF THE UNITS IN THE
GROUP EXEMPTION.**

**PART V, LINE 4: ENDOWMENT FUNDS ARE FOR RECOGNITION AWARDS FOR
OUTSTANDING RESEARCH OR PERFORMANCE AND SCHOLARSHIPS ARE FOR CONTINUING
EDUCATION IN THE PROFESSIONS SERVED BY AAHPERD.**

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE

Schedule D (Form 990) 2008

52-0886491 Page 5

Part XIV Supplemental Information (continued)

COST OF GOODS SOLD ON LINE. 10B: 119875.

RENTAL EXPENSES ON LINE. 6B: 46210.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE. 10B: 119875.

RENTAL EXPENSES ON LINE. 6B: 46210.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047.

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Name of the organization **AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE** Employer identification number **52-0886491**

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
THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	6,005.	0.			RESEARCH GRANT.
MIDDLE TENNESSEE STATE UNIVERSITY 1301 EAST MAIN STREET MURFREESBORO, TN 37132	62-6005794	501(C)(3)	7,352.	0.			RESEARCH GRANT.
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	10,000.	0.			RESEARCH GRANT.
BRIDGEWATER COLLEGE 402 E COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	12,268.	0.			RESEARCH GRANT.
ILLINOIS STATE UNIVERSITY CAMPUS BOX 1200 NORMAL, IL 61790	37-6014070	501(C)(3)	13,105.	0.			RESEARCH GRANT.
UNIVERSITY OF NORTHERN TEXAS 1155 UNION CIRCLE #305250 DENTON, TX 76203	75-6002149	501(C)(3)	15,000.	0.			RESEARCH GRANT.

2 Enter total number of section 501(c)(3) and government organizations **6.**

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

52-0886491

Schedule I (Form 990) 2008

Page 2

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
AWARDS/RESEARCH GRANTS/SCHOLARSHIPS/FELLOWSHIPS	13	21,000.	0.	FMV	

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 2: GRANTS, AWARDS, SCHOLARSHIPS AND FELLOWSHIPS
(GRANTS) ARE AWARDED BASED ON AN ESTABLISHED CRITERIA AND EVALUATION BY A COMMITTEE. RESEARCH GRANTS ARE MADE TO INSTITUTIONS OF HIGHER EDUCATION.
RESEARCH GRANTS REQUIRE THE GRANTEE TO PROVIDE PERIODIC REPORTS BACK TO THE ORGANIZATION. ALL GRANTS ARE MADE FOR PROGRAMS ADVANCING THE ORGANIZATION'S EXEMPT PURPOSE. GRANTS ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS FOLLOWING AN APPROVED PROCEDURE.

**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 ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE**

Employer identification number
52-0886491

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 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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Schedule J (Form 990) 2008

**AMERICAN ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

52-0886491

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

[illegible]

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 ALLIANCE FOR HEALTH, PHYSICAL
EDUCATION, RECREATION AND DANCE**

Employer identification number
52-0886491

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

READINGS IN RESEARCH, PROGRAM EVALUATION, AND HEALTH TOPICS.

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

MEMBERSHIP SERVICES - EXPENSES RELATED TO MEMBER SERVICE MAINTENANCE

**OFFERING BROAD, IN-DEPTH SOURCES OF PROGRAMS AND RESOURCES TO FURTHER
THE HEALTH AND WELL-BEING OF THE PUBLIC.**

EXPENSES \$ 537145. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**SCHOLARLY PRESENTATIONS, STUDENT LEADERSHIP TRAINING, AND OTHER
PROFESSIONAL PROGRAMS**

EXPENSES \$ 687352. INCLUDING GRANTS OF \$ 6325. REVENUE \$ 57515.

**JOINT PROJECTS WITH THE AMERICAN HEART ASSOCIATION PROVIDING SCHOOL
CHILDREN WITH LEARNING OPPORTUNITIES REGARDING THE BENEFITS OF PHYSICAL
ACTIVITY AND IMPORTANCE OF VOLUNTEER WORK.**

EXPENSES \$ 276430. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**RESEARCH CONSORTIUM PROGRAMS COMMUNICATING THE RELEVANCE OF RESEARCH
TO THE PRACTITIONER AND THE PUBLIC, GRANT FUNDING FOR EXPLORATION OF
CRITICAL ISSUES IN THE HEALTH AND PHYSICAL EDUCATION FIELDS, AND TO
DISSEMINATE SUCH RESEARCH FINDINGS.**

EXPENSES \$ 256292. INCLUDING GRANTS OF \$ 41604. REVENUE \$ 1330.

**ALLOCATIONS TO THE DISTRICT AND STATE ASSOCIATIONS TO ASSIST IN THE
FURTHERANCE OF THEIR PROGRAMS.**

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EXPENSES \$ 278122. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO TYPES OF
MEMBERSHIP: PROFESSIONAL MEMBERSHIP AND STUDENT MEMBERSHIP. THE
ORGANIZATION HAS 19,021 MEMBERS AS OF 8/31/09.**

**FORM 990, PART VI, SECTION A, LINE 7A: THE ALLIANCE ASSEMBLY THAT IS
COMPRISED OF MEMBERS CAN ELECT ONE OR MORE DIRECTORS.**

**FORM 990, PART VI, SECTION A, LINE 7B: ARTICLES OF INCORPORATION AND
BYLAWS CHANGES ARE SUBJECT TO THE APPROVAL OF THE ALLIANCE ASSEMBLY.**

**FORM 990, PART VI, SECTION A, LINE 10: COPY IS REVIEWED BY THE AUDIT
COMMITTEE PRIOR TO FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
AND A COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED
TO ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ON AN ANNUAL BASIS.
THE DISCLOSURE FORM IS REQUIRED TO BE COMPLETED, SIGNED, AND RETURNED TO
THE ORGANIZATION; AND IS MONITORED FOR RECEIPT AND COMPLIANCE.**

**FORM 990, PART VI, SECTION B, LINE 15: OTHER OFFICERS AND KEY EMPLOYEES
COMPENSATION IS REVIEWED ANNUALLY AND APPROVED BY INDEPENDENT PERSONS USING
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION
AND DECISION.**

SCHEDULE O
(Form 990)

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

**AK, AZ, AR, CA, CO, CT, GA, IL, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OR, PA, TN
UT, VA, WA, WI**

FORM 990, PART VI, SECTION C, LINE 19: UPON REASONABLE REQUEST TO PUBLIC.

MEMBERS ACCESS ON OUR WEBSITE UNDER MEMBERS ONLY PORTION OF OUR WEBSITE.

FORM 990, PART XI, LINE 1

ACCOUNTING METHODS

THE FINANCIAL STATEMENTS ARE PREPARED ON THE ACCRUAL BASIS OF

ACCOUNTING WHEREBY REVENUE IS RECOGNIZED WHEN EARNED AND EXPENSES ARE

RECOGNIZED WHEN INCURRED, WITH THE EXCEPTION OF THE RECORDING OF THE

POSTRETIREMENT BENEFIT LIABILITY.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.