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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 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 HOMES AND SERVICES FOR THE AGING

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2519 CONNECTICUT AVENUE, NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20008-1520

D Employer identification number
13-6213525

E Telephone number
202-783-2242

G Gross receipts $ 44,331,754.

F Name and address of principal officer: WILLIAM L. MINNIX, JR.
SAME AS C ABOVE

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.AAHSA.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1965 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE QUALITY CARE FOR THE ELDERLY THROUGH APPLIED RESEARCH, SHARED LEARNING AND ADVOCACY.

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)	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	21
5	Total number of employees (Part V, line 2a)	109
6	Total number of volunteers (estimate if necessary)	600
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	1,276,417.
b	Net unrelated business taxable income from Form 990-T, line 34	<249,760.>

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,444,814.	2,979,106.
9	Program service revenue (Part VIII, line 2g)	15,117,361.	15,493,050.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	836,666.	132,115.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	743,717.	838,943.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,142,558.	19,443,214.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,700.	250,795.
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)	9,387,926.	9,894,672.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,775.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,684,951.	9,165,946.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,089,577.	19,311,413.
19	Revenue less expenses. Subtract line 18 from line 12	52,981.	131,801.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	40,157,728.	28,018,380.
21	Total liabilities (Part X, line 26)	35,085,796.	23,125,672.
22	Net assets or fund balances. Subtract line 21 from line 20	5,071,932.	4,892,708.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5/19/10

▶ WILLIAM L. MINNIX, JR., PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 5/19/10	Check if self-employed ▶ ☐
Firm's name (or yours if self-employed), address, and ZIP + 4	RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036		Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 202-822-5000

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

SCANNED JUL 21 2010

615 13

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO ADVANCE THE PROVISION, BY NOT-FOR-PROFIT SENIOR SERVICE ORGANIZATIONS, CONTINUING CARE RETIREMENT COMMUNITIES, ASSISTED LIVING AND SENIOR HOUSING FACILITIES, AND COMMUNITY SERVICE ORGANIZATIONS, OF HEALTHY, AFFORDABLE AND ETHICAL LONG-TERM SERVICES AND SUPPORT FOR THE

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 $ 4,949,306. including grants of $ 0.) (Revenue $ 5,340,033.)
MARKETING AND CONFERENCE SERVICES - DEVELOP AND DISTRIBUTE EDUCATIONAL PUBLICATIONS FOR SALE, COMMUNICATE WITH MEMBERS AND THE PUBLIC, AND PLAN AND EXECUTE LOGISTICS FOR AAHSA'S CONFERENCES AND MEETINGS.

4b (Code:) (Expenses $ 4,004,475. including grants of $ 0.) (Revenue $ 6,600.)
ADVOCACY- PROVIDE EDUCATION AND ADVOCACY SUPPORT ON PUBLIC POLICY ISSUES AFFECTING AGING SERVICES.

4c (Code) (Expenses $ 2,748,967. including grants of $ 48,864.) (Revenue $ 7,103,518.)
MEMBERSHIP AND STATE RELATIONS- PROVIDE SUPPORT FOR INDIVIDUAL AS WELL AS STATE MEMBERS, INCLUDING TRAINING AND NETWORKING OPPORTUNITIES TO PROMOTE LEADERSHIP AND QUALITY.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 5,526,865. including grants of $ 201,931.) (Revenue $ 2,062,507.)

4e **Total program service expenses ▶ $** 17,229,613. *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5	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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		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 ? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X

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)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	58		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	109		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	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)?		4a		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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		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?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 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			

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
	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			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 21			
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?	15b	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?	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 ▶ CA, IL, NY, TN

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: ▶

THE ORGANIZATION - 202-783-2242
2519 CONNECTICUT AVENUE, NW, WASHINGTON, DC 20008-1520

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			
THOMAS SLEMMER CHAIR	4.00	X		X				0.	0.	0.
WINTHROP MARSHALL CHAIR ELECT	4.00	X		X				0.	0.	0.
JILL SCHUMANN SECRETARY	4.00	X		X				0.	0.	0.
JAMES BERNARDO TREASURER	4.00	X		X				0.	0.	0.
MARGARET MULLAN IMMEDIATE PAST CHAIR	4.00	X		X				2,936.	0.	0.
JO-ANN COSTANTINO MEMBER	2.00	X						0.	0.	0.
BONNIE GAUTHIER MEMBER	2.00	X						0.	0.	0.
DAVID GEHM MEMBER	2.00	X						0.	0.	0.
CHARLES GOULD MEMBER	2.00	X						0.	0.	0.
STEVEN JABERG MEMBER	2.00	X						0.	0.	0.
RAYMOND JOHNSON MEMBER	2.00	X						0.	0.	0.
ANNELLE LEWIS MEMBER	2.00	X						0.	0.	0.
CONNIE MARCH MEMBER	2.00	X						0.	0.	0.
MICHAEL MOORE MEMBER	2.00	X						0.	0.	0.
WILIAM PIERCE MEMBER	2.00	X						0.	0.	0.
KATHRYN ROBERTS MEMBER	2.00	X						0.	0.	0.
PATRICIA SPRIGG MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS STRUYK MEMBER	2.00	X						0.	0.	0.
PETER SZUTU MEMBER	2.00	X						0.	0.	0.
E. KERN TOMLIN MEMBER	2.00	X						0.	0.	0.
AUDREY WEINER MEMBER	2.00	X						0.	0.	0.
WILLIAM L. MINNIX, JR. PRESIDENT/CEO	37.50			X				423,641.	0.	46,524.
KATRINKA SMITH-SLOAN COO/SEN. VP, MEM SRVCS.	37.50			X				267,137.	0.	34,843.
ROBYN STONE EXECUTIVE DIRECTOR, IFAS	37.50				X			247,513.	0.	41,192.
SUZANNE WEISS SENIOR VP, ADVOCACY	37.50				X			216,502.	0.	40,936.
ZACHARY SIKES SENIOR VP, SERVICES	37.50				X			180,453.	0.	25,761.
VIRGINIA NUESSLE EXECUTIVE DIR., IAHSA	37.50				X			162,696.	0.	9,336.
1b Total						▶		2,645,796.	0.	354,626.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 14

		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*	3		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*	4	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*	5		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
VERIS CONSULTING, LLC, 11710 PLAZA AMERICA DR., #300, RESTON, VA 20190	ACCOUNTING/FINANCE	619,782.
O'KEEFE COMMUNICATIONS, INC, 4301 CONN. AVE, NW, #200, WASHINGTON, DC 20008	VIDEO/MULITMEDIA EVENT PRODUCTION	584,498.
ARAMARK/SFS 1101 ARCH STREET, PHILADELPHIA, PA 19107	EVENT CATERING	317,824.
CLARK AND WEINSTOCK, 437 MADISON AVE., 9TH FLOOR, NEW YORK, NY 10022	ADVOCACY CONSULTING	282,927.
FREEMAN P.O. BOX 650036, DALLAS, TX 75265-0036	EVENT STAGING	259,121.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 14

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a 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 2979106.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	2,979,106.			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	7,156,553.	7,156,553.		
	b REGISTRATION/EXHIBITS	900099	5,542,866.	5,542,866.		
	c SHARED SERVICES	541900	1,617,056.	580,458.	1036598.	
	d RESEARCH PROGRAMS	900099	1,176,575.	1,176,575.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	15493050.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	608,088.		7.	608,081.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents	365,960.				
	b Less: rental expenses	680,631.				
	c Rental income or (loss)	<314671.>				
	d Net rental income or (loss)	▶	<314,671.>		<314,671.>	
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	23714639				
	b Less: cost or other basis and sales expenses	24190612				
	c Gain or (loss)	<475973.>				
	d Net gain or (loss)	▶	<475,973.>			<475,973.>
	8a 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	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a 56,204.				
	b Less: cost of goods sold	b 17,297.				
	c Net income or (loss) from sales of inventory	▶	38,907.	38,907.		
	Miscellaneous Revenue	Business Code				
	11a PERIODICAL ADVERTISING	541800	437,589.		437,589.	
	b OTHER	900099	411,751.			411,751.
	c SERVICES TO AFFILIATES	900099	148,473.			148,473.
	d All other revenue	541800	116,894.		116,894.	
	e **Total.** Add lines 11a-11d	▶	1,114,707.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	19443214.	14495359.	1276417.	692,332.

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	250,795.	250,795.		
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	2,173,151.	1,999,889.	173,262.	
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	6,175,299.	4,867,091.	1,308,208.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	340,814.	266,319.	74,495.	
9 Other employee benefits	641,106.	510,400.	130,706.	
10 Payroll taxes	564,302.	461,427.	102,875.	
11 Fees for services (non-employees):				
a Management				
b Legal	255,591.	174,338.	81,253.	
c Accounting	626,240.		626,240.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,629.		32,629.	
g Other	795,636.	791,718.	3,918.	
12 Advertising and promotion	109,690.	109,667.	23.	
13 Office expenses	1,057,567.	747,670.	309,897.	
14 Information technology	18,670.	7,585.	11,085.	
15 Royalties	217,530.	217,530.		
16 Occupancy	1,583,287.	1,610.	1,581,677.	
17 Travel	722,703.	521,321.	201,331.	51.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,680,182.	2,637,874.	42,308.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	367,449.		367,449.	
23 Insurance	116,273.		116,273.	
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 CONTRACT SERVICES	269,441.	176,438.	90,262.	2,741.
b DUES AND SUBSCRIPTIONS	208,278.	111,846.	96,432.	
c TAXES AND LICENSES	139,817.		139,306.	511.
d EQUIPMENT PURCHASES	48,530.	23.	48,507.	
e MISCELLANEOUS	7,781.	1,651.	6,130.	
f All other expenses	<91,348.>	3,374,421.	<3,557,241.>	91,472.
25 Total functional expenses. Add lines 1 through 24f	19,311,413.	17,229,613.	1,987,025.	94,775.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		250.	1	250.
	2	Savings and temporary cash investments		4,047,126.	2	4,313,577.
	3	Pledges and grants receivable, net		1,232,289.	3	677,058.
	4	Accounts receivable, net		2,259,865.	4	2,075,725.
	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		14,819.	8	9,222.
	9	Prepaid expenses and deferred charges		1,627,671.	9	1,142,972.
	10a	Land, buildings, and equipment cost basis	10a 17,961,789.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 5,005,613.	13,091,037.	10c	12,956,176.
	11	Investments - publicly traded securities		16,865,642.	11	5,554,103.
	12	Investments - other securities See Part IV, line 11		358,059.	12	797,178.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		660,970.	15	492,119.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		40,157,728.	16	28,018,380.
Liabilities	17	Accounts payable and accrued expenses		2,123,306.	17	1,689,451.
	18	Grants payable			18	
	19	Deferred revenue		6,228,992.	19	5,156,759.
	20	Tax-exempt bond liabilities		21,901,624.	20	11,049,532.
	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		4,530,117.	23	4,253,252.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		301,757.	25	976,678.
	26	**Total liabilities.** Add lines 17 through 25		35,085,796.	26	23,125,672.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,587,331.	27	3,045,814.
	28	Temporarily restricted net assets		1,732,698.	28	1,120,025.
	29	Permanently restricted net assets		751,903.	29	726,869.
		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		5,071,932.	33	4,892,708.
	34	Total liabilities and net assets/fund balances		40,157,728.	34	28,018,380.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING	13-6213525

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

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

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 ▶ ☐

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")	1681270.	3188702.	4067535.	3444814.	2979106.	15361427.
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	7730575.	14035374.	14670044.	14446030.	14512656.	65394679.
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	9411845.	17224076.	18737579.	17890844.	17491762.	80756106.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	802,750.	1692380.	1757542.	1793376.	1520846.	7566894.
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	2065592.	4965091.	2647839.	3370621.	2693921.	15743064.
c Add lines 7a and 7b	2868342.	6657471.	4405381.	5163997.	4214767.	23309958.
8 **Public support** (Subtract line 7c from line 6)						57446148.

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	9411845.	17224076.	18737579.	17890844.	17491762.	80756106.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,164.	722,207.	744,204.	731,409.	608,081.	2956065.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	150,164.	722,207.	744,204.	731,409.	608,081.	2956065.
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.)	117,954.	285,217.	181,298.	383,550.	560,224.	1528243.
13 **Total support** (Add lines 9, 10c, 11, and 12)						85240414.

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	67.39 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	3.47 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	6.11 %

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 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

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING	13-6213525

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-.

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)	72,060.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	489,598.	
c Total lobbying expenditures (add lines 1a and 1b)	561,658.	
d Other exempt purpose expenditures	17,767,677.	
e Total exempt purpose expenditures (add lines 1c and 1d)	18,329,335.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
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.	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f 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	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	337,245.	312,292.	458,103.	561,658.	1,669,298.
d Grassroots non-taxable amount	235,451.	250,000.	250,000.	250,000.	985,451.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,478,177.
f Grassroots lobbying expenditures	16,513.	34,478.	27,446.	72,060.	150,497.

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) Yes	(a) No	(b) 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 1i)?			
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 1i 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 ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number 13-6213525

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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 ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	850,687.				
b	Contributions	500.				
c	Investment earnings or losses	38,439.				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	27,224.				
f	Administrative expenses					
g	End of year balance	862,402.				

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 84.28 %
c Term endowment ▶ 15.72 %

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

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,471,500.		2,471,500.
b Buildings		13,041,281.	2,840,405.	10,200,876.
c Leasehold improvements				
d Equipment		2,121,734.	1,837,934.	283,800.
e Other		327,274.	327,274.	0.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	12,956,176.

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	
INTEREST RATE SWAP AGREEMENT	976,678.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	976,678.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,443,214.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,311,413.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	131,801.
4	Net unrealized gains (losses) on investments	4	584,456.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<895,481.>
9	Total adjustments (net) Add lines 4-8	9	<311,025.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<179,224.>

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	20,050,117.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	584,456.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	<560.>		
d	Other (Describe in Part XIV)	2d	23,007.		
e	Add lines 2a through 2d			2e	606,903.
3	Subtract line 2e from line 1			3	19,443,214.
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	19,443,214.

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

1	Total expenses and losses per audited financial statements			1	20,009,341.
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	697,928.		
e	Add lines 2a through 2d			2e	697,928.
3	Subtract line 2e from line 1			3	19,311,413.
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	19,311,413.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ENDOWMENT RESULTS FROM THE SOLICIATION BY AAHSA OF DONATIONS AS PART OF AAHSA'S CAPITAL AND ENDOWMENT CAMPAIGN TO FUND AN ENDOWMENT FOR THE INSTITUTE FOR THE FUTURE OF AGING SERVICES(IFAS). THE MISSION OF IFAS IS: (1) TO CREATE A BRIDGE BETWEEN THE POLICY, PRACTICE, AND RESEARCH COMMUNITIES TO ADVANCE THE DEVELOPMENT OF HIGH QUALITY AGING SERVICES AND (2) TO PROVIDE A FORUM FOR THE HEALTH CARE, SUPPORTIVE SERVICES, AND HOUSING COMMUNITIES TO EXPLORE AND DEVELOP POLICIES AND PROGRAMS TO MEET THE NEEDS OF AN AGING SOCIETY. THE EARNINGS ON THE

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUND ARE TO BE USED TO SUPPORT THE OPERATIONS OF IFAS.

PART X: THE FASB HAS ISSUED ADDITIONAL GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ACCOUNTING STANDARDS ALSO PROVIDE GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. ANY CUMULATIVE EFFECT FROM THE CHANGE IN ACCOUNTING PRINCIPLE RESULTING FROM THE APPLICATION OF THESE GUIDELINES IS TO BE RECOGNIZED AS AN ADJUSTMENT TO OPENING NET ASSETS. AAHSA ADOPTED THESE STANDARDS DURING THE YEAR ENDED SEPTEMBER 30, 2008. ACCORDINGLY, AAHSA'S MANAGEMENT HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED SEPTEMBER 30, 2009 AND 2008, AND HAS DETERMINED THAT AAHSA HAS NO MATERIAL UNCERTAIN INCOME TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT: -674921.

LOSS ON UNCOLLECTIBLE PLEDGES : -560.

PREMIUM ON BOND RETIREMENT: -220000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 17297.

RENTAL EXPENSES: 680631.

UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT: -674921.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 17297.

RENTAL EXPENSES: 680631.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number 13-6213525

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? [X] 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
INTERNATIONAL ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 2519 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20008	52-1921433	501(C)(3)	16,446.	0.			IT SUPPORT SERVICES
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036	53-0196577	501(C)(3)	25,000.	0.			ECONOMIC STUDIES
FLORIDA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 1812 RIGGINS ROAD - TALLAHASSEE, FL 32308-4885	23-7335883	501(C)(3)	5,472.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
AGING SERVICES OF CALIFORNIA 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814-2912	95-2383463	501(C)(3)	12,282.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
PENNSYLVANIA ASSOCIATION FOR NON-PROFIT SENIOR SERVICES - 1100 BENT CREEK BLVD. - MECHANICSBURG, PA 17050-1838	23-6394750	501(C)(3)	21,046.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
IOWA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 1701 48TH STREET, SUITE 203 - WEST DES MOINES, IA 50266-6723	23-7345539	501(C)(6)	5,301.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.

2 Enter total number of section 501(c)(3) and government organizations ▶ 5.

3 Enter total number of other organizations ▶ 6.

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

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 FOR FINANCIAL ASSISTANCE TO STATE ORGANIZATIONS ARE BASED ON DEMONSTRATION BY THE ORGANIZATION THAT FUNDS ARE REQUIRED, AND AMOUNTS ARE BASED ON FINANCIAL POSITION OF EACH ORGANIZATION. STATE ASSOCIATIONS ARE REQUIRED TO APPLY FOR THESE GRANTS. THE GRANT APPLICATIONS ARE THEN REVIEWED AND APPROVED BY THE COO.

OTHER GRANTS ARE PROVIDED ON AN AS-NEEDED BASIS AND REQUIRE APPROVAL OF THE PRESIDENT/CEO. THESE GRANTS MUST BE IN SUPPORT OF AAHSA'S MISSION.

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

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number 13-6213525

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW YORK ASSOCIATION OF HOMES AND SERVICES FOR THE AGING, INC. - 150 STATE ST., SUITE 301 - ALBANY, NY 12207-1626	13-6260145	501(C)(4)	12,465.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
TEXAS ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 2205 HANCOCK DRIVE - AUSTIN, TX 78756-2508	23-7032760	501(C)(6)	13,346.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
KANSAS ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 217 SE 8TH AVENUE - TOPEKA, KS 66603-3906	48-0832501	501(C)(6)	37,393.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
AGING SERVICES OF MINNESOTA 2550 UNIVERSITY AVE W. SAINT PAUL, MN 55114-1907	41-1502223	501(C)(6)	5,070.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.
TENNESSEE ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 500 INTERSTATE BLVD S. - NASHVILLE, TN 37210-4634	58-1878329	501(C)(6)	38,853.	0.			DEVELOP PROGRAMS TO SUPPORT AAHSA AND ITS MEMBERS.

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

3 Enter total number of other organizations ▶

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 HOMES AND SERVICES FOR THE AGING

Employer identification number 13-6213525

Part I Questions Regarding Compensation

			Yes	No
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	1b		
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?	2		
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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7	X	
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	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM L. MINNIX, JR.	(i)	383,501.	37,500.	2,640.	31,600.	14,924.	470,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATRINKA SMITH-SLOAN	(i)	262,540.	3,697.	900.	31,600.	3,243.	301,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBYN STONE	(i)	244,239.	3,199.	75.	31,600.	9,592.	288,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUZANNE WEISS	(i)	211,620.	3,382.	1,500.	31,600.	9,336.	257,438.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ZACHARY SIKES	(i)	177,508.	2,945.	0.	7,787.	17,974.	206,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VIRGINIA NUESSLE	(i)	162,595.	101.	0.	0.	9,336.	172,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHARON SULLIVAN	(i)	157,538.	101.	900.	11,486.	18,922.	188,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HELAINE RESNICK	(i)	153,414.	101.	900.	8,067.	1,935.	164,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ADRIENNE RUFFIN	(i)	153,117.	101.	0.	10,954.	4,161.	168,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA MANARD	(i)	148,387.	609.	0.	6,943.	9,368.	165,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MADJ ALWAN	(i)	137,456.	101.	900.	6,704.	18,786.	163,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY REILLY	(i)	131,371.	2,433.	0.	9,456.	13,038.	156,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7: EACH EMPLOYEE LISTED ON PART VII OF THE 990 RECIEVED A $100 DOLLAR PAYMENT FOR GENERAL STAFF APPRECIATION. THE REMAINING PAYMENTS WERE BASED ON KEY PERFORMANCE INDICATORS AS IDENTIFIED BY THE PRESIDENT/CEO, COO, AND THE HR DIRECTOR.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer Identification number: 13-6213525

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON SULLIVAN VP OF MARKETING/CONF.	37.50				X			158,539.	0.	30,408.
HELAINE RESNICK DIRECTOR OF RESEARCH	37.50				X			154,415.	0.	10,002.
ADRIENNE RUFFIN DEPUTY DIRECTOR, IFAS	37.50				X			153,218.	0.	15,115.
BARBARA MANARD VP, LT HEALTHCARE STRAT.	37.50					X		148,996.	0.	16,311.
MADJ ALWAN DIRECTOR, CAST	37.50					X		138,457.	0.	25,490.
MARY REILLY SENIOR REGIONAL VP	37.50					X		133,804.	0.	22,494.
DEBORAH CLOUD VP, SENIOR EDITOR	37.50					X		129,153.	0.	18,236.
CHRISTOPHER KASMARK VP, INFO. TECHNOLOGY	37.50					X		128,336.	0.	17,978.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2008

832201 12-18-08

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

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a
Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number: 13-6213525

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	DISTRICT OF COLUMBIA	53-6001131	254839K36	09/01/05	11090000.	ADVANCE REFUNDING OF PRIOR BOND ISSUE		X		X
B										
C										
D										
E										

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

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 HOMES AND SERVICES FOR THE AGING

Employer identification number: 13-6213525

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

ELDERLY; PROVIDE OR OTHERWISE MAKE AVAILABLE TO ITS MEMBER ORGANIZATIONS EDUCATIONAL SEMINARS AND MATERIALS RELATED TO THE PROMOTION OF EXCELLENCE IN THE DELIVERY OF CHRONIC OR LONG-TERM CARE SERVICES; PROMOTE AND SUPPORT INNOVATIVE RESEARCH INITIATIVES THAT LEAD TO EVIDENCE BASED SOLUTIONS TO SUPPORTING PEOPLE AS THEY AGE; AND PROMOTE A COMPREHENSIVE SYSTEM OF CARE AND SERVICES BY ORGANIZATIONS THAT RECOGNIZES THE DIGNITY OF ALL PERSONS AND ENHANCES THE QUALITY OF LIFE FOR OLDER ADULTS AND OTHERS WITH SPECIAL NEEDS.

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

INSTITUTE FOR THE FUTURE OF AGING SERVICES

EXPENSES $ 2343587. INCLUDING GRANTS OF $ 0. REVENUE $ 1076705.

CORPORATE AND BUSINESS DEVELOPMENT

EXPENSES $ 2028205. INCLUDING GRANTS OF $ 201931. REVENUE $ 745134.

SHARED LEARNING AND LEADERSHIP DEVELOPMENT

EXPENSES $ 1155073. INCLUDING GRANTS OF $ 0. REVENUE $ 240668.

FORM 990, PART VI, SECTION A, LINE 6: AAHSA HAS TWO CLASSES OF MEMBERSHIP. THEY ARE MEMBERS AND ASSOCIATE MEMBERS. MEMBERS INCLUDE NONPROFIT, VOLUNTARY HOMES, FACILITIES, AND SERVICE PROVIDERS PROVIDING CARE AND HOUSING FOR THE AGED; GOVERNMENT HOMES, FACILITIES, AND SERVICE PROVIDERS PROVING CARE AND HOUSING FOR THE AGING AND AGED; AND NONPROFIT, VOLUNTARY OR GOVERNMENTAL ORGANIZATIONS OFFERING CARE, SERVICES AND HOUSING

PROGRAMS FOR THE AGING. EACH MEMBER SHALL APPOINT A REPRESENTATIVE TO REPRESENT IT AT ANY ANNUAL MEETING OR SPECIAL MEETING OF THE ASSOCIATION. SUCH REPRESENTATIVE SHALL BE ENTITLED TO ONE VOTE. OTHER CLASSES OF MEMBERSHIP SHALL NOT BE ENTITLED TO VOTE AND INCLUDE INDIVIDUAL AND HONORARY MEMBERS, ORGANIZATIONS AND AGENCIES OTHER THAN HOMES AND SERVICE PROVIDERS FOR THE AGING, AND STATE AND MULTI-STATE ASSOCIATIONS OF HOMES AND SERVICE PROVIDERS FOR THE AGING.

FORM 990, PART VI, SECTION A, LINE 7A: THE HOUSE OF DELEGATES CAN ELECT EIGHTEEN MEMBERS OF THE GOVERNING BODY DURING THE ANNUAL MEETING. IN THE ELECTION THOSE NOMINEES RECEIVING THE HIGHEST NUMBER OF VOTES SHALL BE DECLARED ELECTED. THE HOUSE OF DELEGATES IS COMPRISED OF (1) MEMBERS ELECTED BY STATE OR MULTI-STATE ASSOCIATIONS, THE NUMBER OF WHICH IS BASED ON TOTAL AAHSA MEMBERS WITHIN THAT ASSOCIATION; (2) FIFTEEN DELEGATES AT LARGE WHICH ARE APPOINTED BY THE CHAIR AFTER RECEIVING RECOMMENDATIONS OF THE NOMINATIONS COMMITTEE; AND (3) THE EXECUTIVE DIRECTORS OF THE STATE ASSOCIATION ASSOCIATE MEMBERS AS EX-OFFICIO MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS THROUGH THEIR HOUSE OF DELEGATES REPRESENTATION HAVE THE FOLLOWING POWERS AND PREROGATIVES: TO DELIBERATE THE MAJOR ISSUES CONFRONTING THE ASSOCIATION AND THEN TO REFLECT A CONSENSUS FOR THE GUIDANCE OF THE BOARD OF DIRECTORS; TO AMEND THE BYLAWS; TO APPROVE DUES INCREASES AND SPECIAL ASSESSMENTS; TO BE CONSULTED AND TO MAKE RECOMMENDATIONS ON THE ANNUAL BUDGET; AND TO ELECT AND/OR RECALL OFFICERS, DIRECTORS OF THE ASSOCIATION, AND MEMBERS OF THE NOMINATIONS COMMITTEE.

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	Employer identification number
AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING	13-6213525

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS FIRST REVIEWED BY AAHSA MANAGEMENT. THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS VIA E-MAIL FOR REVIEW AND COMMENT. IF THERE ARE NO RECOMMENDED CHANGES FROM THE BOARD, THE FORM 990 IS FILED WITH THE IRS. IF THERE ARE RECOMMENDED CHANGES, THESE CHANGES ARE INCORPORATED INTO THE FORM 990, AND A REVISED FORM 990 IS THEN DISTRIBUTED VIA E-MAIL TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, SENIOR STAFF, AND STAFF DIRECTORS SIGN A CONFLICT OF INTEREST AGREEMENT ON AN ANNUAL BASIS. THE FORM REQUIRES THAT THEY DISCLOSE ANY CONFLICTS OF POTENTIAL CONFLICTS, OUTSIDE INTERESTS, ETC.

FOR STAFF, IN THE EVENT SUCH A DISCLOSURE IS MADE, CONVERSATIONS TAKE PLACE BETWEEN THE CEO AND STAFF IN QUESTION ABOUT THE CONFLICT, AND THEY DETERMINE A RESOLUTION. IN THE PAST, STAFF MEMBERS HAVE HAD TO RESIGN FROM ORGANIZATIONS WHICH CAUSE A CONFLICT, CHANGE THEIR ROLE, ETC. THE CEO MAKES THE FINAL DETERMINATION ON A POTENTIAL STAFF CONFLICT.

FOR THE BOARD OF DIRECTORS, THE DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT/CEO AND THE COO. THE BOARD IS NOTIFIED IF A BOARD MEMBER DISCLOSES A CONFLICT. THE BOARD MEMBER IS ASKED TO RESIGN OR TO RECUSE HIMSELF FROM ANY CONFLICTED DISCUSSION OR DECISION.

AAHSA ALSO SENDS ITS CONFLICT OF INTEREST POLICY TO MEMBERS WHO SERVE ON

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number: 13-6213525

AAHSA'S COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 15: AAHSA TARGETS ITS EXECUTIVE CASH COMPENSATION PACKAGES AT THE UPPER MIDDLE OF THE COMPETITIVE MARKET, AS DEFINED PRIMARILY BY THE WASHINGTON DC MARKET FOR MEMBERSHIP AND ADVOCACY ASSOCIATIONS WITH SIMILAR MISSIONS AND SCOPE OF OPERATIONS. AAHSA WILL ALSO LOOK TO THE EXECUTIVE PAY PRACTICES IN LARGE AAHSA MEMBERS WHERE WE EXPECT TO FIND THE KEY COMPETENCIES NECESSARY FOR SUCCESS IN OUR ORGANIZATION. THE EXECUTIVE COMMITTEE OF THE BOARD WILL BE RESPONSIBLE FOR THE INDEPENDENT ANNUAL REVIEW OF THE CEO'S PAY PACKAGE, WORKING WITH OUTSIDE ADVISORS AS NEEDED, ENSURING THE FULL BOARD SUPPORTS THE OVERALL COMPENSATION PHILOSOPHY, AND PROVIDING SPECIFIC RECOMMENDATIONS TO THE BOARD FOR PAY PLAN DESIGN AND ANNUAL COMPENSATION DECISIONS.

AAHSA'S EXECUTIVE COMPENSATION PROGRAM WILL INCLUDE:

- TOTAL CASH COMPENSATION TARGETED AT THE 60TH - 75TH PERCENTILE OF THE COMPETITIVE MARKETPLACE AS DEFINED IN THE COMPENSATION PHILOSOPHY. SALARIES WILL BE MAINTAINED IN THIS RANGE, AND INCENTIVES WILL BE USED TO ACHIEVE OUR TOTAL COMPENSATION GOALS BASED ON ANNUAL AND LONG TERM PERFORMANCE.
- AAHSA WILL USE MODERATE LEVELS OF INCENTIVE PAY TO SUPPORT SECURITY AND AVOID AN OVER EMPHASIS ON SHORT-TERM RESULTS. THE LONG TERM NATURE OF AAHSA'S MISSION AND STRATEGIES REQUIRES THAT PERFORMANCE-BASED PAY BALANCE SHORT TERM ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHED THROUGH THE EXERCISE OF INFLUENCE AND CONSENSUS BUILDING AND NOT DIRECT IMPACT ON PUBLIC/EXTERNAL POLICIES OR MARKETS.

- INCENTIVES WILL BE TIED TO ANNUAL ACHIEVEMENT OF AAHSA'S BUDGETARY, OPERATIONAL, AND MEMBER DEVELOPMENT GOALS. AAHSA'S INCENTIVE PLAN EMPHASIZES OBJECTIVE EVALUATION OF ANNUAL AND LONG TERM PERFORMANCE AND INCLUDES A BALANCE OF FINANCIAL DATA, OPERATIONAL AND MEMBERSHIP STATISTICS, AND THE ASSESSMENT OF RESULTS PRODUCED VIA AAHSA'S INFLUENCE ON PUBLIC POLICY AND MARKET ISSUES.

- BENEFITS WILL BE PRUDENT AND COMPETITIVE WITH THE LOCAL MARKETPLACE TO SUPPORT OUR RECRUITING AND RETENTION EFFORTS.

- PENSIONS AND DEFERRED BENEFITS WILL BE PROVIDED WITHIN OUR FISCAL RESOURCES TO ENSURE OUR EXECUTIVES ARE PROVIDED WITH APPROPRIATE SECURITY AND POST-EMPLOYMENT BENEFITS BASED ON THEIR SERVICE TO THE ASSOCIATION.

THE ANNUAL OPERATIONAL PROCESS FOR DETERMINING THE SALARIES OF AAHSA'S OFFICERS AND KEY EMPLOYEES IS AS FOLLOWS:

- NEW HIRES TARGET STARTING SALARY RANGES FOR AAHSA'S OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED UPON A RELEVANT FACTOR REVIEW OF AAHSA'S COMPREHENSIVE POSITION DESCRIPTION AGAINST APPROPRIATE PUBLISHED EXTERNAL SALARY SURVEYS IN THE WASHINGTON METROPOLITAN AREA (E.G. HRA-NCA SALARY SURVEY; PRM CONSULTING NON-PROFIT MANAGEMENT SURVEY; SALARY SURVEY OF DC AREA NON-PROFITS; ASAE COMPENSATION SURVEY, ETC.) AND COMPARABLE EXISTING INTERNAL POSITIONS, IF ANY, BY THE SENIOR DIRECTOR, HR & ADMINISTRATION, THE COO AND/OR THE PRESIDENT AND CEO. BASED ON THE FACTORS ABOVE, THE STATED SALARY REQUIREMENTS OF THE CANDIDATE, THE QUALIFICATIONS OF THE CANDIDATE, CURRENT MARKET CONDITIONS AND AAHSA'S BUSINESS NEEDS, SALARY OFFERS ARE RECOMMENDED BY THE SR. DIRECTOR, HR & ADMINISTRATION (AND THE

DESIGNATED HIRING MANAGER, IF ANY) AND APPROVED AND EXTENDED BY THE COO AND/OR THE PRESIDENT AND CEO.

- ANNUAL SALARY REVIEWS AAHSA'S OFFICERS AND KEY EMPLOYEES ARE CONSIDERED FOR SALARY INCREASES ON THE BASIS OF THEIR INDIVIDUAL AND GROUP PERFORMANCE AGAINST THE ACHIEVEMENTS DESCRIBED IN AAHSA'S EXECUTIVE COMPENSATION PHILOSOPHY AND ARCHITECTURE. ANNUAL SALARY INCREASES ARE NOT GUARANTEED OR AUTOMATIC. SALARIES ARE GENERALLY REVIEWED AS OF THE BEGINNING OF EACH CALENDAR YEAR (JANUARY 1ST) FOR INDIVIDUAL PERFORMANCE AND GROUP GOAL ACHIEVEMENT DURING THE PRIOR FISCAL/PERFORMANCE YEAR (OCTOBER 1 - SEPTEMBER 30TH). PERCENTAGE INCREASES ARE ALSO SUBJECT TO THE TOTAL SALARY BUDGET INCREASE APPROVED BY THE AAHSA BUDGET & FINANCE COMMITTEE FOR THAT PERFORMANCE YEAR. JUSTIFIABLE EXCEPTIONS ARE CONSIDERED ON A LIMITED BASIS, AS THE BUDGET PERMITS. THE PRESIDENT & CEO AND THE COO DETERMINE ANNUAL SALARY INCREASE PERCENTAGES FOR THE OFFICERS AND KEY EMPLOYEES UNDER THEIR SUPERVISION. OTHER KEY EMPLOYEE ANNUAL SALARY INCREASE PERCENTAGES ARE DETERMINED BY THE APPROPRIATE SENIOR VICE PRESIDENT SUPERVISING THAT INDIVIDUAL. THE ACCURACY OF THE PROPOSED SALARY INCREASES IS CONFIRMED BY THE SR. DIRECTOR, HR & ADMINISTRATION PRIOR TO REVIEW AND APPROVAL BY THE COO OR PRESIDENT & CEO, AS APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19: AAHSA MAINTAINS ITS ANNUAL REPORT WITH FINANCIAL STATEMENTS ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Employer identification number: 13-6213525

FORM 990, PART IX, LINE 2C: AAHSA HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN THESE PROCESSES FROM THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE:

ADVANCE REFUNDING OF PRIOR BOND ISSUE.

FORM 990, PART 1, LINE 6: AAHSA HAS VARIOUS STANDING COMMITTEES THAT ESTABLISH TASK FORCES FOR SPECIFIC ISSUES. IN ORDER TO TRACK THE NUMBER OF VOLUNTEERS, AAHSA MAINATINS ROSTERS OF ITS COMMITTEES WITHIN ITS MEMBERSHIP DATABASE.

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
5	BUILDINGS AND IMPROVEMENTS	VARIES		.000	16	13041281.			13041281.	2510333.		330,072.
	* 990 PAGE 10 TOTAL BUILDINGS					13041281.		0.	13041281.	2510333.	0.	330,072.
	MACHINERY & EQUIPMENT											
7	FURNITURE AND EQUIPMENT	VARIES		.000	16	2121734.			2121734.	1724380.		113,554.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2121734.		0.	2121734.	1724380.	0.	113,554.
	LAND											
4	LAND	VARIES		.000	16	2471500.			2471500.			0.
	* 990 PAGE 10 TOTAL LAND					2471500.		0.	2471500.	0.	0.	0.
	OTHER											
8	CAPITAL LEASE	VARIES		.000	16	327,274.			327,274.	327,274.		0.
	* 990 PAGE 10 TOTAL OTHER					327,274.		0.	327,274.	327,274.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					17961789.		0.	17961789.	4561987.	0.	443,626.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone