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DLN: 93493014009924

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

one number 476-3400 receipts \$ 17,782,176 return for Yes V No a list (see instructions) cion number > 4ND PHYSICAL net assets 3		
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7a Current 884 214 424 775 297		

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

✓ Yes ☐ No

Par	t III		f Program Servi lle O contains a resp			: III		٦
1	Briefl	y describe the or	ganızatıon's mıssıon					
PHY	SICAL		NAL PRACTICE AND RT AND DANCE TH "					
2	the pr	or Form 990 or 9	dertake any significa 990-EZ? e new services on Sc			year which were no	ot listed on	┌ Yes ┌ No
3	Did th	ne organization ce ces?	ase conducting, or m	nake sıgnıfıcan	=	t conducts, any pi	rogram · · · · ·	┌ Yes ┌ No
4	Descr	ribe the organizati ises Section 501	ion's program service (c)(3) and 501(c)(4 d revenue, if any, for	e accomplishm) organizations	are required to re			
4a	EDUC EDUC ADMII IN TH	CIATION PROGRAMS- ATION, RECREATION ATION THROUGH COI NISTRATORS AND TEA E ARTS AND PHYSICA) (Expenses \$ INCLUDING VARIOUS PROFICE EDUCATION, AND DANCE NFERENCES, PUBLICATIO ACHERS REGARDING EQU AL EDUCATION, PROVIDE HE PROFESSION, AND VAR	EDUCATION MA NS, DISSEMINATI ITY ISSUES IN SP NETWORKING OP	JOR ACTIVITIES INCLL ON OF NATIONAL STAN ORTS FOR GIRLS AND PORTUNITIES TO DEV	N-MEMBER PROFESSI JDE ONGOING PROFES JDARDS, PROVIDING I WOMEN, ADVOCATIN ELOP EDUCATIONAL S	SSIONAL DEVELOPMENT INFORMATION AND PRO IG FOR QUALITY DANCE KILLS, PROVIDE LEADE	AND CONTINUING OGRAMING FOR PROGRAMS AT ALL LEVELS
4b	OPINI 700 P EXCH ALIKE	/ENTION-PROVIDE CO IONS, PROVIDE OPPOI PROGRAMS AND EVEN ANGE EXPERIENCES, VARIOUS PROGRAM	TS, THE CONVENTION PR AND STRENGTHEN THE P	HE LATEST EQUIPI OVIDES THE OPPO PROFESSION PRO IENTED TRACKS,	MENT AND RESOURCE DRTUNITY TO CONNEC GRAM OFFERINGS STE AS WELL AS CONTINUI	OVER 5,000 ATTENDEE TOOLS AVAILABLE TO IT WITH OTHER PROF RENGTHEN THE SKILLS ING EDUCATION CREE	THE PROFESSIONS WE ESSIONALS, ENHANCE : S OF VETERANS AND FU	SERVE OFFERING OVER SKILLS AND KNOWLEDGE,
4 c	EXER(INCLU PHYS: CIRCU ASSES	DDICALS-THE VARIOU CISE AND SPORT, AN JDE THE AMERICAN J ICAL AND SPORT EDU ULATION IN EXCESS C SSMENT, ADMINISTRA) (Expenses \$ S JOURNALS OF THE ORG D PROVIDE PRACTICAL IN OURNAL OF HEALTH EDUCATORS, AND RESEARCH DF 21,000 THE JOURNALS ATION, COACHING, FITNE INGS IN RESEARCH, PROC	NFORMATION AND CATION, THE JOU I QUARTERLY FOR S OFFER THE MOS SS, PROFESSIONA) IDEAS THAT WORK F IRNAL OF PHYSICAL EE R EXERCISE AND SPOR ST UP-TO-DATE INFOR AL PREPARATION, RESI	EALTH EDUCATORS, P OR SPORT AND PHYSI DUCATION, RECREATION IT THE JOURNALS INC MATION IN SUCH DIV EARCH IN THE ART AN	ICAL EDUCATORS OF AL ON & DANCE, STRATEG CLUDE PEER REVIEWED /ERSE AREAS AS TEACH	L LEVELS THE PERIODICALS TES A JOURNAL FOR ARTICLES AND HAVE A ING, CURRICULUM,
	(Code	e BERSHIP SERVICES) (Expenses \$	339,253	including grants of \$) (Revenue \$)
	(Code) (Expenses \$ NS, STUDENT LEADERSHI	808,910 P TRAINING, AND	including grants of \$ OTHER PROFESSIONA	•	0) (Revenue \$	2,845)
		PROJECTS WITH TH) (Expenses \$ E AMERICAN HEART ASSO MPORTANCE OF VOLUNTE		including grants of \$	•	95) (Revenue \$ PPORTUNITIES REGARD) ING THE BENEFITS OF
		ARCH CONSORTIUM F) (Expenses \$ PROGRAMS COMMUNICAT L ISSUES IN THE HEALTH			TO THE PRACTIONER		
	(Code) (Expenses \$ DLS (LMAS) AND PYFP PR	249,049 OGRAMS	including grants of \$) (Revenue \$	397)
	(Code) (Expenses \$ T AND STATE ASSOCIATIO	190,865 NS TO ASSIST IN	including grants of \$ THE FURTHERANCE O) (Revenue \$)
4d		er program service enses \$	es (Describe in Sche 1,929,470 incl	dule O) uding grants o	f\$	50,495) (Revenu	ue \$	6,222)
4e	Tota	l program service	expenses 🕨	6,879,760				

Part IV Checklist of Required Schedule
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	<u> </u>
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^{\bullet}	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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, Parts II and IV	15		No
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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νo
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 227		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for 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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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			Na
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	j	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

_Se	ection A. Governing Body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	ed by d	or under the direct	3		No
4	Did the organization make any significant changes to its governing documents since filed?		·	4		No
5	Did the organization become aware during the year of a significant diversion of the o	raanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
_	Did the organization have members, stockholders, or other persons who had the pow	verto	elect or annount one or		100	
, .	more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ле Cod	le.)
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ue Cod Yes	(e.)
	Did the organization have local chapters, branches, or affiliates?		red by the Internal R	evenu 10a		
10a					Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	· · civities on's e	of such chapters, xempt purposes?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	· · · civities on's e		10a 10b	Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	on's ets gov	of such chapters, xempt purposes? erning body before filing	10a 10b	Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov · · ·	of such chapters, xempt purposes? erning body before filing	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov · · · Form 9	of such chapters, xempt purposes? erning body before filing organization of the control of the	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov · · · Form 9	of such chapters, xempt purposes? erning body before filing organization of the control of the	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov · · · Form 9	of such chapters, xempt purposes? erning body before filing organization of the control of the	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p tiew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p the p the deli	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p the p the deli	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p the p the deli	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ts government of the policy of	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p the deli or sim ization e step	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	civities on's e ts gov form 9 ly inte the p the deli or sim ization e step	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed▶AK, AR, CA, CT, GA, IL, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, SC, TN, UT, VA, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LAURA MYERS 1900 ASSOCIATION DR RESTON, VA (703)476-3400

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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check, unle office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) GALE A WIEDOW PRESIDENT	20 00	х		x				3,500	0	0
(2) IRENE M CUCINA	20 00	Х		х				0	0	0
PAST PRESIDENT										
(3) DOLLY LAMBDIN PRESIDENT-ELECT	20 00	х		х				0	0	0
(4) FRAN CLELAND	5 00	.,						2.000		
GOVERNOR		X						2,800	0	0
(5) RENE COLLERAN	5 00	Х						0	0	0
GOVERNOR										
(6) DENNIS DOCHEFF	5 00	x						0	0	0
GOVERNOR										
(7) NEIL DOUGHERTY	5 00	x						1,455	0	0
GOVERNOR								,		
(8) CHIC HESS	5 00	x						0	0	0
GOVERNOR										
(9) LYNN JOHNSON	5 00	x						0	0	0
GOVERNOR										
(10) SHAWN LADDA	5 00	x						0	0	0
GOVERNOR										
(11) CELIA REGIMBAL	5 00	х						0	0	0
GOVERNOR										
(12) ANNE STEWART	5 00	х						0	0	0
GOVERNOR										
(13) MILTON WILDER	5 00	х						0	0	0
GOVERNOR (144) E DALL BOSTERT										
(14) E PAUL ROETERT CEO	60 00			х				259,943	0	10,627
(15) LAURA L MYERS	55 00									
VP BUSINESS & FIN				Х				141,461	0	15,190
(16) GEOFF BREHM	50 00									
DIRECTOR OF IT						Х		105,378	0	13,384
	l									Form 990 (2012)

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

	(A) Name and Title A verage hours per week (list any hours		A verage Position (do not check more than one box, unless week (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
											_		
1b	Sub-Total			•				 					
c	Total from continuation sheet	•					•	•					
d	Total (add lines 1b and 1c) .						•	•	514,537	l .	0		39,201
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	ho received more th	ian			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S					key •	emplo	yee,	or highest compen	sated employee	3	103	No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	mpen	satı	on fr	om any	unr/	elated organization	or individual for	-		
	services rendered to the organ	ıızatıon? <i>If</i> "Yes	," compl	ete S	ched	lule 3	l for su	ch pe	erson	[5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five	e highest comp											

(A) Name and business address	(B) Description of services	(C) Compensation
DIRECTIVITY 13504 RUSSET LEAF LANE SAN DIEGO CA 92129	MARKETING SERVICES	190,675
TAYLOR & FRANCIS PO BOX 416566 BOSTON MA 022416566	PUBLISHING SERVICES	187,944
FREEMAN AV SOLUTIONS 2616 COMMERCE PARK DR ORLANDO FL 32819	AUDIO-VISUAL SERVICES	118,808
NORTHERN ILLINOIS UNIVERSITY 231 N ANNIE GLIDDEN RD DEKALB IL 601152894	EVAL & ASSESSMENT	113,000
CHARLOTTE CONVENTION CENTER 501 SOUTH COLLEGE ST CHARLOTTE NC 28202	CONV/MEETING SVCS	100,703
CHARLETTE CONVENTION CENTER 301 300TH COLLEGE ST CHARLETTE NO 20202		100,703

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part V	/	Statement o						
		Check if Schedu	ile O contains a respor	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0	1a	Federated camp	paigns 1a					
ints	ь	Membership du	es 1b	1,587,328				
Contributions, Gifts, Grants and Other Similar Amounts	c		ents 1c					
ß. Ar								
Gifi ilar	d	Related organiz						
is,	e	Government grants	(contributions) 1e	583,387				
tior r S	f	All other contribution	ons, gifts, grants, and 1f	3,645,779	İ	į		į
tributio Other	a	Noncash contribution				i		-
n tri		1a-1f \$						
Con1 and	h	Total. Add lines	1a-1f	· · ·	5,816,494			
<u> </u>				Business Code				
enu	2a	CONVENTIONS		541800	1,668,411	1,650,216	18,195	
₽e	ь	OTHER PROGRAM I	REVENUE	900099	318,291	318,291		
- Ce	c	PERIODICALS		541800	262,001	237,618	24,383	
er w	d							
Program Serwde Revenue	e							
ପ୍ରୀଷ	f	All other progra	m service revenue					
ኟ	g	Total. Add lines	2a-2f		2,248,703			
	3		ome (including dividen					
		and other simila	aramounts)	•	150,852			150,852
	4		tment of tax-exempt bond	proceeds	567,811			567,811
	5	Royalties	(1) Dool	(··) Daves and	307,811			307,811
	6a	Gross rents	(ı) Real 4,050	(II) Personal				
	ь	Less rental	39,194					
	c	expenses Rental income	-35,144					
		or (loss)	·		-35,144			2E 144
	d	Net rental incor	me or (loss)	-	-35,144			-35,144
	7a	Gross amount from sales of assets other	(i) Securities 8,608,371	(II) Other				
	ь	than inventory Less cost or other basis and sales expenses	8,609,463					
	c	Gain or (loss)	-1,092					
	d	Net gain or (los	s)		-1,092			-1,092
Other Revenue	8a	Gross income frevents (not incl for contributions See Part IV, lin	uding reported on line 1c) e 18					
<u>Ter</u>	ь	less direct and	a penses b					
₹	°		loss) from fundraising	events 🖦				
			om gaming activities	-				
	ь	less direct eve	penses b					
	c		loss) from gaming acti	vities				
	10a	Gross sales of I returns and allo		331,908				
	ь	Less cost of go		60,464				
			loss) from sales of inve		271,444	271,444		
		Miscellaneous	Revenue	Business Code				
	11a	OTHER INCOM	IE	900099	53,987			53,987
	ь							
	С							
	d	All other revenu						
	е	Total. Add lines	11a-11d		53,987			
	12	Total revenue.	See Instructions .	· · · · •	9,073,055	2,477,569	42,578	736,414

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
	ot include amounts reported on lines 6b, b, 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 United States See Part IV, line 21	52,413	52,413		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	49,745	49,745		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	13,113	13,713		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	430,720	237,812	172,341	20,567
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,213,273	1,766,343	1,288,589	158,341
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	99,769	56,499	43,270	
9	Other employee benefits	444,512	268,614	159,055	16,843
10	Payroll taxes	252,341	144,822	96,155	11,364
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,694		38,744	-50
c	Accounting	70,100	16,200	53,900	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	63,550		63,550	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	926,906	764,577	161,625	704
12	Advertising and promotion	13,456	<u>'</u>	4,947	
13	Office expenses	468,249	<u> </u>	 	1,994
14	Information technology	120,863		· · ·	7,924
15	Royalties	13,587	13,587	,	, , , , , , , , , , , , , , , , , , ,
16	Occupancy	70,097	,	70,097	
17	Travel	531,568	455,157	· · · · · · · · · · · · · · · · · · ·	2,640
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings	112,666	112,666		
20	Interest	23,485		23,485	
21	Payments to affiliates	190,865	190,865		
22	Depreciation, depletion, and amortization	272,597	9,167	263,430	
23	Insurance	41,195	7,057	34,138	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING & PRODUCTION	554,799	415,778	138,071	950
b	HONORARIUMS	82,950	82,950		
c	EXPENSE ALLOCATIONS	0	1,680,731	-1,780,901	100,170
d	RENTAL EXP ON LINE 6B	-39,194		-39,194	
е	All other expenses	372,788	240,571	130,394	1,823
25	Total functional expenses. Add lines 1 through 24e	8,471,994	6,879,760	1,268,964	323,270
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Fall	τχ	Check if Schedule O contains a response to any question in thi	s Part	x					
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			591,537	1	4,746,884		
	2	Savings and temporary cash investments			821,138	2	1,256,157		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			436,287	4	170,790		
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5			
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6				
8	7	Notes and loans receivable, net				7	_		
₹	8	Inventories for sale or use			182,256	H - H	122,223		
	9	Prepaid expenses and deferred charges			422.941	9	276,192		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	422,041	9	270,102				
	ь	Less accumulated depreciation	10a 10b	+	1,345,004	10c	1,145,046		
	11	·	ments—publicly traded securities						
	12	Investments—other securities See Part IV, line 11			5,646,599	11 12	5,436,750		
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			16,354	15	6,825		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,462,116	\vdash	13,160,867		
	17				600,177	17	2,782,367		
		Accounts payable and accrued expenses	000,177	18	2,702,307				
	18	Grants payable	1,688,677	H	3,253,433				
	19	Deferred revenue	1,000,077	19	3,233,433				
	20	Tax-exempt bond liabilities	770 700	20	004 500				
es S	21	Escrow or custodial account liability Complete Part IV of Scho			778,762	21	681,592		
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	•					
豆		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third partie			1,600,000	23	1,000,000		
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	41,674	25	34,963		
	26	D			4,709,290	26	7,752,355		
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			4,700,200	20	7,702,000		
ĕ	27	lines 27 through 29, and lines 33 and 34.			2 702 005		2 642 276		
<u>ದ</u>	27	Unrestricted net assets			3,703,905		3,613,376		
Fund Balance	28	Temporarily restricted net assets			438,338	28	1,183,953		
Ĭ	29	Permanently restricted net assets			610,583	29	611,183		
		Organizations that do not follow SFAS 117 (ASC 958), check h	ere ►	and					
9	20	complete lines 30 through 34.				_			
Assets	30	Capital stock or trust principal, or current funds				30	_		
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other f			4 750 000	32	E 400 E40		
Net	33	Total net assets or fund balances			4,752,826		5,408,512		
	34	Total liabilities and net assets/fund balances			9,462,116	34	13,160,867		

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,(073,055
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2			171,994
		3		6	501,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,7	752,826
5	Net unrealized gains (losses) on investments	5			192,749
6	Donated services and use of facilities				
7	Investment expanses	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			138,124
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				-
	column (B))	10		5,4	108,512
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		• •	<u> </u>	. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other MOD ACC If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a	Yes	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required		Yes	
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. oquircu		' "	İ

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As Filed Data -

DLN: 93493014009924

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

AMERICAN ALLIANCE FOR HEALTH PHYSICAL

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

EDUCA	ALTON E		JN AND DANCE						52-08864		
	rt I			blic Charity Sta						nstruction	s.
The	rganı	zation is	not a priva	te foundation becaus	seitis (Forl	ınes 1 thro	ugh 11, check	k only one	box)		
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches d	lescribed in s	ection 170	(b)(1)(A)(i).		
2	\sqcap	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	\sqcap	A hosp	ital or a cod	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	on 170(b)(1	L)(A)(iii).		
4	\sqcap	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in s e	ection 170(b)((1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit des	scribed in
_	_			(A)(iv). (Complete P	*			470(1)	(4)(4)(
6	<u> </u>			local government or	_						
7	J	_		at normally receives on 170(b)(1)(A)(vi).		-	support from	a governm	nental unit or f	rom the ge	neral public
8	Γ			described in section			mplete Part II	I)			
9	Ī			at normally receives					ıbutıons, mem	bership fee	es, and gross
	•	_		ities related to its e					•	-	· -
		•		oss investment inco	•	=		-			
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete P	art III)	•	
10	Г			ganized and operated							
11		An org	anızatıon or	ganized and operated	d exclusively	for the ben	efit of, to perf	form the fu	nctions of, or t	to carry ou	t the purposes of
				ly supported organiz						ee section	509(a)(3). Check
				bes the type of supp							
_	_			b Type II c							
е	ı			ox, I certify that the on managers and ot							
			n 509(a)(2)	on managers and oc	ner enan one	or more pu	oner, suppore	.cu organiz	acionis acseris		011 303 (4)(1) 01
f			-	received a written d	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Type	III suppo	ting organizatio <u>n,</u>
			this box	2006				6			
g			august 17, and persons?	2006, has the organ	ization accep	oted any gin	or contributi	on from an	y or the		
			J ,	rectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (ii))	Yes No
		and (III) below, the	governing body of th	ne supported	organizatio	n?			11	lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the follow	ng information about	the supporte	ed organizat	tion(s)				<u> </u>
_) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		(vii) A mount of
	uppoi			organization	organizati		the organi		organizat		monetary
or	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o		col (i) org		support
				or IRC section	docume	_	Juppor		III the o	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
							1				
										1	
Total						 		1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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 through 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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	5,935,238	7,787,277	10,063,850	7,943,884	5	816,494	37,546,743
	not include any "unusual grants ")	3,933,236	7,767,277	10,003,830	7,543,664	٥,	810,494	37,340,743
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to	3,457,086	3,093,221	3,370,911	1,814,540	2,	538,033	14,273,791
	the organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
_	organızatıon's benefit and either							
	paid to or expended on its							
5	behalf The value of services or facilities							
Э	furnished by a governmental unit							
	to the organization without							
	charge							
6	Total. Add lines 1 through 5	9,392,324	10,880,498	13,434,761	9,758,424	8,	354,527	51,820,534
7a	A mounts included on lines 1, 2, and 3 received from disqualified							0
	persons							· ·
ь	Amounts included on lines 2 and							
	3 received from other than							_
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c							51,820,534
	from line 6)							31,020,334
	ection B. Total Support			<u> </u>				
Care	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	A mounts from line 6	9,392,324	10,880,498	13,434,761	9,758,424	8,:	354,527	51,820,534
10a	Gross income from interest,							
	dividends, payments received	786,348	310,667	322,177	347,201		722,713	2,489,106
	on securities loans, rents, royalties and income from	700,540	310,007	322,177	347,201	,	, 22, , 13	2,409,100
	similar sources							
b	Unrelated business taxable							
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	786,348	310,667	322,177	347,201	-	722,713	2,489,106
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	61,386	104,592	109,603	1,435,281		53,987	1,764,849
	capital assets (Explain in Part	,			_, ,			_,,
13	IV) Total support. (Add lines 9,							
13	10c, 11, and 12)	10,240,058	11,295,757	13,866,541	11,540,906	9,:	131,227	56,074,489
14	First five years. If the Form 990 is	for the organizati	on's fırst, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	
	check this box and stop here	lie Gunnert De						<u>►</u>
15	ction C. Computation of Pub Public support percentage for 2012			13. column (f))		15		92 410 %
16	Public support percentage from 201			,, ,				
			· · · · · · · · · · · · · · · · · · ·	7.0		16		92 970 %
<u>5e</u> 17	ction D. Computation of Inv				n (f))	17		4 440 %
18	Investment income percentage from				·· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	33 1/3% support tests—2012. If the				line 15 is mara +	18 23 1/3	0% and 1	3 910 %
тэa			not check the bo				⁄∪, anu l	ine 17 is not

33 1/3% support tests—2011. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493014009924

OMB No 1545-0047

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 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN ALLIANCE FOR HEALTH PHYSICAL EDUCATION RECREATION AND DANCE 52-0886491 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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 Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	4,561	
b	Total lobbying expenditures to influence a legisle	ative body (direct lobbying)	15,394	
c	Total lobbying expenditures (add lines 1a and 1i	19,955		
d	Other exempt purpose expenditures	8,626,271		
e	Total exempt purpose expenditures (add lines 1	c and 1d)	8,646,226	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	582,311	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	145,578	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either li	ne 1h or line 1ı, did the organization file Form 4720	reporting	

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 on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total					
2a	Lobbying nontaxable amount	757,022	835,881	707,461	582,311	2,882,675					
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,324,013					
c	Total lobbying expenditures	3,708	33,952	33,195	19,955	90,810					
d	Grassroots nontaxable amount	189,256	208,970	176,865	145,578	720,669					
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,081,004					
f	Grassroots lobbying expenditures	41	10,012	2,640	4,561	17,254					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(a	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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					
а	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?					
е	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 similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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 (see instructions)	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493014009924

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

terrar revenu	F Attacil to For	ili 990. F See separate ilistructions.		Inspection
AMERICAN	the organization ALLIANCE FOR HEALTH PHYSICAL N RECREATION AND DANCE			loyer identification number
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
	organización anomerea res to romi 330	(a) Donor advised funds		(b) Funds and other accounts
L Tota	I number at end of year			
2 Aggr	regate contributions to (during year)			
3 Aggr	regate grants from (during year)			
1 Aggr	regate value at end of year			
	the organization inform all donors and donor advis- s are the organization's property, subject to the oi	-	nor adv	sed Yes No
used	the organization inform all grantees, donors, and d d only for charitable purposes and not for the bene			er purpose
	erring impermissible private benefit?			☐ Yes ☐ No
Part II			o Forn	n 990, Part IV, line 7.
	pose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)		ically important land area d historic structure
	nplete lines 2a through 2d if the organization held a ement on the last day of the tax year	a qualified conservation contribution in t	the forn	n of a conservation
				Held at the End of the Year
a Tota	I number of conservation easements		2a	
b Tota	al acreage restricted by conservation easements		2b	
c Num	nber of conservation easements on a certified histo	oric structure included in (a)	2c	
	nber of conservation easements included in (c) acc oric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	nber of conservation easements modified, transferi tax year 🛌	red, released, extinguished, or terminate	ed by th	ne organization during
Num	nber of states where property subject to conservat	ion easement is located 🛌		
	s the organization have a written policy regarding rement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and Yes No
Staf ▶	f and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
. <u>—</u> Amo ►\$	ount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year
B Doe	s each conservation easement reported on line 2(section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
bala	art XIII, describe how the organization reports concesheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia		
art III	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
work	e organization elected, as permitted under SFAS 1 as of art, historical treasures, or other similar asse vice, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education,	or rese	arch in furtherance of public
work	e organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse rice, provide the following amounts relating to thes	ets held for public exhibition, education,		
(i) _F	Revenues included in Form 990, Part VIII, line 1			- \$
(ii) ,	Assets included in Form 990, Part X			- \$
2 Ifth	e organization received or held works of art, histor wing amounts required to be reported under SFAS			· •
	enues included in Form 990, Part VIII, line 1	-		▶ \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tr</u>	<u>easu</u>	<u>es, or O</u>	<u>the</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	heck	any of t	he follo	wing that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of ar	rt, hıs	torıcal	treasu	es or othe	rsım	ıılar		
	assets to be sold to raise funds rather than t									│ Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets r		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	able		_				
_							-	_	Ar	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?	>						✓ Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete								t IV, line 10. Three years back	(a)[aum.u	aara baak
1a	Beginning of year balance	(a) Current year 610,583	(D)) Prior y	ear 454,348		o years back 452,441	+	450,691	(e)Four y	ears back 449,691
b	Contributions	600			156,235		1,907	-	1,750		1,000
c	Net investment earnings, gains, and losses								_,		
_							8,250	<u> </u>			
d	Grants or scholarships							-			
е	Other expenditures for facilities and programs						8,250				
f	Administrative expenses										
g	End of year balance	611,183			610,583		454,348	3	452,441		450,691
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ne 1g	colum	n (a)) h	eld as		•		
а	Board designated or quasi-endowment ▶										
ь	Permanent endowment ► 90 900 %										
С		00 %									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that a	are held	d and a	dministered	d for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a		No
b	(ii) related organizations							•	3a(No I
4	Describe in Part XIII the intended uses of the					•		•			
Par	t VI Land, Buildings, and Equipme					LO.					
	Description of property				Cost or		(b)Cost or o basis (othe		(c) Accumulated depreciation	d (d) Bo	ook value
1a	Land						157	,504			157,504
b	Buildings						2,689	,309	2,129,0	01	560,308
c	Leasehold improvements										
d	Equipment										
	Other						2,050		1,623,3	57	427,234
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (i	B), line	10(c).)			🕨		1,145,046

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	irket value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. Set (a) Description of investment type	(b) Book value	(c) Method of valu	ation
(a) Description of investment type	(b) book value	Cost or end-of-year ma	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		(1)	Daale value
(a) Descri	ption	(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
CAPITAL LEASE PAYABLE	34,963		
	<u> </u>		
Total (Column (h) must equal Form 000 Part V1/0) In- 35			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	34,963		

Pell	Reconciliation of Revenue per Audited Financial Statements With Revenue i	er keu	irn
1	Total revenue, gains, and other support per audited financial statements	1	9,301,91
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	292,40
3	Subtract line 2e from line 1	3	9,009,50
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 63,550		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	63,55
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,073,05!
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	8,646,22
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	237,78
3	Subtract line 2e from line 1	3	8,408,44
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 63,550		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	63,55
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,471,99

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	CUSTODIAN ACCOUNT HELD FOR SOME OF THE UNITS IN THE GROUP EXEMPTION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE FOR RECOGNITION AWARDS FOR OUTSTANDING RESEARCH OR PERFORMANCE AND SCHOLARSHIPS ARE FOR CONTINUING EDUCATION IN THE PROFESSIONS SERVED BY AAHPERD
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AAHPERD HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, AAHPERD MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED AAHPERD'S TAX POSITIONS AND CONCLUDED THAT THE AAHPERD HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, AAHPERD IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD ON LINE 10B 60,464 RENTAL EXPENSES ON LINE 6B 39,194
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD ON LINE 10B 60,464 RENTAL EXPENSES ON LINE 6B 39,194 RETIREMENT BENEFIT EXPENSE 138,124

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493014009924

Open to Public

Department of the Treasury

Schedule I

(Form 990)

nternal Revenue Service			F Attach to Form 550				Inspection
ame of the organization MERICAN ALLIANCE FOR HEALT	H PHYSICAI					Employer identification	on number
DUCATION RECREATION AND D	ANCE					52-0886491	
Part I General Information							
1 Does the organization maintain the selection criteria used to a	ward the grants or as:	sistance?					√Yes √N
Describe in Part IV the organiz	<u>`</u>						!!
Part II Grants and Other A Form 990, Part IV, III	ne 21, for any recit	pient that received	more than \$5,000. Pa	rt II can be duplicate	d if additional spa	nization answered it	es to
, ,	, , ,		,	'	· ·		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 5	I 01(c)(3) and governr	l nent organizations list	ted in the line 1 table .			▶	
Enter total number of other org	anizations listed in th	e line 1 table				▶ _	

Schedule I (Form 990) 2012							
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.						
	Part III can be duplicated if additional space is needed.						

(a)Type of grant or as:	sistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
(1) A WA RDS/RESEA RCH GRA NTS/SCHO LA RSHIPS/	FELLO WSHIPS	68	49,745		1		
Part IV Supplemental Information.							
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information							
Idontifion	Datum Dafaranca		velenation				

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 GRANTS, AWARDS, SCHOLARSHIPS AND FELLOWSHIPS (GRANTS) ARE AWARDED BASED ON AN ESTABLISHED CRITERIA AND EVALUATION BY A COMMITTEE RESEARCH GRANTS ARE MADE TO INSTITUTIONS OF HIGHER EDUCATION RESEARCH GRANTS REQUIRE THE GRANTEE TO PROVIDE PERIODIC REPORTS BACK TO THE ORGANIZATION ALL GRANTS ARE MADE FOR PROGRAMS ADVANCING THE ORGANIZATION'S EXEMPT PURPOSE GRANTS ARE AWARDED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS FOLLOWING AN APPROVED PROCEDURE

DLN: 93493014009924

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public **Inspection**

Name of the organization AMERICAN ALLIANCE FOR HEALTH PHYSICAL EDUCATION RECREATION AND DANCE

Employer identification number

52-0886491 Part I Questions Regarding Compensation Yes No 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 Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo 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 only must complete lines 5-9. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
		·	compensation	compensation				
(1)E PAUL ROETERT CEO	(i) (ii)	259,943 0	0	0 0	2,518	8,109 0	270,570 0	0 0
	 ``		-	-			J	
(2)LAURA L MYERS VP BUSINESS & FIN	(i) (ii)	141,461 0	0	0	7,081 0	8,109 0	156,651 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

OMB No 1545-0047

OMB No 1545-004

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

52-0886491

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO TYPES OF MEMBERSHIP PROFESSIONAL MEMBERSHIP AND STUDENT MEMBERSHIP THE ORGANIZATION HAS 17,953 MEMBERS AS OF 8/31/13
	FORM 990, PART VI, SECTION A, LINE 7A	THE ALLIANCE ASSEMBLY THAT IS COMPRISED OF MEMBERS CAN ELECT ONE OR MORE DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	ARTICLES OF INCORPORATION CHANGES ARE SUBJECT TO THE APPROVAL OF THE MEMBERSHIP AND BY LAWS CHANGES ARE SUBJECT TO APPROVAL OF DELEGATE ASSEMBLY
	FORM 990, PART VI, SECTION B, LINE 11	COPY IS REVIEWED BY THE BOARD OF GOVERNORS AND AUDIT COMMITTEE PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY AND A COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED TO ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ON AN ANNUAL BASIS THE DISCLOSURE FORM IS REQUIRED TO BE COMPLETED, SIGNED, AND RETURNED TO THE ORGANIZATION, AND IS MONITORED FOR RECEIPT AND COMPLIANCE
	FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS REVIEWED ANNUALLY AND APPROVED BY AN INDEPENDENT COMMITTEE USING COMPARABLITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED ANNUALLY AND APPROVED BY INDEPENDENT PERSONS USING COMPARABLITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, ORGANIZATIONAL DOCUMENTS AND COI POLICY AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 764,577 MANAGEMENT AND GENERAL EXPENSES 161,625 FUNDRAISING EXPENSES 704 TOTAL EXPENSES 926,906
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	RETIREMENT BENEFIT EXPENSE -138,124
ACCOUNTING METHODS	FORM 990, PART XII, LINE 1	THE FINANCIAL STATEMENTS ARE PREPARED ON THE ACCRUAL BASIS OF ACCOUNTING WHEREBY REVENUE IS RECOGNIZED WHEN EARNED AND EXPENSES ARE RECOGNIZED WHEN INCURRED, WITH THE EXCEPTION OF THE RECORDING OF THE POSTRETIREMENT BENEFIT LIABILITY
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS