WEGNER CPAS LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

AMERICAN ANTHROPOLOGICAL ASSOCIATION 2300 CLARENDON BOULEVARD, NO. 1301 ARLINGTON, VA 22201

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Α .	ror tri	e 2020 calendar year, or tax year beginning an	a enaing		
В	Check if	C Name of organization		D Employer identifi	cation number
	Addr				
	Name	ge Doing business as		**-***66	91
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2300 CLARENDON BOULEVARD	1301	(703) 52	8-1902
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	6,957,425.
	Amer	nded ADITMOMON 177 22201		H(a) Is this a group re	
F	□Appli			for subordinates	
_	tion pend	SAME AS C ABOVE		H(b) Are all subordinates in	=
_				-	
) or 52	⊣	list. See instructions
		ite: ► AMERICANANTHRO.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Yea	of formation: 1902	M State of legal domicile: VA
P	art I	Summary			
a)	1	Briefly describe the organization's mission or most significant activities: <u>ADV</u>			
Activities & Governance		SCIENCE THAT STUDIES HUMANKIND AND ITS U	SE TO	SOLVE HUMAN	PROBLEMS.
rna	2	Check this box if the organization discontinued its operations or disp	osed of more	e than 25% of its net as:	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
ళ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			27
<u>ţi</u>	6	Total number of volunteers (estimate if necessary)			50
:≧	72				113,248.
Ą	' a	, , , , , , , , , , , , , , , , , , , ,			7,159.
_	0	Net unrelated business taxable income from Form 990-T, Part I, line 11			· · · · · · · · · · · · · · · · · · ·
	_			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		375,620.	726,920.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,393,727.	1,584,956.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,010,700.	1,709,155.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,523,235.	1,349,389.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,303,282.	5,370,420.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		221,416.	275,264.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(A	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		2,512,439.	2,729,470.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Sen	h	Total fundraising expenses (Part IX, column (D), line 25)	232.		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,834,546.	2,194,213.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,568,401.	5,198,947.
				-265,119.	171,473.
	19	Revenue less expenses. Subtract line 18 from line 12			· · · · · · · · · · · · · · · · · · ·
Net Assets or	1	T	В	eginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		17,686,112.	18,564,983.
et A	21	Total liabilities (Part X, line 26)		1,864,868.	1,904,321.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		15,821,244.	16,660,662.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedu			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	е	▶ EDWARD LIEBOW, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d		CPA	06/08/22 if London	
	parer	Firm's name WEGNER CPAS LLP		Firm's EIN	**-***4031
	Only	Firm's address 419 N LEE ST		FIIIII S EIN	
USE	Only	ALEXANDRIA, VA 22314-2301		Dhana aa / 7	03) 519-0990
_				[Phone no. (7	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE ANTHROPOLOGY AS THE SCIENCE THAT STUDIES HUMANKIND IN ALL
	ITS ASPECTS, THROUGH ARCHEOLOGICAL, BIOLOGICAL, ETHNOLOGICAL, AND
	LINGUISTIC RESEARCH; AND TO FURTHER THE PROFESSIONAL INTEREST OF
	AMERICAN ANTHROPOLOGIST, INCLUDING THE DISSEMINATION OF ANTHROPOLOGY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 245, 428. including grants of \$178, 194.) (Revenue \$195, 917.)
	PUBLICATIONS - THE ASSOCIATION ADVANCES ITS CORE GOALS OF FURTHERING
	THE PROFESSIONAL INTERESTS OF ANTHROPOLOGISTS, DISSEMINATING
	ANTHROPOLOGICAL KNOWLEDGE AND ITS USES TO ADDRESS HUMAN PROBLEMS,
	PROMOTING THE ENTIRE FIELD OF ANTHROPOLOGY IN ALL ITS DIVERSITY, AND
	REPRESENTING THE DISCIPLINE NATIONALLY AND INTERNATIONALLY, IN THE
	PUBLIC AND PRIVATE SECTORS THROUGH, AMONG OTHER THINGS, ITS PUBLISHING
	PROGRAM WITH OVER 20 TITLES PUBLISHED IN PRINT AND ONLINE. THE
	ASSOCIATION IS THE LARGEST SINGLE PUBLISHER OF ANTHROPOLOGICAL JOURNALS
	IN THE WORLD THROUGH ITS PARTNERSHIP WITH WILEY PERIODICALS INC. JOURNAL CONTENT IS MADE AVAILABLE IN ELECTRONIC FORMAT TO THE
	ASSOCIATION'S MEMBERS AND SUBSCRIBERS.
	ABSOCIATION S MEMBERS AND SOBSCRIBERS.
4h	(Code:) (Expenses \$ 486,182. including grants of \$) (Revenue \$ 96,105.)
710	ANNUAL MEETING - THE ASSOCIATION'S ANNUAL MEETING IS THE LARGEST
	GATHERING OF ANTHROPOLOGISTS IN THE WORLD WITH MORE THAN 5,600
	PARTICIPANTS. THE ASSOCIATION MEMBERS AND INVITED GUESTS PRESENT
	SCHOLARLY PAPERS AND RESEARCH AT MORE THAN 1,100 SCHOLARLY SESSIONS. IN
	ADDITION TO PAPER SESSIONS THERE ARE ROUNDTABLES, POSTER SESSIONS,
	PUBLIC POLICY FORUMS, NETWORKING OPPORTUNITIES, A JOB FAIR, GRADUATE
	SCHOOL FAIR AND AN EXHIBITION WITH OVER 100 BOOTHS. DUE TO THE COVID
	PANDEMIC, THE 2020 MEETING SCHEDULED TO TAKE PLACE IN ST. LOUIS WAS
	CANCELLED.
	400,000
4c	(Code:) (Expenses \$ 422,288. including grants of \$) (Revenue \$1,204,353.)
	MEMBERSHIP - THE ASSOCIATION'S MEMBERSHIP DEPARTMENT PROVIDES CUSTOMER
	SERVICE SUPPORT TO MEMBERS AND PROSPECTIVE MEMBERS, DEVELOPS AND IMPLEMENTS RECRUITMENT AND RETENTION PROGRAMS, AND COORDINATES THE
	MEMBER BENEFIT PROGRAMS.
	MEMBER BENEFII FROGRAMS:
4d	1 3
	(Expenses \$ 905,571 · including grants of \$ 97,070 ·) (Revenue \$ 71,638 ·)
<u>4e</u>	Total program service expenses ► 3,059,469. Form 990 (2020)
	Form 990 (2020)

			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	Х	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	X	
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		Х
С	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		Х
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X
20 a	t in the state of	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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	1990 (2020) AMERICAN ANTHROPOLOGICAL ASSOCIATION **-***	<u> 5691</u>	P	age 4
Pal	rt IV Checklist of Required Schedules (continued)		T.,	T
00	Did the averagination was at the self- 000 of was to average as a beginning and a self- individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	, , ,	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 22	
274	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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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			l
	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, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	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			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il ochequie o contains a response di note to any ine in this part v	<u></u>		I NI -
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	Yes	No
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
·				4

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(gambling) winnings to prize winners?

Form **990** (2020)

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Form 990 (2020) AMERICAN ANTHROPOLOGICAL ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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
	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		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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?	70		Х
a b	TENER OF THE TENER	7a 7b		21
	Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Output income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	990	(0055)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 1b	,		
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3	of afficers directors to the constant of the c	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, 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 on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	21	
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, 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			77
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	404		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, CA, FL, GA, IL, KS, KY, MI	, MA	MT	MN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	, 2 3.11y)	unui	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELAINE LYNCH - 703-528-1902			
	2300 CLARENDON BOULEVARD SUITE 1301, ARLINGTON, VA 22201-3386		000	
าวากกล	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ED LIEBOW	37.50	1						0.75 0.20	_	E2 150
EXECUTIVE DIRECTOR	25 50			Х		_		275,838.	0.	73,152.
(2) ELAINE LYNCH	37.50	4		l				000 555		26 254
DEPUTY EXECUTIVE DIRECTOR/CFO		<u> </u>		Х				208,777.	0.	36,274.
(3) JEFFREY MARTIN DIRECTOR OF COMMUNICATIONS	37.50	4				x		115 215	0.	25 205
	37.50					^		115,215.	0.	25,205.
(4) JANINE CHIAPPA MCKENNA PUBLISHING DIRECTOR	37.50	-				x		107 540	0.	20 420
(5) NATHAN WAMBOLD	37.50					^		107,548.	0.	20,439.
MEETINGS DIRECTOR	37.30	1				x		108,093.	0.	18,138.
(6) HALEEMA BURTON	37.50					^		100,055.	0.	10,130.
MEMBERSHIP DIRECTOR	37.30	1				x		106,904.	0.	18,495.
(7) MAHSA JAVID	37.50							100/3011	•	10/1331
DEVELOPMENT DIRECTOR	37130					x		101,120.	0.	9,758.
(8) AKHIL GUPTA	5.00									27.000
PRESIDENT		Х		Х				0.	0.	0.
(9) RAMONA PEREZ	5.00									
PRESIDENT-ELECT/VICE PRESIDENT		Х		Х				0.	0.	0.
(10) ELIZABETH BRIODY	3.00									
SECRETARY		Х		Х				0.	0.	0.
(11) DOUGLAS HENRY	3.00									
TREASURER/EX-OFFICIO				Х				0.	0.	0.
(12) MARK HAUSER	2.00									
MEMBER THRU NOVEMBER		Х						0.	0.	0.
(13) KATHRYN CLANCY	2.00									
MEMBER THRU NOVEMBER		Х						0.	0.	0.
(14) CORINNE KRATZ	2.00]							_	_
MEMBER		Х						0.	0.	0.
(15) JOCELYN AHLERS	2.00	ļ								
MEMBER THRU NOVEMBER		Х						0.	0.	0.
(16) GILLIAN RICHARDS-GREAVES	2.00	∤								_
MEMBER	0.00	Х				_	-	0.	0.	0.
(17) SUZANNE HEURTIN-ROBERTS	2.00	٠,,								•
MEMBER	<u> </u>	X		 				0.	0.	0.

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(C)

(D)

(B)

(A)

(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable			(F) timate	-
	hours per week (list any hours for related organizations below line)	tee or director				Highest compensated Highest compensated employee	stee)	from the	compensation from related organizations (W-2/1099-MISC)	- 1	comp fro orga and	nount of the control	tion e ion ed
(18) JUDITH WILLIAMS	2.00												_
MEMBER	2 00	Х				-	-	0.	0) •			0.
(19) SARAH STRAUSS MEMBER	2.00	Х						0.	_				0.
(20) CARLA GUERRON MONTERO	2.00	Δ				-		0.	0	+			0.
MEMBER	2.00	Х						0.	1 0				0.
(21) JEMIMA PIERRE	2.00						\vdash			┿			
MEMBER THRU NOVEMBER		Х						0.	0	١.			0.
(22) ELISA SOBO	2.00									\top			
MEMBER		Х						0.	0	١.			0.
(23) PETRA KUPPINGER	2.00												
MEMBER	2 22	Х						0.	0	١.			0.
(24) MURRAY LEAF	2.00	.,											•
MEMBER (25) SUSAN FALLS	2.00	Х				-	\vdash	0.	0	1			0.
MEMBER	2.00	Х						0.	١ ،				0.
(26) KATHRYN SAMPECK	2.00	22						· ·		+			<u> </u>
MEMBER		х						0.	0				0.
1b Subtotal						1	▶	1 000 105			20:	1,40	
c Total from continuation sheets to Part VII							\	0.	0	١.			0.
d Total (add lines 1b and 1c)							▶	1,023,495.	0		20:	1,40	61.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o o	received more than \$100	,000 of reportable				_
compensation from the organization												1	8
6 5:111												Yes	No
3 Did the organization list any former officer,			-	-	-			- :	•				Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		21
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com										\perp	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	ndei	nt co	ontra	acto	rs 1	that received more than S	\$100,000 of comper	ısatio	on fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or w	ithi		rear.				
(A) Name and business	address	NT/	\\TT	7				(B) Description of s	services	Co	(C	;) nsatio	n
Name and business	<u>address</u>	14(ONE	<u>. </u>				Description of	SCI VICCS		Прсі	isatioi	
-													
2 Total number of independent contractors (in	_	ot lir	nited	d to		_	ste	d above) who received m	ore than				
\$100,000 of compensation from the organiz		T	TT-) _	T T T					200	
SEE PART VII, SECTION	A CONT	ΤN	UΑ	т.т	ON	S	H	EET'S		F	orm	990 ₍₂	2020)

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Form 990 AMERICAN	ANTHROP	OL	ıOG	IC	AL	A	<u>SS</u>	OCIATION	**_**	6691
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours		(C Posit (check all th					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JADA BENN TORRES MEMBER	2.00	Х						0.	0.	0.
(28) BARBRA MEEK MEMBER	2.00	Х						0.	0.	0.
(29) KAMELA HEYWARD-ROTIMI MEMBER	2.00	х						0.	0.	0.
		=								
Total to Part VII, Section A, line 1c										

Form 990 (2020) AMERICA
Part VIII Statement of Revenue

Total revenue Pelested or exempt Commission Commi				Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
1 a Federated campaigns 1 a Federated campaigns 1 b 1 b 1 c							(A)			
1 a Federated campaigns 1a							Total revenue			
December								tunction revenue	business revenue	
B	SS	1	_	Federated campaigns	12					
2 a MEMBERSHIF DUES 90099 1,204,158	ant									
2 a MEMBERSHIF DUES 90099 1,204,158	S S									
2 a MEMBERSHIF DUES 90099 1,204,158	fts,									
2 a MEMBERSHIF DUES 90099 1,204,158	ية إق					411 509				
2 a MEMBERSHIF DUES 90099 1,204,158	Sir				ie	111,505.				
2 a MEMBERSHIF DUES 90099 1,204,158	utic er		•		4.6	315 //11				
2 a MEMBERSHIF DUES 90099 1,204,158	ë Đ		_			313,111.				
2 a MEMBERSHIF DUES 90099 1,204,158	no Dd		_				726 920			
2 a MEMBERSHIT PUES 51800 200,655. 195,917. 13,738.	OB		<u> </u>	Total. Add lifles 1a-11		Business Code	720,320.			
PUBLICATIONS \$41800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 541800 209,555, 195,917, 13,738, 10,738,	_	^	_	MEMBERSHIP DIES			1 204 158	1 204 158		
1,584,956.	ice						, ,	, ,	13 738	
1,584,956.	er ue		-				,	,	· · ·	
1,584,956.	m S						,	,	3,400.	
1,584,956.	gra Re		-				,	,		
1,584,956.	jo		-	-		300033	13,300.	13,500.		
3 Investment income (including dividends, interest, and other similar amounts) 286,903. 286,903. 286,903. 286,903. 286,903.	-						1 594 056			
A	-		g				1,304,330.			
1		3					286 903			286 903
1,210,407. 1,210,407. 1,210,407. 6 a Gross rents 6 a Gross rents 6 a Gross rents 6 a Gross rental expenses C Rental income or (loss) 6 a Ge 6 a Gross rental expenses C Rental income or (loss) 6 a Ge 6 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross income from fundraising events (not including \$							200,303.			200,505.
1					•	_	1 210 407			1 210 407
Second S		5					1,210,407.			1,210,407.
December		_) neai	(II) Personal				
The state of the				***************************************						
The state of the										
7 a Gross amount from sales of assets other than inventory 2				` '						
Assets other than inventory December 2016				` ´		(ii) Othor				
b Less: cost or other basis and sales expenses 7b 1,586,889 .		1	а	.,		(II) Other				
And sales expenses					009,141.					
C Gain or (loss) 7c 1,422,252. d Net gain or (loss) 5 1,422,252. d Net gain or (loss) 5 1,422,252. d Net gain or (loss) 6 1,422,252. d Net gain or (loss) 6 1,422,252. 1,			b		:06 000					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	n l									
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	eve			. ,			1 422 252			1 422 252
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	Æ			, ,			1,422,232.			1,422,252.
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a J11. b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a JOB PLACEMENT b WEBSITE ADVERTISING 11 a JOB PLACEMENT c d All other revenue e Total. Add lines 11a-11d 138,787.		8	а		_					
Part IV, line 18	0				.					
b Less: direct expenses				•						
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10a 311. b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a JOB PLACEMENT b WEBSITE ADVERTISING 11 a JOB PLACEMENT c d All other revenue e Total. Add lines 11a-11d 138,787.			L							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 116. c Net income or (loss) from sales of inventory 11 a JOB PLACEMENT b WEBSITE ADVERTISING c d All other revenue e Total. Add lines 11a-11d 9a 9a 9b 10a 311. 10b 116. 561300 90,817. 90,817. 90,817. 90,817. 42,677.										
Part IV, line 19						·····				
b Less: direct expenses 9b		9	а							
C Net income or (loss) from gaming activities D Net income or (loss) from gaming activities D Net income or (loss) from sales of inventory D Ne			L							
10 a Gross sales of inventory, less returns and allowances 10a 311.										
and allowances 10a 311. b Less: cost of goods sold 10b 116. c Net income or (loss) from sales of inventory 195. 195. Business Code 561300 90,817. 90,817. b WEBSITE ADVERTISING 541800 5,293. 5,293. c d All other revenue 900099 42,677. 42,677. e Total. Add lines 11a-11d 138,787.						·····				
b Less: cost of goods sold 10b 116. 195. 19		10	а			311				
C Net income or (loss) from sales of inventory 11 a			L							
Business Code						110.	105	105		
11 a	-		C	Net income or (loss) from sales of inv	rentory	Rusiness Code	173.	175.		
e Total. Add lines 11a-11d	sn	44	_	JOB PLACEMENT			90 817		90 817	
e Total. Add lines 11a-11d	ee ne	''					,		<i>'</i>	
e Total. Add lines 11a-11d	llar ven		_			311000	3,233.		3,233.	
e Total. Add lines 11a-11d	Sce Be			All other revenue		900099	42 677			42 677
	Ē						· · · · · · · · · · · · · · · · · · ·			22,077.
1) Intal revenue See incircionic		12	_	Total revenue. See instructions			5,370,420.	1,568,013.	113,248.	2,962,239.

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Form 990 (2020) AMERICAN ANTH Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	239,839.	239,839.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	35,425.	35,425.		
	Benefits paid to or for members	•			
	Compensation of current officers, directors,				
	trustees, and key employees	594,042.	338,096.	210,828.	45,11
	Compensation not included above to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,562,451.	889,264.	554,520.	118,66
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	119,588.	68,063.	42,442.	9,08
•	Other employee benefits	308,783.	175,743.	109,588.	23,45
)	Payroll taxes	144,606.	82,302.	51,321.	10,98
	Fees for services (nonemployees):				
а	Management				
b	Legal	27,800.		27,800.	
С	Accounting	26,710.		26,710.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	129,344.		129,344.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	462,330.	226,727.	131,648.	103,95
	Advertising and promotion	43,999.	31,976.		12,02
	Office expenses	243,285.	154,240.	75,491.	13,55
	Information technology	266,795.	92,433.	174,362.	
	Royalties	204 000	100 100	00.000	0.4.40
i	Occupancy	304,878.	188,197.	92,279.	24,40
	Travel	21,384.	14,941.	1,311.	5,13
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F4 207	F4 007		
	Conferences, conventions, and meetings	54,207.	54,207.		
	Interest				
	Payments to affiliates	124,001.	50,619.	69,863.	3,51
	Depreciation, depletion, and amortization	25,497.	11,595.		3,31
	Insurance	45,451.	11,393.	13,902.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) FIELD EDITOR EXPENSES	328,338.	328,338.		
	DUES, SUBSCRIPTIONS AND	63,597.	45,919.	15,578.	2,10
	EDITORIAL AND PRODUCTIO	19,445.	10,075.	9,370.	2,10
	UNRELATED BUSINESS INCO	11,878.	20,0,50	11,878.	
	All other expenses	40,725.	21,470.	19,011.	24
	Total functional expenses. Add lines 1 through 24e	5,198,947.	3,059,469.	1,767,246.	372,23
	Joint costs. Complete this line only if the organization	-,-,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,	_,,	3.2,23
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			269,212.	1	227,606.
	2	Savings and temporary cash investments			659,255.	2	1,080,181.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			540,586.	4	468,890.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers				
		under section 4958(f)(1)), and persons describ		6			
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,515.	8	7,399. 250,442.
As	9	Donate Salar and a second of a formal distance of			136,658.	9	250,442.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	883,267. 661,304.			
	b	Less: accumulated depreciation	10b	661,304.	323,313. 15,749,573.	10c	221,963. 16,308,502.
	11	Investments - publicly traded securities		15,749,573.	11	16,308,502.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			17,686,112.	16	18,564,983. 419,273.
	17	Accounts payable and accrued expenses		394,953.	17	419,273.	
	18	Grants payable		18	1 000 000		
	19	Deferred revenue		988,888.	19	1,093,897.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
jab.		controlled entity or family member of any of the	•			22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			481,027.	۰.	201 151
		of Schedule D			1,864,868.	25	391,151. 1,904,321.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	haalt bara	N Y	1,004,000.	26	1,904,321.
S		and complete lines 27, 28, 32, and 33.	neck nere				
nce	27				14,147,381.	27	14,879,429.
ala	28				1,673,863.	28	1,781,233.
g B	20	Organizations that do not follow FASB ASC		ck here	1,073,003.	20	1,701,233.
Fun		and complete lines 29 through 33.	, 330, Cile	Kilere			
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				15,821,244.	32	16,660,662.
Z	33	Total liabilities and net assets/fund balances			17,686,112.	33	18,564,983.
		rota, nabilitios and not assets/fund balances			,,		Form 990 (2020)

Form	990 (2020) AMERICAN ANTHROPOLOGICAL ASSOCIATION	**_*	**6691	Pa	ge 12
Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,19		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,82		
5	Net unrealized gains (losses) on investments	5	66	7,9	<u>45.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,66	<u>0,6</u>	<u>62.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate $\frac{1}{2}$	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	•			
	Act and OMB Circular A-133?		3a		X
			- 1	ı	1

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

		AMER	ICAN ANTHRO	OPOLOGICAL AS	SSOCIA	MOITA		*	*-***6691
Par	t I	Reason for Public (ee instruction		
he o	rgani	zation is not a private found							
1 [A church, convention of ch	•	·		•	VΔVi)		
2	Ti.	A school described in sect i					,, .,(·)·		
3	_			·			:\		
3 L	_	A hospital or a cooperative					-	/:::\ Entor	the beenitel's name
4 [A medical research organization	ation operated in cor	ijuriction with a nospital	described	III Sectio	Π 170(Β)(1)(Α)	(III). Enter	the nospital's name,
	_	city, and state:							
5 L		An organization operated for		lege or university owned	or operat	ed by a go	vernmentai ur	nt describe	ea in
_	_	section 170(b)(1)(A)(iv). (C							
6 L	_	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or
		university:							
10 [X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir		•					-
		See section 509(a)(2). (Cor		,			, ,		,
11 [An organization organized a	•	vely to test for public sat	etv. See	section 50)9(a)(4).		
12	Ti.	An organization organized a	· ·	•	•			rv out the	nurnoses of one or
		more publicly supported or	· ·	· · ·	-			•	•
		lines 12a through 12d that	-						THOUR THE BOX III
а		Type I. A supporting orga	* *					-	aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·			_			
		• • • •			majority C	n the direc	tors or trustee	:5 OI LITE 50	ipporting
L		organization. You must o	- · · · · · · · · · · · · · · · · · · ·		ion with its		d organization	a/a\ b\/ ba\	ina
D		Type II. A supporting org							
		control or management o			ime perso	ns that cor	ntroi or manaç	je tne supp	ortea
		organization(s). You mus							
С		Type III functionally inte						y integrate	d with,
_	_	its supported organization		·					
d		Type III non-functionally						_	
		that is not functionally int	· ·	,	•			an attentiv	reness
	_	requirement (see instructi	•	•	•				
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
		r the number of supported o	•						
g		ide the following information			(iv) Is the oras	anization listed	(-) (6-23 A
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see iii	Structions)	support (see instructions)
									i

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	T	1	T	1	Г	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-		•			
0-	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I			***		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
168	33 1/3% support test - 2020. If the control is						
	stop here. The organization qualifies		-		line 15 is 22 1/20/		
L.	33 1/3% support test - 2019. If the c						
176	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			=		_	▶ □
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-	•	*			
i.	more, and if the organization meets the	_					10/0 UI
	organization meets the facts-and-circu						ightharpoonup
18	Private foundation. If the organization		-	• •			
<u></u>	The organization	did not oncon a	55X 011 III 0 10, 10	م, ١٥٥, ١١۵, ١١٢١		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	,,	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	266,562.	284,731.	210,959.	375,620.	726,920.	1864792.
	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	3413885.	4626718.	3439050.	3405749.	1568129.	16453531.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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 through 5	3680447.	4911449.	3650009.	3781369.	2295049.	18318323.
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,540.	8,326.	11,099.	2,236.	7,450.	39,651.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b	10,540.	8,326.	11,099.	2,236.	7,450.	39,651.
	Public support. (Subtract line 7c from line 6.)						18278672.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	3680447.	4911449.	3650009.	3781369.	2295049.	18318323.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1268898.	1218784.	1472821.	1517099.	1497310.	6974912.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	302,250.	274,761.	285,727.	181,775.	113,248.	1157761.
(Add lines 10a and 10b	1571148.	1493545.	1758548.	1698874.	1610558.	8132673.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	29,483.	28,399.	30,868.	156,292.	42,677.	287,719.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5281078.	6433393.	5439425.	5636535.	3948284.	26738715.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	O1(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	68.36 <u>%</u>
16	Public support percentage from 2019					16	72.87 <u>%</u>
	ction D. Computation of Inves						
							05 50
19a	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che						

Van Na

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	162	NO
1		
2		
_		
3a		
3b		
3с		
30		
4a		
4b		
4c		
70		
5-		
5a		
5b		
5c		
6		
7		
,		
_		
8		
9a		
9b		
2.2		
A		
9c		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>ine</i> 1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
· a	The organization satisfied the Activities Test. Complete line 2 below.	aotionoj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (coo instruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	y (see instruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, , g , ros. gosonbe in the role blayed by the ordanization in this redaid.			

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			OOJI Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	,
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number

-*6691

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

AMERICAN ANTHROPOLOGICAL ASSOCIATION

-*6691

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$60,767 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>411,509.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN ANTHROPOLOGICAL ASSOCIATION

-*6691

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN ANTHROPOLOGICAL ASSOCIATION

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Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
023453 11-25		 	990 990-F7 or 990-PF1/2020)

Name of organization **Employer identification number** **-***6691 AMERICAN ANTHROPOLOGICAL ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number **-***6691

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of 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	d 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 a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	,						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
_	violations, and enforcement of the conservation easements if						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
•			(4)(D)(:)				
8	Does each conservation easement reported on line 2(d) above						
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati						
9	balance sheet, and include, if applicable, the text of the footr	•					
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the				
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works				
	of art, historical treasures, or other similar assets held for put	•					
	service, provide in Part XIII the text of the footnote to its final	, ,	•				
b	b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1		> \$				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	_	> \$				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020				

032051 12-01-20

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

Sche		N ANTHROPOL			**	_**	*6691	1 Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Similar A	ssets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make s	significant use	of its	•	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpose i	n Part)	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, Pa	art IV, li	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets not	included				
	on Form 990, Part X?					\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		(e) Four	-	
	Beginning of year balance	1,718,973.	1,587,282.	1,389,735.		-		929,	
b	Contributions	256,388.	101,715.			,528.		265,	
	Net investment earnings, gains, and losses	79,914.	70,165.	70,047.	54	,927.		48,	952.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	21,108.	40,189.	12,554.	16	,117.		19,	252.
f	Administrative expenses								
g	End of year balance	2,034,167.		· · · · · · · · · · · · · · · · · · ·	1,389	,735.	1	,225,	397.
2	Provide the estimated percentage of the curre) held as:					
	Board designated or quasi-endowment	41.0800	_%						
	Permanent endowment ► 58.9200	%							
С	-	%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he organizatio	n	ſ	1	
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4 Dav	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or of	` '	1 ' '	Accumulated		(d) Boo	k value	е
		basis (investm	nent) basis	(otrier) de	epreciation				
	Land								
	Buildings					-			

Schedule D (Form 990) 2020

221,963.

221,963.

e Other

883,267.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

661,304.

	THROPOLOGICAL	ASSOCIATION	**-***6691 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u>e 15.) </u>		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			
(2) DEFERRED LEASE BENEFIT			227,049
(3) DEFERRED TENANT ALLOWANCE			164,102
(4)			, , , , ,
(5)			1

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

391,151.

(6) (7) (8)

Par	EXI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Revenue per Re	turn.	
1	Total revenue, gains, and other support per audited financial statements			1	5,909,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
	Net unrealized gains (losses) on investments	2a	667,945.		
b	Donated services and use of facilities		-		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	·		2e	667,945.
3	Subtract line 2e from line 1			3	5,241,192.
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	129,344. -116.		
b	Other (Describe in Part XIII.)	4b	-116.		
	Add lines 4a and 4b			4c	129,228.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **XII Reconciliation of Expenses per Audited Financial Staten			5	5,370,420.
Par	XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	5,069,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,069,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	129,344. -116.	_	
b	Other (Describe in Part XIII.)	4b	-116.		
С	Add lines 4a and 4b			4c	129,228.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,198,947.
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa ed and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			; Part >	K, line 2; Part XI,
PAR	T V, LINE 4:				
THE	ASSOCIATION'S ENDOWMENT CONSISTS OF 24 I	DIVIDU	JAL FUNDS E	STAI	BLISHED
	A VARIETY OF DONOR PURPOSES, INCLUDING F				
AWA	RDS, AND PRIZES.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
COS	T OF GOODS SOLD REPORTED ON PART VIII, LI	NE 10B			-116.
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
202					110.
	T XII, LINE 4B - OTHER ADJUSTMENTS: T OF GOODS SOLD REPORTED ON PART VIII, LI				

Schedule D (Form 990) 2020	AMERICAN	ANTHROPOLOGICAL	ASSOCIATION	**-***6691	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (continue	رار			<u> </u>
		·a)			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN ANTHRO	POLOGICAI	L ASSOCIA	ATION		**-***669	
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV						
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
3 Activities per Region. (Ti			n be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	, ,		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		e specific type	for and
	In the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	1,500.
EAST ASIA AND THE			DDOGDAM GEDVICEG	DDIFFE AND	AMADDO	1 475
PACIFIC	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	1,475.
EUROPE (INCLUDING				PRIZES AND	AWARDS;	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ANNUAL MEET	ING	10,650.
						1
NORTH AMERICA	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	14,800.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	4,500.
						500
SOUTH ASIA	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	500.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRIZES AND	AWARDS	2,000.
2 a Cubtotal	0	0				35,425.
3 a Subtotal b Total from continuation	-					33,423.
sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

Schedule F (Form 990) 2020

35,425.

and 3b)

3 Enter total number of other organizations or entities

recipient who rec			Outside the United States. Ocated if additional space is need		T			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			recognized as charities by the or counsel has provided a sec			>		•

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (e) Manner of (d) Amount of (f) Amount of (g) Description of (h) Method of (a) Type of grant or assistance (b) Region valuation (book, FMV, recipients cash grant cash disbursement noncash noncash assistance assistance appraisal, other) CENTRAL AMERICA PRIZES AND AWARDS AND THE CARIBBEAN 2 0. 1,500. ELECTRONIC WIRE TRANSFER EAST ASIA AND THE PRIZES AND AWARDS PACIFIC 5 1,475. ELECTRONIC WIRE TRANSFER 0 EUROPE (INCLUDING ICELAND & PRIZES AND AWARDS GREENLAND) 16 10,650. ELECTRONIC WIRE TRANSFER 0. PRIZES AND AWARDS NORTH AMERICA 14,800. ELECTRONIC WIRE TRANSFER 0. 23 PRIZES AND AWARDS SOUTH AMERICA 4 4,500. ELECTRONIC WIRE TRANSFER 0. SOUTH ASIA 500 ELECTRONIC WIRE TRANSFER 0. PRIZES AND AWARDS 1 SUB-SAHARAN AFRICA PRIZES AND AWARDS 3 2,000. ELECTRONIC WIRE TRANSFER 0.

ı aı ı	roreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? f "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
	Contain Foreign Corporations (coo metrodione for Form C 17 17)		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	· · · · · · · · · · · · · · · · · · ·		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
APPLICATIONS FOR GRANTS TO INDIVIDUALS AND ORGANIZATIONS REQUIRE DETAILED
BUDGET INFORMATION. THIS INFORMATION ALONG WITH THE DETAILS OF HOW THE
PROJECT MEETS THE CRITERIA FOR FUNDING IS USED BY THE SELECTION
COMMITTEES WHO AWARD THE GRANTS. AWARDEES ARE SUBSEQUENTLY REQUIRED TO
WRITE ARTICLES DETAILING THEIR PROJECTS.
PART I, LINE 3:
THE ASSOCIATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR
EXPENDITURES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMERICAN ANTHROPOLOGICAL ASSOCIATION											
Part I	Part I General Information on Grants and Assistance										
1 Doe											
crit	criteria used to award the grants or assistance?										
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) FIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Ruyages of										
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Ent	er total number of section 501(c)(3) a	Ind government or	ranizations listed in th	line 1 table							
	ter total number of other organization	-	-	- III I I I I I I I I I I I I I I I I I				······ <u> </u>			
	or Paperwork Reduction Act Notice							Schedule I (Form 990) 2020			

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answ	cica res orronne	, Tartiv, iiio 22.	
(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 noncash assistance
MINORITY DISSERTATION FELLOWSHIP	1	10,000.	0.		
AAA AWARDS	5	4,161.	0.		
LEMELSON SPA TRAVEL GRANT	5	25,967.	0.		
LEMELSON SVA TRAVEL GRANT	7	36,000.	0.		
SECTION PRIZES AND AWARDS	135	96,581.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
APPLICATIONS FOR GRANTS TO INDIVI	OUALS AND	ORGANIZATI	ONS REQUIR	E DETAILED	
BUDGET INFORMATION THIS INFORMATIO	N ALONG W	TH THE DE	ETAILS OF H	OW THE	
PROJECT MEETS THE CRITERIA FOR FUN	NDING IS U	SED BY THE	E SELECTION	COMMITTEES	
WHO AWARD THE GRANTS AWARDEES ARE	SUBSEQUEN	TLY REQUIE	RED TO WRIT	E ARTICLES	
DETAILING THEIR PROJECTS.					

Part III Continuation of Grants and Other Assistance to Domes					
(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 noncash assistance
AA EMERGENCY COVID GRANT	123.	56,900.	0.		
CWT LIFE AFTER COLLEGE GRANT	7.	5,250.	0.		
ISS GRANT	12.	1,480.	0.		
		,			
CAUFFMAN GRANT	10.	3,500.	0.		

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number **-***6691

Pa	Part I Questions Regarding Compensation						
	·		Yes	No			
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on	ı 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 person	onal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiati	on fees					
	X Discretionary spending account Personal services (such as maid, ch	nauffeur, chef)					
b	b If any of the boxes on 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		X			
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all direct	iors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization	ation's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	anization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensations	ation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	a Receive a severance payment or change-of-control payment?	4a		X			
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation					
	contingent on the revenues of:						
а	a The organization?	5a		X			
b	b Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation					
	contingent on the net earnings of:						
а	a The organization?	6a_		X			
	b Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay	ments					
	not described on lines 5 and 6? If "Yes," describe in Part III			X			
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) 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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) ED LIEBOW (i)	275,838.	0.	0.	57,000.	16,152.	348,990.	0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELAINE LYNCH (i)	208,777.	0.	0.	20,566.	15,708.	245,051.	0.
DEPUTY EXECUTIVE DIRECTOR/CFO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							
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(ii)							
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(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(1) (ii)							
(i)							
(1) (ii)							
(i)							
(ii)							
(i)							
(ii							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number **-**6691

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KNOWLEDGE AND ITS USE TO SOLVE HUMAN PROBLEMS. PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990, RESEARCH AND PROFESSIONAL DEVELOPMENT - AAA ADVANCES ITS GOALS OF FURTHERING THE PROFESSIONAL INTERESTS OF ANTHROPOLOGISTS BY OUTREACH TO ACADEMIC ANTHROPOLOGICAL DEPARTMENTS AND ANTHROPOLOGISTS WHO ARE IN THE PRACTICING FIELD. THE CAREER CENTER IS THE LARGEST JOB BOARD FOR FIELD OF ANTHROPOLOGY. EXPENSES \$ 412,745. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 57,650.** COMMUNICATIONS & PUBLIC AFFAIRS - THE OUTREACH ARM OF THE AAA COORDINATING EXTERNAL COMMUNICATIONS, PARTNERSHIPS, AND PROGRAMS TO PROMOTE THE INTERESTS OF THE ANTHROPOLOGY COMMUNITY TO CONGRESS AND NGO'S, AND HUMANITIES-BASED PROFESSIONAL FEDERAL REGULATORY AGENCIES, AND ADVOCACY ORGANIZATIONS, AS WELL AS THE PUBLIC AT LARGE. INTHIS DEPARTMENT PROVIDES RESEARCH AND RESPONSE SUPPORT TO THE ADDITION, MEMBERSHIP ON MATTERS OF POLICY AFFECTING ANTHROPOLOGY. EXPENSES \$ 385,725. INCLUDING GRANTS OF \$ 90,340. REVENUE \$ 0. PUBLIC EDUCATION -THE ASSOCIATION ASSISTS THE MEMBERSHIP IN IDENTIFYING ISSUES WITHIN THE PUBLIC ARENA THAT WOULD BENEFIT FROM THE APPLICATION OF ANTHROPOLOGICAL KNOWLEDGE AND CONTRIBUTE TO IMPROVING THE WELL-BEING OF SOCIETY. THE ASSOCIATION'S CURRENT PUBLIC EDUCATION PROGRAM IS THE RACE EXHIBIT. A NEW PUBLIC EDUCATION INITIATIVE FOCUSES

ON IMMIGRATION, MIGRATION, AND DISPLACEMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Employer identification number Name of the organization **-***6691 AMERICAN ANTHROPOLOGICAL ASSOCIATION EXPENSES \$ 81,563. INCLUDING GRANTS OF \$ 6,730. REVENUE \$ 0. SECTIONS - THE ASSOCIATION HAS 40 SECTIONS REPRESENTING DISCIPLINES, AFFINITIES AND INTERESTS WITHIN THE ANTHROPOLOGY COMMUNITY. MEMBERSHIP TO THE ASSOCIATION MUST INCLUDE MEMBERSHIP TO AT LEAST ONE OF THESE SECTIONS. EXPENSES \$ 25,538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,988. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS THREE CLASSES OF MEMBERS: MEMBERS, ASSOCIATES, AND INSTITUTIONS. ASSOCIATES AND INSTITUTIONS ARE NONVOTING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE EXECUTIVE BOARD IS ELECTED THROUGH A GENERAL ELECTION PROCESS, VOTED ON BY THE MEMBERS OF THE ASSOCIATION. FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO GOVERNING DOCUMENTS ARE SUBJECT TO APPROVAL BY THE MEMBERS OF THE ASSOCIATION. THE GOVERNING BODY MAY PRESENT OTHER MATTERS FOR MEMBERSHIP APPROVAL. FORM 990, PART VI, SECTION A, LINE 8B: THE ASSOCIATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE ASSOCIATION'S CONTROLLER AND DEPUTY EXECUTIVE DIRECTOR/CFO PROVIDE THE

FINANCIAL DATA FOR THE FEDERAL FORM 990 AND 990-T TO THE PUBLIC ACCOUNTING

Name of the organization

AMERICAN ANTHROPOLOGICAL ASSOCIATION

Employer identification number **-**6691

FIRM. THE ASSOCIATION'S FINANCE COMMITTEE MEETS BY CONFERENCE CALL WITH THE ASSOCIATION'S CONTROLLER AND DEPUTY EXECUTIVE DIRECTOR/CFO TO REVIEW THE FEDERAL FORM 990 DRAFT BEFORE FILING. THE DRAFT IS REVIEWED LINE BY LINE AND ANY SIGNIFICANT CHANGES FROM THE PRIOR YEAR ARE DISCUSSED. THE CHAIR OF THE FINANCE COMMITTEE, WHO ALSO SERVES AS TREASURER, REPORTS ON THE FEDERAL FORM 990 REVIEW TO THE EXECUTIVE BOARD (WHICH IS THE ENTIRE BOARD) AT THEIR NEXT MEETING, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL STAFF, EXECUTIVE BOARD MEMBERS, ASSOCIATION OFFICERS, HEADS OF SECTIONS AND MEMBERS OF THE NOMINATIONS COMMITTEE, FINANCE COMMITTEE, AUDIT COMMITTEE, AWARDS COMMITTEE AND RESOURCE DEVELOPMENT COMMITTEE. ON AN ANNUAL BASIS, THESE LISTED COMMITTEES ALL SIGN THE POLICY ACKNOWLEDGING THAT THEY READ THE POLICY. THE CONFLICT OF INTEREST POLICY WILL BE MENTIONED AND ANY POTENTIAL ISSUES DOCUMENTED DURING THE BOARD MEETING. NEW STAFF AND EXECUTIVE BOARD MEMBERS ARE ASKED TO SIGN THE POLICY AS A PART OF THEIR ORIENTATION PROCESS. IN THE EVENT THAT A POTENTIAL CONFLICT IS IDENTIFIED, THE EXECUTIVE DIRECTOR WILL CONSIDER (POSSIBLY WITH ADVICE FROM LEGAL COUNSEL) THE ISSUE, DETERMINE IF A CONFLICT EXISTS, AND IF SO IDENTIFY THE COURSE OF ACTION. IN THE EVENT THAT THE CONFLICT OCCURS WITHIN THE LEADERSHIP, THE ASSOCIATION PRESIDENT WILL BE NOTIFIED AND PARTICIPATE IN THE REVIEW AND RESOLUTION OF THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

FOR THE EXECUTIVE DIRECTOR, AN ANNUAL REVIEW IS CONDUCTED BY THE VICE

PRESIDENT. AN EVALUATION FORM IS SENT TO STAFF, MEMBERS OF THE EXECUTIVE

BOARD, HEADS OF SECTIONS AND THE ASSOCIATION'S COMMITTEE CHAIRS WHO ARE

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

-*6691 AMERICAN ANTHROPOLOGICAL ASSOCIATION ASKED TO COMPLETE THE FORM AND RETURN IT TO THE PRESIDENT. ALL RESPONSES ARE CONFIDENTIAL. THE EXECUTIVE DIRECTOR IS ASKED TO PROVIDE A SUMMARY OF HIS/HER ACCOMPLISHMENTS. COMPARATIVE COMPENSATION DATA IS COMPILED BY THE DEPUTY EXECUTIVE DIRECTOR/CFO AND SENT TO THE PRESIDENT. THE VICE PRESIDENT COMPILES THE RESPONSES AND SALARY INFORMATION AND REPORTS TO THE EXECUTIVE BOARD AT THEIR ANNUAL MEETING IN THE FALL. DURING A CLOSED SESSION THE EXECUTIVE BOARD DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION. DURING THIS MEETING, NEAR THE CONCLUSION OF THE CLOSED SESSION, THE EXECUTIVE DIRECTOR IS ASKED TO JOIN THE DISCUSSION. THE DECISION IS DOCUMENTED IN A LETTER TO THE EXECUTIVE DIRECTOR AND THE DEPUTY RECEIVES A COPY FOR THE FILES. FOR OTHER COMPENSATED OFFICERS, PERFORMANCE REVIEW RESULTS ARE APPLIED IN THE CONTEXT OF THE MERIT COMPENSATION POOL, WHICH IS ESTABLISHED IN ADVANCE OF THE PERFORMANCE REVIEWS. BASED ON OVERALL BUDGET PLANNING PROCESS THE EXECUTIVE DIRECTOR, TO WHOM THE OTHER OFFICERS REPORT DIRECTLY, COMPLETED THE PERFORMANCE REVIEW AND DETERMINED THE COMPENSATION COMPARABILITY DATA WAS ASAE AND CESSE SURVEY DATA. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA, WA WV,WI FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name AMERICAN ANTHROPOLOGICAL ASSOCIATION	n Number 91	
Based on the information provided with this return, the following are possible carryover amounts to next	year.	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISI	NG - PERIODI	3,857.
FEDERAL POST-2017 NET OPERATING LOSS - JOB PLACE	MENT	29,921.
	-	
	·	

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

► Go to www.irs.gov/Form990W for instructions and the latest information. ► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2021

1	Unrelated business taxable income expected in the tax year	1					
2	Tax on the amount on line 1. See instructions for tax cor	2					
3	Alternative minimum tax for trusts. See instructions	J	NUI	ГШ		3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					88	
9	Credit for federal tax paid on fuels. See instructions					9	
b	Subtract line 9 from line 8. Note: If less than \$500, the or estimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2020 return. See instructions. zero or the tax year was for less than 12 months, skip this and enter the amount from line 10a on line 10c						
С	2021 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c			3 D TITOM		10c	1,520.
	_		(a)	(b)	(c)		(d)
11	Installment due dates. See instructions	11	04/15/21	06/15/21	09/15/2	1	12/15/21
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	UR ₃₈₀ .	REG.		80.	380.
13	2020 Overpayment. See instructions	13	MOT				
	Payment due (Subtract line 13 from line 12)	14	IVU I				000 W
LHA	For Paperwork Reduction Act Notice, see instructions						Form 990-W (2021)

ESTIMATED TAX OVERPAYMENT APPLIED AMOUNT DUE

1,520.

15,017.

0.

Form	990-T	n	OMB No. 1545-0047		
		For cal	endar year 2020 or other tax year beginning, and ending		2020
	rtment of the Treasury nal Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	J).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
ВЕ	exempt under section	Print	AMERICAN ANTHROPOLOGICAL ASSOCIATION	*	*-***6691
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2300 CLARENDON BOULEVARD, NO. 1301		p exemption number nstructions)
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code ${\tt ARLINGTON}$, ${\tt VA}$ 22201	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applical	ble reinsurance entity
H	Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u> .	>
<u>J</u>	Enter the number of	attache	ed Schedules A (Form 990-T)		3
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	> _	Yes X No
			ELAINE LYNCH Telephone number	703-	528-1902
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	8,159.
2	Reserved			2	
3	Add lines 1 and 2			3	8,159.
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	8,159.
6	Deduction for net	operatii	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	i	7	8,159.
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9	
10	Total deductions	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	7,159.
Pa	rt II Tax Com				1 500
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	<u>▶ 1</u>	1,503.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		, , , , , , , , , , , , , , , , , , , ,	▶ 2	
3	Proxy tax. See ins			▶ 3	
4	Other tax amounts				
5	Alternative minimu				
6			cility income. See instructions		1 500
7			n 6 to line 1 or 2, whichever applies	7	1,503.
LHA	For Paperwork F	Reducti	on Act Notice, see instructions.		Form 990-T (2020)

Form 9	90-1 (2020)						Page 2
Part	III Tax and Payments						
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b	Other credits (see instructions)	1b					
С	General business credit. Attach Form 3800 (see instructions)	1c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d					
е	Total credits. Add lines 1a through 1d				1e		
2	Subtract line 1e from Part II, line 7				2	1,5	503.
3	Other taxes. Check if from: Form 4255 Form 8611	Form 8697	Fo	orm 8866			
	Other (attach statement)				3		
4	Total tax. Add lines 2 and 3 (see instructions).	previously o	deferred u	nder			
	section 1294. Enter tax amount here	▶			4	1,5	<u>503.</u>
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (kg	k), line 4			5		0.
6a	Payments: A 2019 overpayment credited to 2020			11,456.			
b	2020 estimated tax payments. Check if section 643(g) election applies	►		5,064.	<u>-</u>		
С	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or withheld at source (see instructions)						
е	Backup withholding (see instructions)						
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Other credits, adjustments, and payments: Form 2439						
		tal ▶ <u>6g</u>					
7	Total payments. Add lines 6a through 6g				7	16,	<u>520.</u>
8				▶ └_	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owe				9	1 - /	117
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount				10	15,0	017.
11 Part	Enter the amount of line 10 you want: Credited to 2021 estimated tax ► IV Statements Regarding Certain Activities and Other Infor			Refunded >	11		0.
		· · · · · · · · · · · · · · · · · · ·					Τ
1	At any time during the 2020 calendar year, did the organization have an interest	ū		•		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes,	-	-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ent	er the name	or the for	eign country			x
2	here During the tax year, did the organization receive a distribution from, or was it the	a granter of	or transfo	ror to a			125
2	foreign trust?	,		,			x
	If "Yes," see instructions for other forms the organization may have to file.						+
3	Enter the amount of tax-exempt interest received or accrued during the tax year			\$			
4a							Х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ,						
-	explain in Part V	,		,			
Part							
Provide	e the explanation required by Part IV, line 4b. Also, provide any other additional ir	formation. S	See instruc	tions.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				edge and be	lief, it is true,	
Sign			_	_	May the IRS	discuss this return	with
Here	EXE	CUTIVE	DIRE		•	shown below (see	witii
	Signature of officer Date Title			i	nstructions)'	? X Yes	No
	Print/Type preparer's name Preparer's signature	Date		Check	if PTIN		
Paid				self- employed			
Prepa	arer GLENN MILLER, CPA GLENN MILLER, CPA	1 06/08	8/22		P0	0086726	5
Use (Only Firm's name ► WEGNER CPAS LLP			Firm's EIN	* *	-***403	31
	419 N LEE ST						
	Firm's address ► ALEXANDRIA, VA 22314-2301			Phone no.	(703)	519-09	
						Form 990-1	「(2020)

OMB No. 1545-0047

1

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	lame of the organization AMERICAN ANTHROPOLOGICAL ASSOCIA:		B Employer identification number **-**6691			
<u>c</u> .	Unrelated business activity code (see instructions) > 54180			D Seque	nce: 1	of 3
	Describe the unrelated trade or business ►ADVERTISING	_ FY	DI.OTTED			
		ĽA.		(5) 5		(0) 11 :
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Exper	nses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	8,69	3.		8,693.
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	8,69	3.		8,693.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in		r limitations on	deductions) De	eductions m	nust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				. 2	
3	Repairs and maintenance				. 3	
4	Bad debts				. 4	
5	Interest (attach statement) (see instructions)				. 5	
6	Taxes and licenses				. 6	457.
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion					
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				. 13	
14	Other deductions (attach statement)		SEE SI	ATEMENT 1	. 14	77.
15	Total deductions. Add lines 1 through 14				15	534.
16	Unrelated business income before net operating loss deduction. So					
	column (C)					8,159.
17	Deduction for net operating loss (see instructions)					0.
18	Unrelated business taxable income. Subtract line 17 from line 16	<u></u>				8,159.
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedule A	(Form 990-T) 2020

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on •		Page Z
1		nod or involviory variation		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	·	8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6	column (A)	0.
3	Deductions directly connected with the income	tillough b. Enter here	and on raiti, line o, t	Coldinin (A)	
4	: "				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I.	line 6. column (B)	•	0.
Part '		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). Cl	heck if a dual-use (see	e instructions)	
	A	•			
	В 🔲				
	c 🗆				
	D				_
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	>	0.
_	Alleganists designations and the Control of the Con	Г		<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6	Lavada D. Fastanila and	Law David L Brown 7	(D)	0.
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
	. Sta. dividende i escived deductions included in line			······ /	•

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (see instruc	tions)	Page 3
		-,		T				lled Organization		
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made 5. Part of column that is included controlling organization's gross in		mn 4 I in the aniza-	connected with income in column 5	
(1)										
(2)										
(3)										
<u>(4)</u>										
				1	Controlled O	-	1		T	S 1 11 11 11
7	7. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization's income	0	Deductions directly connected with to column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals						▶		0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructions)	•	
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attach s	-asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
Totals				>	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve	ertisin	g Income	(see instructions) SI	ATEMENT 2
1	Description of exploite	ed activity:	CONSOLIDAT	ED						
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	8,693.
3	Expenses directly con		•					•		_
	line 10, column (B)								3	0.
4	Net income (loss) from						• .			0 602
_	lines 5 through 7								4	8,693.
5	Gross income from ac								5	0.
6	Expenses attributable								6	0.
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan tr	ie amount on i	ırı e	7	0.

Part	IX Advertising Income					V
1	Name(s) of periodical(s). Check box if reporting	ng two or i	more periodicals on a	consolidated basis	S.	
	Α 🔲					
	В 💹					
	c					
	D					
Enter	amounts for each periodical listed above in the	correspor	nding column.	T		
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, lin	e 11, column (A)		>	0.
а			Γ			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, lin	e 11, column (B)		>	0.
	Advantage of the second of the				<u> </u>	
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,	•				
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr		he line 8a, columns to	al or zero here an	d on	
	Part II, line 13				>	0.
Part	X Compensation of Officers, Dir	ectors,	and Trustees (S	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
(3)					%	
<u>(4)</u>					%	
						0
Part	Lenter here and on Part II, line 1 XI Supplemental Information (se					0.
Part	Supplemental information (se	e instruct	ions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION		77.
TOTAL TO SCHEDULE A, PA	RT II, LINE 14	77.

FORM 990-T (A)	PART VIII	- EXPLOITED	EXEMPT A	ACTIVITY INCO	OME STA	TEMENT 2
(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) NON UBI EXPENSES	
PROGRAM ADVERTI	SING 3,400.	0.	3,400.	0.	0.	
WEBSITE ADS	5,293.	0.	5,293.	0.	0.	
COLUMN TOTALS	8,693.	0.	8,693.	0.	0.	

OMB No. 1545-0047

2

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

From an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

					50 1(0)	(3) Organizations Only
A N	ame of the organization AMERICAN ANTHROPOLOGICAL ASSOCIA	TION			yer identification i	number
<u>c</u> ს	Inrelated business activity code (see instructions) > 54180	0		D Seque	nce: 2	of 3
E [escribe the unrelated trade or business ADVERTISING	- PE	RIODICAL			_
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Exper	nses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled	- ' -				
0		8				
0	organization (Part VI)	•				
9	Investment income of section 501(c)(7), (9), or (17)					
40	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)).		
13	Total. Combine lines 3 through 12	13				
Pai	till Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in		r limitations on	deductions) De	eductions mu	ıst be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts				1 . 1	
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)		γ			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)		SEE ST	ATEMENT 3	14	121.
15	Total deductions. Add lines 1 through 14					121.
16	Unrelated business income before net operating loss deduction. S					
	column (C)				16	-121.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 1				18	-121.
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedule A (F	orm 990-T) 2020

023741 12-23-20

Part	III Cost of Goods Sold Enter meth				-
-		nod of inventory valuati			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			· · · · · · · · · · · · · · · · · · ·	Vaa Na
9 Dort	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
Part					
1	Description of property (property street address, city, st	tate, ZIP code). Check	f a dual-use (see instruc	ctions)	
	A				
	B				
	<u> </u>				
	D	. 1		_	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I I	ine 6. column (B)	•	0 .
Part					
1	Description of debt-financed property (street address, or	ity, state, ZIP code). Ch			
	A	•	neck if a dual-use (see ii	nstructions)	
	Λ		neck if a dual-use (see in	nstructions)	
	В		neck if a dual-use (see ii	nstructions)	
			neck if a dual-use (see i	nstructions)	
	В		neck if a dual-use (see ii	nstructions)	
	В	Α	neck if a dual-use (see ii	,	D
2	В	A	,	c	D
2	B	A	,	,	D
	B	A	,	,	D
2	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	A	,	,	D
3	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	A	,	,	D
3 a	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	A	,	,	D
3 a b	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	A	,	,	D
3 a	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,	A	,	,	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	A	,	,	D
3 a b	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	A	,	,	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	A	,	,	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	A	,	,	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)		В	C	
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	A	,	,	D
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%	B %	C	· ·
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	B %	C	
3 a b c 4 5 6 7 8	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	%	B %	C	· ·
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	% Enter here and on Par	B % t I, line 7, column (A)	C	0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	ee instruct	tions)		Page 3
							Exempt Contro	,				_
	Name of controlle organization	d	2. Employer identification number	identification incom		unrelated me (loss) structions) 4. Total of spe payments m		5. Part of column that is included in t controlling organiz tion's gross incom		mn 4 in the aniza-		Deductions directly connected with come in column 5
(1)												
(2)												
(3)												
<u>(4)</u>			N) t II1 O							
	. Taxable Income		Net unrelated	1	Controlled Or otal of specif	•	ons 10. Part o	of colu	mn 0	11	Do	ductions directly
,	. Taxable income	ir	ncome (loss) e instructions)		yments mad		that is inc	luded	in the zation's		cor	nnected with ne in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ente	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.			0.
Part '	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides- tateme		5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	ınto in						Add amounts in
					column 2							column 5. Enter
					here and or							here and on Part I,
Totals					line 9, colu	Imn (A) 0 •						line 9, column (B) 0 •
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	⊥ Than Adve		Income /	see ins	structions)	\		<u></u>
1	Description of exploite				THAIT THAT	71 (1011)	<u>, </u>	366 1113	<u>structions</u>	<u> </u>		
2	Gross unrelated busin			ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con						•	` '				
	line 10, column (B)		•							3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable	to income	entered on line 5							6		
7	Excess exempt expen			•								
	4. Enter here and on F	Part II, line	12							7		

Part	IX Advertising Income				r ago r
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals	on a consolidated basi	is.	
	A \square				
	В				
	с				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	arricante for each periodical notes above in the	A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and on		1	<u> </u>	0.
а	, tad dolamine / tandagir B. Enter Here and on	rarr, mio 11, column (y			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on				0.
u	Add Goldming A through D. Enter Hore and on	rarti, iirio 11, oolariir (b)			
4	Advertising gain (loss). Subtract line 3 from lir	ne			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
-	line 5, subtract line 6 from line 5. If line 5 is les	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
_	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7	l l			
а	Add line 8, columns A through D. Enter the gr		ns total or zero here an	nd on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	ectors, and Trustees	s (see instructions)	·	
				3. Percentage	4. Compensation
	1. Name	2. Titl	le	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	e instructions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION		121.
TOTAL TO SCHEDULE A, PART	II, LINE 14	121.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

3

ENTITY

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

•				- 1		o I(c)(3) Organizations Only
A Name of the organization AMERICAN ANTHRO	POLOGICAL ASSOCIAT	ION		B Employe	r identificat * * 6 6 9 2	tion number 1
C Unrelated business activity code (s	see instructions) > 561300)		D Sequence	ce: 3	of 3
E Describe the unrelated trade or bu	siness ▶JOB PLACEMENT	1				
Part I Unrelated Trade or B	usiness Income		(A) Income	(B) Expens	es	(C) Net
1a Gross receipts or sales						
b Less returns and allowances	c Balance ▶	1c				
	8)	2				
	ı line 1c	3				
4a Capital gain net income (attach S						
1120)) (see instructions)		4a				
b Net gain (loss) (Form 4797) (attack		4b				
c Capital loss deduction for trusts		4c				
5 Income (loss) from a partnership						
statement)		5				
		6				
	(Part V)	7				
8 Interest, annuities, royalties, and						
organization (Part VI)		8				
9 Investment income of section 50	ı					
		9				
	e (Part VIII)	10	90,817	. 88,	524.	2,193.
		11	-			
	attach statement)	12				
		13	90,817	. 88,	524.	2,193.
Part II Deductions Not Take		ns fo	r limitations on d	eductions) Dec	ductions	must be
	th the unrelated business inc		miniationio on a	0440110110, 200		made 50
1 Compensation of officers, direct	ors, and trustees (Part X)				1	
2 Salaries and wages					2	24,969.
3 Repairs and maintenance					3	
4 Bad debts					4	
5 Interest (attach statement) (see in	nstructions)				5	
6 Tayes and licenses					6	
7 Depreciation (attach Form 4562)	(see instructions)		7			
	t III and elsewhere on return				8b	
9 Depletion					9	
	ensation plans				10	
					11	6,343.
	/III) <u> </u>				12	
)				13	
14 Other deductions (attach statem			SEE STA	TEMENT 4	14	802.
15 Total deductions. Add lines 1 th					15	32,114.
	re net operating loss deduction. Sub					
					16	-29,921.
17 Deduction for net operating loss	(see instructions)				17	0.
	come. Subtract line 17 from line 16				18	-29,921.

LHA For Paperwork Reduction Act Notice, see instructions.

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter metal	nod of inventory valuati	on 		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	Personal Propert	ty Leased with P	leal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see insti	ructions)	
	A				
	В 🔲				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, I	ine 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). Ch	neck if a dual-use (see	e instructions)	
	A				
	В				
	c				
	D			T	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	>	0.
				,	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	ities, Ro	yalties, and Re	ents fror	n Control	led Or	ganizations	s (see instru	ctions)	Page
	·					E	xempt Contro	lled Organizatio		
	Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Part of column that is included controlling organized tion's gross in	umn 4 d in the ganiza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)				<u> </u>		<u> </u>				
	Tayabla Ingome	0.1		1	Controlled Or	-		of column O	1 44	Doductions directly
,	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals						>		0 .	,	0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (attach	t-asides stateme	
(1)										
(2)										
(3)										
(4)					Add amou	ınto in				Add amounts in
					column 2.					column 5. Enter
					here and or	,				here and on Part I
Totals					line 9, colu	Imn (A) 0 •				line 9, column (B)
Part	VIII Exploited F	xemnt 4	ctivity Income	Other 1	⊥ Than Δdve		Income /	see instruction	c)	<u> </u>
1	Description of exploite				man / tare	71 (1011)	9	See matraction	s) 	
2	Gross unrelated busine				r here and o	n Part I.	line 10. colum	n (A)	2	90,817.
3	Expenses directly con						•	. ,	_	- , -
-	line 10, column (B)		•					•	3	88,624.
4	Net income (loss) from									-
									4	2,193.
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	ne				5	0.
6	Expenses attributable								6	0.
7	Excess exempt expens			,						•
	4. Enter here and on P	art II, line	12						7	0.

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ig two or m	nore periodicals on a c	onsolidated basis	3.	
	A 🔲					
	В 🔲					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)		>	0.
а		_				
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)		>	0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	۱				
	line 4 showing a loss or zero, do not complete	Э				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7	_				
а	Add line 8, columns A through D. Enter the gr	reater of th	e line 8a, columns tota	al or zero here and	d on	0
Dort	X Compensation of Officers, Dir		and Trustage		>	0.
Part	Compensation of Officers, Dir	ectors,	and Trustees (se	e instructions)	T	
	4.11		O T''		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					% %	
(3)					%	
(4)	L				70	
Total	Enter here and on Part II, line 1					0.
Part		e instructi	nne)			
		C IIISti doti	0113)			

FORM 990-T (A)	OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION				AMOUNT
TAX PREPARATION			-	802.
TOTAL TO SCHEDULE A, PART	II, LINE 14		-	802.
· ·		DIRECTLY CONNEC		STATEMENT 5
· ·				STATEMENT 5 TOTAL
DESCRIPTION INFORMATION TECHNOLOGY PROFESSIONAL FEES OCCUPANCY		ATED BUSINESS I	AMOUNT 39,000. 571. 6,033.	
DESCRIPTION INFORMATION TECHNOLOGY PROFESSIONAL FEES		ATED BUSINESS I ACTIVITY NUMBER	AMOUNT 39,000. 571.	