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DLN: 93493195009120

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009 D Employer identification number B Check if applicable Please CENTER FOR ASSOCIATION LEADERSHIP use IRS 52-1300485 Address change label or Doing Business As E Telephone number Name change print or type. See (202) 326-9550 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 1575 I STREET NW **G Gross receipts** \$ 13,528,887 Instruc-Termination tions. Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005 Application pending Name and address of Principal Officer **H(a)** Is this a group return for JOHN H GRAHAM IV affiliates? 1575 I STREET NW WASHINGTON, DC 20005 H(b) Are all affiliates included? (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW as a ecenter ORG L Year of Formation 1983 M State of legal domicile DC Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 17 16 Number of independent voting members of the governing body (Part VI, line 1b) . 0 Total number of employees (Part V, line 2a) . 826 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 0 b **Prior Year Current Year** 1,047,534 666,903 8 Contributions and grants (Part VIII, line 1h) . . 11,454,506 9 Program service revenue (Part VIII, line 2g) . . 13,329,990 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 495,304 -742,524 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 435,501 730,714 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 15,308,329 12,109,599 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{404,284}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17,495,359 14,263,333 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 17,495,359 14,263,333 18 Revenue less expenses Subtract line 18 from line 12 19 -2,187,030 -2,153,734 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 24,377,095 19,688,379 21 Total liabilities (Part X, line 26) 12,616,422 11,047,059 22 Net assets or fund balances Subtract line 21 from line 20 11,760,673 8,641,320 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-07-12 Sign Signature of officer Here JOHN H GRAHAM IV PRESIDENT/CEO Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Tate and Tryon if self-employed). **Use Only** address, and ZIP + 4 805 15th Street NW Suite 900 Phone no (202) 293-2200 Washington, DC 20005 May the IRS discuss this return with the preparer shown above? (See instructions) .

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission ASAE & The Center help associations and associ	ation professionals trans	form society through the po	ower of collaboration	
2	Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services		rvices during the year	which were not listed on	ΓYes Γ No
3	Did the organization cease conducting services?	-	t changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S				
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) t	rusts are required to r	eport the amount of grants a	
4a	(Code) (Expenses \$ PROFESSIONAL DEVELOPMENT THE CENTE ALL EXPERIENCE LEVELS THESE LEARNING P ONLINE SIGNATURE PROGRAMS INCLUDE OF CONFERENCE	ROGRAMS ARE HELD FAG	CE-TO-FACE IN WASHINGTO	ON, DC, AND IN LOCATIONS AROUN	ID THE COUNTRY, AS WELL AS
4b	(Code) (Expenses \$ MEETINGS/EXPO THE CENTER OFFERS TW SESSIONS WHERE MORE THAN 8,000 (CUMU CUTTING-EDGE INFORMATION NOT OFTEN F CHALLENGES, PREPARING MEMBERS TO PRO	O MAJOR CONVENTIONS LATIVE) ASSOCIATION E OUND ELSEWHERE, SUC	XECUTIVES LEARN THE LATI THE AS TECHNOLOGY APPLICATION	EST ASSOCIATION MANAGEMENT PR	RACTICES SESSIONS OFFER
4c	(Code) (Expenses \$ Learning Center Facilities The Center for A variety of events Both facilities are also used and International Trade Center at 1300 Penn for educational seminars, presentations, boal service meeting facility located a few blocks presentations, board meetings, staff training	d for the Center's own ed sylvania Avenue, NW It id meetings, staff training from the White House T	ducational programs The Ma offers contemporary archite g and retreats, and other e he conference center also p	arriott Learning Complex is located ecture and high tech features provi vents The other facility is located a	in the Ronald Reagan Building ding an atmosphere that is ideal t 1575 I Street, NW and is a full-
	(Code) (Expenses \$	1,673,155	ıncludıng grants of \$) (Revenue \$	1,530,100)
4d	Other program services (Describe ii	n Schedule O N			
	(Expenses \$	including grants of	f\$) (Revenue \$)
4e	Total program service expenses \$	13,490,02	9 Must equal Part IX,	Line 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	60			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.				
		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i .				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	0			
Ь	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
h	·					
_	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.	.port o	Troicigir bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		6+75	_	V	
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$ / 5 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, nrem	nums on a nersonal			
_	benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the		,	8		
_	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter Introduce force and control contributions included on Port VIII. line 12	10a	I			
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
D	facilities	100	l			
11	Section FO1/c)(12) organizations Enter					
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders	I				
а	Gross income nom members of Shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	<u>. Governing</u>	Body and Ma	anagement	

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body 1a 17	
1a Enter the number of voting members of the governing body 1a 17	
b Enter the number of voting members that are independent 1b 16	
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Νo
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Νo
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Yes	
5 Did the organization become aware during the year of a material diversion of the organization's assets? 5	No
6 Does the organization have members or stockholders?	No
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	
a the governing body?	
b each committee with authority to act on behalf of the governing body?	
9a Does the organization have local chapters, branches, or affiliates?	Νo
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b	
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Yes	
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19 interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

heidi robey 1575 I Street NW Washington, DC 20005 (202) 326-9550

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

(A) Name and Title (B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	0	Ke,	Highe		(D) Reportable	Reportable	Estimated amount of other
	§	l Trustee	Officei	employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
						\vdash			
b Total						F	1,308,492	2,020,258	675,110

compensation from the organization▶6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Lake Litho Printing & Marketing Services 10371 Central Park Drive manassas, VA 20110	Brochure printing services	150,996
KUSHNER & ASSOCIATES 3444 CLOUDCROFT DR MALIBU, CA 90265	TRANSPORTATION	150,771
FAST FUTURE VENTURES LTD 3 CHUDLEIGH RD LONDON NW67AH UK	RESEARCH & STRATEGY SVCS	140,364
Tecker Consultants LLC 301 Oxford Valley Road suite 1803a Yardley, PA 19067	education services	126,560
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	4

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a					,,
쓡	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b /ents 1c	177,749				
#£	d	Related organ	ızatıons1d					
<u>₩</u>	e	Government grar	nts (contributions) 1e					
utior her si	f		tions, gifts, grants, and not included above	489,154		•		
語る	g	Noncash cont	1f ributions included in					
S P								
<u> </u>	h		es 1a-1f)		666,903			
				Business Code				
Ele Tile	2a	meetings and ex	ро	900,099	5,150,699	5,150,699		
e ke	ь	professional deve	elopme	900,099	4,006,657	4,006,657		
or E	С	sponsorships		900,099	1,505,793			1,505,793
745	d	learning center fa	acılı	900,099	767,050			767,050
33	e	magazines and jo	ournal	900,099	24,307	24,307		
Program Serwce Revenue	f	All other prog	ram service revenue					
Š	g	Total. Add line ► \$ 11,454,50	es 2a-2f					
	3		come (including divi	dends, interest				
		other sımılar a	amounts)	[511,819			511,819
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	_	Davidhia		▶	652,573			652,573
	5	Royalties .	(ı) Real	(II) Personal	032,373			032,373
	6a	Gross Rents	(I) Real	(II) Fersonal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	(1) 0 0 0 0 111100	(11) 0 11101				
		from sales of assets other						
	ь	than inventory Less cost or	1,254,343					
		other basis and sales expenses						
	с	Gain or (loss)	-1,254,343					
	d	Net gain or (lo	ss)		-1,254,343			-1,254,343
Other Revenue	8a b	events (not in \$ 17 of contribution 1c) See Part Attach Schedul \$15,000	14,911 ns reported on line	177,749 164,945				
Ě	c		(loss) from fundraisi		9,966			9,966
0	9a			<u> </u>				
	34	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
	ь	Less directe	xpensesb					
	с	Net income or	(loss) from gaming a					
	10a	Gross sales o returns and al	finventory, less lowances .	•				
	ь	Less cost of						
	с		(loss) from sales of	inventory				
		Miscellaneou	s Revenue	Business Code				
	11a	MAILING LIS	Т	900,099	68,175			68,175
	ь							
	c							
	d	All other reve	nue					
	e	Total. Add line						
				\$ 68,175	43 400 500	0.404.660		2 264 022
	12	8c,	. Add lines 1h, 2g, 3		12,109,599	9,181,663	0	2,261,033

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	57,645	57,645		
g	Other	541,195	481,423	15,330	44,442
12	Advertising and promotion	139,047	116,385		22,662
13	Office expenses	2,717,810	2,665,249	-35,417	87,978
14	Information technology	3,100	3,100		
15	Royalties	4,283	4,283		
16	Occupancy	712,233	570,638	141,595	
17	Travel	194,016	178,195	-106	15,927
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,655,681	2,604,422	17,267	33,992
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,405	189,713	33,692	
23	Insurance	33,768	31,057		2,711
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PERSONNEL SALARY EXPENS	3,337,122	3,071,308	158,076	107,738
ь	OVERHEAD ALLO CATION	2,148,635	2,029,554	58,089	60,992
С	PERSONNEL BENEFITS	645,226	565,742	59,054	20,430
d	HONORARIA	482,585	482,585		
e	BAD DEBT EXPENSE	229,158	142,865	85,668	625
f	All other expenses	138,424	295,865	-164,228	6,787
25	Total functional expenses. Add lines 1 through 24f	14,263,333	13,490,029	369,020	404,284
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

						(A) Beginning of year		(B End of	
ı	1	Cash—non-interest-bearing			_	Degining of year	1	Lilu oi	year
	2	Savings and temporary cash investments	•		•	2,747,836	_		1,352,448
	3	Pledges and grants receivable, net			•	379,622	3		153,643
	4	Accounts receivable, net	•		•	2,997,044	4		2,182,495
	5	Receivables from current and former officers, directors, trustees	kov	· · · ·		2,557,644	-		2,102,400
	_	other related parties Complete Part II of Schedule L	•	•			5		
	6	Receivables from other disqualified persons (as defined under so persons described in section 4958(c)(3)(B) Complete Part II of			and		6		
	7	Notes and loans receivable, net					7		
	8	Inventories for sale or use					8		
2	9	Prepaid expenses and deferred charges				441,778	9		150,110
Assets	10a	Land, buildings, and equipment cost basis	10a	2.48	39,929				
~	b	Less accumulated depreciation Complete Part VI of	100						
		Schedule D	10Ь	1,96	31,654	689,647	10c		528,275
	11	Investments—publicly traded securities				17,121,168	11	1	5,321,408
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	art VII	of			12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	art VIl	I			13		
	14	Intangible assets					14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule					15		
	1.0	D				24,377,095		1	9.688.379
-	16	Total assets. Add lines 1 through 15 (must equal line 34)				898,447	16	<u> </u>	399,191
	17	Accounts payable and accrued expenses .				090,447	17		
	18	Grants payable				2 602 100	18		1 F46 F12
	19	Deferred revenue				2,603,188			1,546,512
<u> </u>	20	Tax-exempt bond liabilities					20		
	21	Escrow account liability Complete Part IV of Schedule D	•	•			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					,		
		persons Complete Part II of Schedule L		•			22		
	23	Secured mortgages and notes payable to unrelated third parties	•				23		
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D				9,114,787	25		9,101,356
	26	Total liabilities. Add lines 17 through 25				12,616,422	26	1	1,047,059
γ		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27					
일	27	Unrestricted net assets				11,708,483	27		8,587,356
Balance	28	Temporarily restricted net assets				52,190	28		53,964
=	29	Permanently restricted net assets				32,133	29		
Fund	23	Organizations that do not follow SFAS 117, check here ▶ ☐ an	d com	nlete					
or F		lines 30 through 34.	u com	piece					
	30	Capital stock or trust principal, or current funds					30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds				32		
ĕ	33	Total net assets or fund balances				11,760,673	33		8,641,320
	34	Total liabilities and net assets/fund balances				24,377,095	34	1	9,688,379
Pa	rt XI	Financial Statements and Reporting							
لند		The state of the s						Yes	No

Dart VI	Financial Statements and Reporting	_

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Employer identification number

OMP No 1545 004

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

CENTE	R FOR	ASSOCIATION	LEADERSHIP					E2	-130048!	-	
Рa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio				
				ation because it is (Please					111301 000		
1	Ē			nurches, or association of ch					(A)(i).		
2		•		tion 170(b)(1)(A)(ii). (Attac							
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)
4		A medical i	research organi	zation operated in conjunction	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	Anorganiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	~	Anorganiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)
11	Г	_	=	and operated exclusively for					•	•	
				orted organizations describe type of supporting organizat						Section 5	09(a)(3). Check
			ype I b				nally Integ		'' d	Гтуре	III - Other
е	\sqcap	By checkin	g this box, I ce	rtify that the organization is					one or moi	re disquali	ified persons
		other than	foundation man	agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons	described	ın sectior	1 509(a)(1) or
_		section 50		d	th - IDC		- T T	T II .			
f		check this		d a written determination fro	m the IKS	tnat it is	a Type I,	i ype II o	riypeiii	supportin	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		•
		following pe									
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No
				ng body of the the supported	_	tion?				11g	
			•	erson described in (i) above						11g(
				ty of a person described in (11g(····)
h		Provide the	tollowing infor	mation about the organizatio	ns the org	janization	supports				
	(i) N :	ame of	(ii) EIN	(iii) Type of organization	(iv) T	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(, = 114	(described on lines 1-9		ation in		nization		ation in	support?
		nization		above or IRC section		listed in	ın col (i	i) of your	col (i) c	rganızed	
				(See Instructions))	your go		supp	oort?	ın the	US?	
						ment?	Vac	No	Vaa	No.	+
					Yes	No	Yes	No	Yes	No	
										 	
										 	
											

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	o or Part 1.)				
	ublic Support	Г						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	374,050	3,543,089	3,605,549	1,047,534		666,903	9,237,125
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	374,050	3,543,089	3,605,549	1,047,534		666,903	9,237,125
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,072,479
6	(f) Public Support subtract line 5 from line 4							8,164,646
Т	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	374,050	797,211	3,605,549	1,047,534		666,903	9,237,125
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	117,528	797,211	806,923	630,635		1,232,567	3,584,864
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,000		778				11,778
11	Total Support (Add lines 7 through 10)							12,833,767
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		47,159,007
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thire	d, fourth, or fifth	tax year as a 50	01(c)(,3)	▶ ┌
14	Public Support Percentage for 2008 (line 6		led by line 11 co	olumn (f))		14		63.620 %
15	Public Support Percentage for 2007 Sched		-	· · //		15		63.250 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	If the organization tts and circumst ances" test Tho If the organization	on did not check :ances" test, cho e organization q on did not check	a box on line 1 eck this box and ualifies as a pub a box on line 1	l stop here. Expl licly supported 3, 16a, 16b, or :	laın ın organı 17a aı	Part IV ho ization nd line 15	ow the ► Is 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number CENTER FOR ASSOCIATION LEADERSHIP

			52-1300485
Part	Organizations Maintaining Donor A organization answered "Yes" to Form 9		<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1 T	otal number at end of year		
2 A	ggregate Contributions to (during year)		
3 A	ggregate Grants from (during year)		
4 A	ggregate value at end of year		
	Old the organization inform all donors and donor adviunds are the organization's property, subject to the	_	nor advised Yes No
ι	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the be mpermissible private benefit?		
Part	III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
Γ Γ	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of ar Preservation of ce	ertified historic structure
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	Held at the End of the Yea
а	Total number of conservation easements		2a
ь			2b
	Total acreage restricted by conservation easemen		
с	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
1	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	ed by the organization during
t	he taxable year 🟲		
	Number of states where property subject to conserv	ation easement is located ►	
	Does the organization have a written policy regardir enforcement of the conservation easements it holds		ations, and Yes No
	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	e year 🕨
	Amount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear ► \$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	Yes No
ŀ	n Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	I statements that describes
art	Organizations Maintaining Collection Complete if the organization answered	·	or Other Similar Assets.
 a	f the organization elected, as permitted under SFA sert, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
ŀ	f the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	
((i) Revenues included in Form 990, Part VIII, line	1	▶ \$
((ii) Assets included in Form 990, Part X		▶ \$
-	f the organization received or held works of art, his ollowing amounts required to be reported under SFA		or financial gain, provide the
a p	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь ,	Assets included in Form 990, Part X		► \$

3	Organizations Maintaining Co	•						itimaca j
,	Using the organization's accession and othe items (check all that apply)	r records, check any of	the fol	-	-	e of its collection	l	
а	Public exhibition	d	ı 「	Loan or exch	ange programs			
b	Scholarly research	e	· 「	Other				
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIV	ollections and explain h	now the	y further the o	rganızatıon's exe	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes	□ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar	Arrangements. Co	mplet	e if the orgai		<u> </u>		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	-			r other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
						A mou	nt	
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 F	orm 990, Part X, line 2:	1?			Γ,	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete							
_		(a)Current Year	(b) Prior	Year (c) Tw	o Years Back (d)T	hree Years Back (e)	Four Yea	ars Back
1a	Beginning of year balance	10,357,141						
Ь	Contributions	1 220 272						
С	Investment earnings or losses	-1,329,273						
d	Grants or scholarships							
e	Other expenditures for facilities and programs	457,796						
f	Administrative expenses							
g	End of year balance	8,570,072						
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨	100 000 %						
Ь	Permanent endowment 🕨							
b c								
c	Permanent endowment Term endowment Are there endowment funds not in the posse	ssion of the organizatio	on that :	are held and ac	dministered for t	he		
c	Term endowment ► Are there endowment funds not in the posse organization by	-	on that s	are held and ac	dmınıstered for t	he	Yes	No
c	Term endowment ► Are there endowment funds not in the posse	-	on that a	are held and ad	dmınıstered for t	3a(i)	Yes	No No
с За	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations						Yes	
c 3a b	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or	· · ·	 lule R?		3a(i)	Yes	Νο
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	 n Sched ment fu	 ule R?		3a(i) 3a(ii)	Yes	Νο
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	 n Sched ment fu	 ule R?		3a(i) 3a(ii)	Yes	Νο
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	See F	 ule R?		3a(i) 3a(ii)		Νο
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	See F		rt X, line 10.	3a(i) 3a(ii) 3b		N o
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	See F		rt X, line 10.	3a(i) 3a(ii) 3b		N o
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	See F		rt X, line 10.	3a(i) 3a(ii) 3b		N o
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow	See F		rt X, line 10.	3a(i) 3a(ii) 3b		N o
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ns listed as required or ne organization's endow s, and Equipment.	See F		rt X, line 10.	3a(i) 3a(ii) 3b	(d) Boo	N o

uncertain tax positions under FIN 48

(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		, , , , , , , , , , , , , , , , , , , ,
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	P	
art VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X		(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
(a) Des	, line 15.	
Other Assets. See Form 990, Part X (a) Des	ne 15.)	(b) Book value
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.) rt X, line 25.	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability	ne 15.)	
Other Assets. See Form 990, Part X (a) Description of Liability ederal Income Taxes	ne 15.) rt X, line 25. (b) A mount	
cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25.	
cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) II Part X Other Liabilities. See Form 990, Pa	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa (a) Description of Liability ederal Income Taxes eferred rent	ne 15.) rt X, line 25. (b) A mount 138,730 8,962,626	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,109,599
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,263,333
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,153,734
4	Net unrealized gains (losses) on investments	4	-965,619
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-965,619
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,119,353
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial		11,310,699
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 166,719		
e	Add lines 2a through 2d	2e	-798,900
3	Subtract line 2e from line 1	3	12,109,599
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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,109,599
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	14,430,052
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	166,719
3	Subtract line 2e from line 1	3	14,263,333
4	A mounts 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		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,263,333
	t XIV Supplemental Information		14,200,000
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XIV	lines 1 h and 2 h
	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	uit AIV	, mies ID allu ZD,
_			

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

Ident if ier	Return Reference	Explanation
, · · · · · · · · · · · · · · · · · · ·	Endowment Funds	Board designated fund, the corpus of which is to remain intact and the investment income from which is to be used for research benefiting the association community. An established spending policy of 5-7% of the average of the portfolio as of December 31 for the prior 3 years is used to determine the annual budget submitted for board approval.

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OMB No 1545-0047

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Name of the organization CENTER FOR ASSOCIATION LEADERSHIP **Employer identification number**

52-1300485

Part	General Information on Activities Outside the United States. Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.
	Provide the second of the seco

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance	Yes	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

J Activites per Region (o	se schedule i - 1	(I OIIII 990) II auc	illional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	0	0	PROGRAM SERVICES	ANNUAL MEETING EXPO	1,995,487
NORTH AMERICA	0	0	FUNDRAISING	SPECIAL EVENTS AT ANNUAL MEETING SILENT AUCTION, FOOD/WINE CLASSIC, ANNUAL GOLF CHALLENGE	151,868
NORTH AMERICA	0	0	PROGRAM SERVICES	INVITATIONAL FORUM ON LEADERSHIP & MANAGEMENT	58,975
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY MISSION	58,676
					2 265 006
Totals	tion on the in-t-	ustions for Form 3	90. Cat No!	F0083W 5	2,265,006
For Paperwork Reduction Act No	rice, see the instri	actions for Form 9	yu. Cat No!	5UU&∠W S	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

DLN: 93493195009120

OMB No 1545-0047

Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Supplemental Information Regarding

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lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service **Employer identification number** Name of the organization CENTER FOR ASSOCIATION LEADERSHIP 52-1300485 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes ٠ Total

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	æd
			(a) Event #1	(b) Event #2	(c) O ther Events		tal Eve	
			FOOD & WINE CLASSIC	GOLF OUTING (event type)	(total number)		(a) (ii ii (c))	rougn
Ф	1		(event type) 298,608	53,627	425		35	2,660
₽		Gross receipts	·	·				
Revenue	2	Less Charitable contributions	149,304	·				7,749
	3	Gross revenue (line 1 minus line 2)	149,304	25,607			174	4,911
	4	Cash Prizes			63,259		6:	3,259
Expenses	5	Non-cash Prizes		4,452				4,452
tbeu	6	Rent/Facility costs		7,150			•	7,150
ம் ர	7	Other direct expenses		10,323	79,761		9(0,084
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	•		164	4,945
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)		•			9,966
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
နှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ភ័ ក	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes%			
	7	Direct expense summary Add lines	2 through 5 in column (d)	🕨			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🕨			
9 a		er the state(s) in which the organiza he organization licensed to operate		-		· 9a	Yes	No
b	If "I	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11		es the organization operate gaming a	ctivities with nonmembe	rs?				
12	Is t	he organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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OMB No 1545-0047

2008

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

Name of the organization

Employer identification number CENTER FOR ASSOCIATION LEADERSHIP 52-1300485 Questions Pegarding Compensation

Pe	Questions kegarding compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the company that the company the company that the compan	nat apply	y			
	Compensation committee Independent compensation consultant	[V	Written employment contract			
	✓ Independent compensation consultant Form 990 of other organizations	<u>ام</u>	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	10	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b	Yes	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a	Yes	
ь	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		•	8		No

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JOHN h Graham IV CAE	(ı) (ıı)	526,652	124,324	122,649	202,767	56,062	1,032,454		
heidi robey	(ı) (ıı)	127,673	7,350	12,068	18,306	5,282	170,679		
Susan Robertson CAe	(ı) (ıı)	240,069	10,025	27,099	30,220	11,264	318,677		
Karl Ely CAE	(ı) (ıı)	34,286 137,147	810 3,240	2,366 9,462	5,201 20,806	3,865 15,462			
Greta Kotler CAE	(ı) (ıı)	29,794 119,178	1,375 5,500	4,617 18,467	4,139 16,556	2,811 11,242			
Ann Blouin CAE	(ı) (ıı)		6,625	37,706	20,803	8,440	202,478		
reginald henry CAE	(ı) (ıı)	147,454	6,650	16,526	20,638	15,047	206,315		
robert skelton CAE	(ı) (ıı)		8,050	16,810	24,116	27,860	208,240		
Lorı Derkay	(ı) (ıı)	101,111 54,445	5,021 2,704	20,398 10,983	27,365 14,735	8,083 4,353			
elizabeth ware	(ı) (ıı)	96,088	10,000	29,101	16,147	1,568	152,904		
john lee ıv	(ı) (ıı)	113,197	5,025	16,107	15,357	2,525	152,211		
Susan Sarfatı	(ı) (ıı)	280,014	15,000	242,937	84,974	28,928	651,853		
	(i) (ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	· ·	SUSAN SARFATI SEVERANCE PAY, \$121,853 SUSAN SARFATI 457B DISTRIBUTION, \$45,284 SUSAN SARFATI 457F DISTRIBUTION, \$164,273 JOHN GRAHAM SERP FUNDING, \$182,370
	,	DETERMINATION OF ANNUAL INCENTIVE COMPENSATION FOR THE CENTER'S CEO IS DETERMINED AS FOLLOWS THE TARGET ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARATOR GROUP AS DESCRIBED IN THE ANSWER TO 990, PART VI, QUESTION 15 THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH THE CENTER AND OF ASAE, A RELATED ORGANIZATION THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS ANNUAL INCENTIVE PAY IS NOT DETERMINED AS A SPECIFIC PERCENTAGE OF REVENUES, RATHER, REVENUES ARE UTILIZED AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE
	,	DETERMINATION OF ANNUAL INCENTIVE COMPENSATION FORTHE CENTER'S CEO IS DETERMINED AS FOLLOWS THE TARGET ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARATOR GROUP AS DESCRIBED IN THE ANSWER TO 990, PART VI, QUESTION 15 THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH THE CENTER AND OF ASAE, A RELATED ORGANIZATION THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS ANNUAL INCENTIVE PAY IS NOT DETERMINED AS A SPECIFIC PERCENTAGE OF NET EARNINGS, RATHER, NET EARNINGS ARE UTILIZED AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

	f the organization FOR ASSOCIATION LEADERSHIP						- 1		ent it ica	it ion n	umber	
Part I	Excess Benefit Transact	 tions (se	ection 501(1 (c)(4		2 - 1 3 0 zatıor					
	To be completed by organization											
1	(a) Name of disqualifie	d person	person (b) Description of tra				action			_ ⊢	c) Corr	
					- 1 · F · - ·						Yes	No
	er the amount of tax ımposed on	the organ		• •	sons dı	uring the y	ear ui	nder				
	tion 4958							•	\$ —			
	er the amount of tax, if any, on lir				<u> </u>			•	\$			
Part II	Loans to and/or From To be completed by organiza				⊺\/ lin	o 26 or Fr	orm 9	on-F	7 Part	V line	~ 38a	
	10 be completed by organiza	(b) Loar		es officiality 50, 1 a.c.	T V , 1111.	e 20, 0	7	90 _		f)	1 200	
(a) N	ame of interested person and	from		(c)O riginal principal			(e) In Approve			1 (5)		
\ - //	purpose	organiza	ation?	amount	(d) Bal	lance due	dera	efault? by board of committee			1 -	
		То	From	†			Yes	No	Yes	No	Yes	No
		 			┼				┼		 	—
		+			+-				+-		+-	-
		 			†				<u> </u>	<u> </u>	†	<u> </u>
Total .				· · · · · · · · · · · · · · · · · · ·								
Part III	Grants or Assistance B To be completed by organ				990. Pa	art IV, lır	ne 27					
(a) Name of interested person) Relationship	p between interested person (c)A mount of grant or type of			pe of a	assista	nce			
				The Organization								

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
PAUL GANNON	VP Marketing for TMA Resources, a Center industry partner	,	SPONSORSHIPS, ADVERTISING AND EXHIBIT REVENUE \$225,000 TO THE CENTER		No
					•

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DLN: 93493195009120

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990. To be completed by organizations to provide additional information for

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization CENTER FOR ASSOCIATION LEADERSHIP Employer identification number

52-1300485

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Strategy & Research The Center's Research Department advances knowledge in non-profit management by providing resources that will help leaders focus on critical factors to enhance their organizations. The Center implements and facilitates the application of research findings by executives and boards through rigorously designed secondary, qualitative and quantitative methods. Thought provoking research has been produced on membership, volunteerism, fundraising and the economy. Expenses \$ 76356. including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d		Sponsorship Provides a customized opportunity for industry partners and association professionals to interact on issues of mutual concern. Industry partners are able to gain insight and understanding of the needs of the association professionals and the association professionals are able to gain knowledge from the industry partners. Expenses \$ 784250 including grants of \$ 0. Revenue \$ 1505793

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Greater Washington Network The Greater Washington Network encourages association professionals in the Washington DC region to connect with one another in meaningful ways to advance themselves both personally and professionally From monthly networking receptions to complimentary idea swaps, the Greater Washington Network allows one to build a community of peers, advance one's career and volunteer within the association industry Expenses \$ 303907 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Journal The mission of The Journal of Association Leadership (JAL) is to be the principal agenda-setting publication for the association profession, providing a serious outlet for the exploration of new ideas, models and themes affecting the future of associations and association leaders. The Journal of Association Leadership covers all association management and leadership topics, placing a particular emphasis on leading-edge issues in the areas of organizational management and change, strategic leadership, and innovation. Expenses \$ 33457 including grants of \$ 0. Revenue \$ 24307

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Research Endow ment & Other The goal of the endow ment-funded research program is to advance know ledge in association management by providing thought leadership on trends and issues affecting the non-profit sector. The program focuses on identifying critical issues in the rapidly changing environment facing the non-profit community by conducting research to develop insights that will promote success over time. Expenses \$ 475185, including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The Center's Board of Directors consists of the Officers of The Center, six Directors who are also Directors-at-Large of the American Society of Association Executives (ASAE), up to two additional Directors appointed by the Chairman of the Board of ASAE under the ASAE Bylaws, and two ex officio Directors (a) the Chairman of the Board of ASAE as a voting Director, and (b) the President & CEO of ASAE and The Center as a non-voting Director. The Center has an Executive Committee that consists of the Officers of The Center and the Chairman of the Board of ASAE. It may act in the place of the Board of Directors when authority is designated by the Board or in emergency matters where Executive Committee action is temporary and subject to ratification by the Board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		SUBSTANTIALLY ALL CHANGES TO THE DOCUMENTS REFLECT APPROVED REVISIONS TO THE NUMBER OF DIRECTORS, THE SUCCESSION OF OFFICERS TO THE POSITION OF CHAIR AND THE RELATIONSHIP OF OFFICERS TO STANDING COMMITTEES (FINANCE, AUDIT, LEADERSHIP) IN ADDITIONAL, THE ROLE AND AUTHORITY OF THE PRESIDENT & CEO IS CLARIFIED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Directors other than ex officio Directors (ASAE board chairman, president/CEO of ASAE) are nominated by the Leadership Committee and elected by the Board of Directors of ASAE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 returns are prepared by the 3rd party preparer working with the CFO and Director of Finance. Once the CFO is comfortable with the completeness and accuracy of the document, it is provided to the CEO for review and is uploaded into a secure restricted location within the organization's online system SharePoint for a period of not less than 5 days prior to filing. Board members are notified that this document is available, for how long and when the return will be filed. The return will be filed as presented if no further adjustments are warranted. The board will receive notification of any additional changes prior to filing. The return is then signed by the CEO and filed appropriately.

DLN: 93493195009120

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** CENTER FOR ASSOCIATION LEADERSHIP 52-1300485 **Identification of Disregarded Entities** Part I **(C)** Legal domicile (state (A) Name, address, and EIN of disregarded entity (B) Total income Direct controlling Primary activity End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES 1575 I ST NW WASHINGTON, DC20005 53-0026940	membership organization and voice of the association profession	DC	501(c)(6)		
For Panerwork Peduction Act Notice see the Instructions for Form 990		Cat No 50135V	,		Schedule P (Form 990) 2008

(A) Name, address, and EIN of related organization	(B Primary) activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Incom	(E) dominant ne(related, estment, related)	Share	(F) of total income	(G) Share of end-of-year assets	(F Disprop allocat	ortionate	(I) Code V—UBI amount o Box 20 of K-1	Gene mana	J) eral or aging iner?
1575 EYE STREET ASSOCIATES LP	RENTAL OF									Yes	No		Yes	No
1575 EYE STREET NW WASHINGTON, DC20005 52-1083648	HEADQUART BUILDING	ERS	DC	N/A										
Part IV Identification of Re	elated Orga	anizatio	ns Taxab	le as a Corpora	ition o	r Trust								
(A) Name, address, and EIN of related org	janization	(B) Primary a) activity	(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of enti (C corp, S co or trust)		come	end	hare of Perc	H) entage ership	
ASAE BUSINESS SERVICES INC 1575 eye street nw washington, DC20005 52-1066386		insurance a services	nd other	DC	I	N/A		С						
ASAE INSURANCE COMPANY 1575 eye street nw Washington, DC20005 03-0335958		INsurance a services	and other	DC	ı	N/A		С						

No

Yes

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV	
---	--

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2	If the answer to any of the above is "Yes.	," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	holds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	AM SOCIETY OF ASSN EXECUTIVES	0	7,595,430
(2)	AM SOCIETY OF ASSN EXECUTIVES	Q	498,385
(3)	ASAE BUSINESS SERVICES INC	R	418,000
(4)	AM SOCIETY OF ASSN EXECUTIVES	С	27,933
(5)	AM SOCIETY OF ASSN EXECUTIVES	R	41,277
(6)			

(B)

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 52-1300485

Name: CENTER FOR ASSOCIATION LEADERSHIP

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL POMERANTZ CAE , CHAIRMAN	2 00	Х		Х				0	0	0
ROBIN LOCKERMAN CMM , CHAIRMAN - ELECT	2 00	Х		Х				0	0	0
JOEL ALBIZO CAE , SECRETARY/TREASURER	2 00	Х		х				0	0	0
J CLARKE PRICE CAE , CHAIRMAN, ASAE	2 00	Х		х				0	0	0
MARK GOLDEN CAE , IMMEDIATE PAST CHAIRMAN	2 00	Х		Х				0	0	0
STEVEN BERGER , DIRECTOR	2 00	Х						0	0	0
JEFF DE CAGNA , DIRECTOR	2 00	Х						0	0	0
LORETTA DELUCA , DIRECTOR	2 00	X						0	0	0
PAUL GANNON , DIRECTOR	2 00	Х						0	0	0
AGATHA JOHNSON MA CAE , DIRECTOR	2 00	Х						0	0	0
JANICE LACHANCE , DIRECTOR	2 00	Х						0	0	0
LUC MAENE , DIRECTOR	2 00	Х						0	0	0
LISA MULLINGS ESQ CAE , DIRECTOR	2 00	Х						0	0	0
DAVID NIELSEN CAE , DIRECTOR	2 00	Х						0	0	0
PETER O'NEIL CAE , DIRECTOR	2 00	Х						0	0	0
WILLIAM REED CMP , DIRECTOR	2 00	Х						0	0	0
JAMES YOUNGBLOOD , DIRECTOR	2 00	Х						0	0	0
JOHN h Graham IV CAE , eX-OFFICIO	2 00			Х				0	773,625	243,042
heidi robey , vp Finance & CFO	2 00			Х				0	147,091	20,406
Susan Robertson CAe , executive VICE PRESIDENT	2 00				х			0	277,193	34,470
Karl Ely CAE , VP Advertising & Sponsor	8 00				Х			37,462	149,849	36,367
Greta Kotler CAE , CHIEF KNOWLEDGE & STRATE	8 00				х			35,786	143,145	28,251
Ann Blouin CAE , CHIEF LEARNING OFFICER	40 00				x			173,235	0	25,293
reginald henry CAE , CHIEF TECH OFFICER	2 00				x			0	170,630	28,194
robert skelton CAE , CHIEF ADMINISTRATION OFF	2 00				×			0	156,264	43,276
Lorı Derkay , SENIOR VICE PRESIDENT	26 00					Х		126,530	68,132	47,890
elizabeth ware , CHIEF RAINMAKER	40 00					Х		135,189	0	16,836
john lee ıv , VP MARKETING, COMM & BR	2 00					х		0	134,329	16,557
A my ledoux CMP CAE , VP MEETINGS & EXPOSITION	40 00					х		131,642	0	16,863
karın croft , VP STRATEGIC & FUTURE RE	40 00					х		130,697	0	18,592

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Susan Sarfatı , FORMER President and CEO	0 00						х	537,951	0	99,073

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a meetings and expo	900,099	5,150,699	5,150,699		
b professional developme	900,099	4,006,657	4,006,657		
c sponsorships	900,099	1,505,793			1,505,793
d learning center facili	900,099	767,050			767,050
e magazines and journal	900,099	24,307	24,307		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

SEE SCHEDULE OTHE CENTER FOR ASSOCIATION LEADERSHIP IS THE PREMIER PROVIDER OF LEARNING, FUTURE FOCUSED AND STRATEGIC RESEARCH, AND KNOWLEDGE RESOURCES FOR THE ASSOCIATION COMMUNITY. THE CENTER IS RESPONSIBLE FOR EDUCATION PROGRAMS AND EVENTS; LEARNING COMMUNITIES; AND IDENTIFICATION AND SHOWCASING OF NEW IDEAS, THOUGHT LEADERS AND KNOWLEDGE RELEVANT TO ASSOCIATION MANAGEMENT AND LEADERSHIP.

Software ID:

Software Version:

EIN: 52-1300485

Name: CENTER FOR ASSOCIATION LEADERSHIP

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
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Software ID: Software Version:

EIN: 52-1300485

Name: CENTER FOR ASSOCIATION LEADERSHIP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontayable (C)

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JOHN h Graham IV CAE	(I) (II)		124,324	122,649	202,767	56,062	1,032,454	
heidi robey	(I) (II)		7,350	12,068	18,306	5,282	170,679	
Susan Robertson CAe	(I) (II)		10,025	27,099	30,220	11,264	318,677	
Karl Ely CAE	(i) (ii)		810 3,240	2,366 9,462	5,201 20,806	3,865 15,462	•	
Greta Kotler CAE	(I) (II)		1,375 5,500	4,617 18,467	4,139 16,556	· ·	42,736 170,943	
Ann Blouin CAE	(I) (II)		6,625	37,706	20,803	8,440	202,478	
reginald henry CAE	(I) (II)	147,454	6,650	16,526	20,638	15,047	206,315	
robert skelton CAE	(1) (11)		8,050	16,810	24,116	27,860	208,240	
Lorı Derkay	(I) (II)		5,021 2,704	20,398 10,983	27,365 14,735			
elizabeth ware	(I) (II)		10,000	29,101	16,147	1,568	152,904	
John lee IV	(I) (II)		5,025	16,107	15,357	2,525	152,211	
Susan Sarfatı	(i) (ii)	280,014	15,000	242,937	84,974	28,928	651,853	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each Board Member and Executive Staff Member is required to annually complete and submit a Disclosure Form dataling any such other interests. The individual also must update the Disclosure Form fany material changes or additions to the submitted information are discurred to the Audit Committee and the CEO reviews it is disclosures. Any affirmative response deemed unusual or which may appear to constitute an actual, potential or apparent conflict of interest is referred to the Audit committee for determination. The Audit Committee may seek the guidance of coursel and make such determination without the presence of the individual whose involvement in such transaction or relationship is under consideration. The Audit Committee may conclude that this determination should be made by the full Board of Directors of ASAE. The Center, or ABSI, and refer the matter shall be referred to the appropriate Board (with or without a recommendation from the Audit Committee) for its consideration, deliberation and resolution, with the assistance of legal counsel and without the presence of the individual whose movel-owent in such transaction or relationship is under consideration. The appropriate Board shall have final authority over the resolution of all conflict of interest matters involving the members of such Board. If the Audit Committee believes that a particular relationship or transaction may represent an actual, potential or apparent conflict or interest, it shall first request additional information from the individual in question of relationship constitutes an actual, potential or apparent conflict or interest, the Audit Committee shall consider the following (non-exhalustive) factors.—Abusing one's role for personal or third-party gain or pleasure (including, but not limited to, the solicitation or acceptance of gifts or other tenss of value or indirect inducement to provide special treatment on organization matters).—Floanging one's one for personal or third-party above that of ASAE. The Center, or ABSI — Engaging in

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Center is staffed by ASAE employees ASAEs compensation policy is defined in its board policy manual, and consists of the following President & CGD Performance Evaluation and Compensation. This responsibility is vested with the ASAE Board of Directors. The ASAE Board of Directors is charged with ensuring that the annual evaluation is conducted and compensation established. A Compensation Committee consisting of the immediate Past Chairman of the Board. Chairman of the Board. Chairman of the Board and Chairman—Beat will recommend compensation levels to the ASAE Board of Directors. It is these agreed upon objectives that are used to evaluate performance-based results inked to the achievement of ASAE at the Center's mission and strategic goods. The compensation programs should encourage an enterpreneural and member service environment in collaboration with the volunteer leadership to determine, guide, and oversee the execution of ASAE. The Center's strategic pools and mission. Given the unique set of skills needed to accomplish the mission and goals set forth above, the total compensation—indirect—should be targeted above the market median, yet be demonstrably reasonable relietably to the total compensation of refer by organizations comparable to ASAE. The Center Strategic pools and mission. Given the unique set of skills needed to accomplish the mission and goals set forth above, the total compensation phosophy should be view ed periodically to ensure that it continues to be aligned with ASAE strategic direction and financial limst and continues to be demonstrably reasonable recipient to a significant programs to a significant program and accompensation and supplemental benefits. For highly competitive (performance. Compensation is benchmarked against data developed by independent consultants using surveys comprised of organizations as hence the accompensation and supplemental benefits, provided in the program and programs and progra

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Some governing documents are available on the wiebsite - Center Bylaw's, Strategic Framework - what wiedo and our promise, Code of Conduct and Board Contact information. The Conflict of Interest Policy is currently not posted, but provided as a sample document upon request. Public inspection copies of the 990 are provided upon request.

ldentifier	Return Reference	Explanation
PART IX, QUESTION 2B		THE CENTER IS INCLUDED IN CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED AUGUST 31, 2009, ALONG WITH OTHER RELATED ENTITIES

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

Cat No 51056K

Schedule O (Form 990) 2008

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DLN: 93493195009120

OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return CENTER FOR ASSOCIATION LEADERSHIP Form 990 Page 10 52-1300485 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 223,405 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 223,405 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the

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Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44