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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)****Open to Public  
Inspection**

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

**A For the 2008 calendar year, or tax year beginning** 10/01, 2008, and ending 09/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ASSOC OF CORPORATE COUNSEL GROUP RETU</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1025 CONNECTICUT AVE., N. W.</u> <u>200</u> City or town, state or country, and ZIP + 4 <u>WASHINGTON, DC 20036</u>	<b>D</b> Employer identification number <u>52-1997796</u>	
		<b>E</b> Telephone number <u>(202) 293-4103</u>	
		<b>G</b> Gross receipts \$ <u>6,192,164.</u>	
		<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>F</b> Name and address of principal officer <u>ANNE BRACKEN</u> <u>1025 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036-5425</u>		<b>H(c)</b> Group exemption number ▶ <u>3199</u>	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <u>WWW.ACC.COM</u>			
<b>K</b> Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>M</b> State of legal domicile	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO FURTHER THE ASSOCIATION OF CORPORATE COUNSEL PURPOSE AT THE LOCAL LEVEL.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>400</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>400</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<u>1</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>1,000</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>NONE</u>	<u>7,348.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 5, 4, and 7d)	<u>6,656,468.</u>	<u>6,164,420.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	<u>90,600.</u>	<u>20,396.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>6,747,068.</u>	<u>6,192,164.</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>511,051.</u>	<u>458,085.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<u>NONE</u>
	<b>15</b> Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	<u>1,362,293.</u>	<u>104,404.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<u>NONE</u>
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25 ▶		
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>4,069,687.</u>	<u>5,568,737.</u>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>5,943,031.</u>	<u>6,131,226.</u>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>804,037.</u>	<u>60,938.</u>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	<b>21</b> Total liabilities (Part X, line 26)	<u>5,650,805.</u>	<u>5,877,842.</u>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>NONE</u>	<u>NONE</u>
		<u>5,650,805.</u>	<u>5,877,842.</u>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Anne Bracken</u> Date <u>7/5/10</u>		Signature of preparer <u>Anne Elch, CPA</u> Date <u>7/1/10</u>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed) <u>REZNICK GROUP, P. C.</u>		EIN <u>52-1088612</u>	Preparer's identifying number (see instructions) <u>700230625</u>
	address, and ZIP + 4 <u>7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224</u>		Phone no <u>301-652-9100</u>	
	May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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Form 990 (2008)

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**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO FURTHER THE ASSOCIATION OF CORPORATE COUNSEL PURPOSE AT THE LOCAL  
LEVEL.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

FURTHERED THE EXEMPT PURPOSES OF THE ASSOCIATION OF  
CORPORATE COUNSEL THROUGH WORKSHOPS, SEMINARS, AND  
PUBLICATIONS AT THE LOCAL LEVEL.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b>	X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b>	X
<b>3</b> 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	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>4</b>	N/A
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<b>5</b>	X
<b>6</b> 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	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> 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	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	X
<b>11</b> 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	<b>11</b>	X
<b>12</b> 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	<b>12</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<b>14a</b>	X
<b>b</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	<b>14b</b>	X
<b>15</b> 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	<b>15</b>	X
<b>16</b> 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	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<b>23</b>	X
<b>24a</b> 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	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	N/A
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	N/A
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	N/A
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	N/A
<b>b</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	<b>25b</b>	N/A
<b>26</b> 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	<b>26</b>	X
<b>27</b> 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	<b>27</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	N/A
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> NONE	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> NONE	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> N/A	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 1	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	N/A
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>SEE STATEMENT 1</u> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	N/A
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	N/A
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	N/A
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	N/A
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	N/A
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	N/A
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	N/A
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	N/A
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	N/A
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	N/A

Form 990 (2008)

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 400	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 400	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b> X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b> X	
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b> X	
<b>b</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? . . . . .	<b>9b</b> X	
<b>10</b> 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 . . . . .	<b>10</b> X	
<b>11</b> 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 . . . . .	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> N/A	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> N/A	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
Describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b> N/A	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE CHAPTERS, VARIOUS  
 VARIOUS







**Part VIII Statement of Revenue**

52-1997796

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	7,348.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		7,348.				
<b>Program Service Revenue</b>	<b>2a</b>	CONFER/WORKSHOPS	<b>Business Code</b>	5,139,764	5,139,764.		
	<b>b</b>	ADVERTISING		170,149			170,149.
	<b>c</b>	MEMBERSHIP DUES		701,625.	701,625		
	<b>d</b>	OTHER		152,882	152,882.		
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		6,164,420.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT. 2 . . . . .	20,396.			20,396.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		NONE			
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
	Miscellaneous Revenue	<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		NONE				
<b>12</b>	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		6,192,164.	5,994,271		190,545.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	376,085.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	82,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	85,800.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	18,604.			
11 Fees for services (non-employees)				
a Management . . . . .	1,437,687.			
b Legal . . . . .	1,102.			
c Accounting . . . . .	44,818.			
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	74,420.			
13 Office expenses . . . . .	112,245.			
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	1,989.			
17 Travel . . . . .	103,375.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance . . . . .	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BANK FEES . . . . .	26,543.			
b DINNERS/GIFTS . . . . .	196,848.			
c MISCELLANEOUS . . . . .	144,424.			
d PROGRAM EXPENSE . . . . .	3,425,286.			
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses Add lines 1 through 24f	6,131,226.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	1,467,063.	1	2,512,466.
	2 Savings and temporary cash investments . . . . .	4,183,742.	2	3,365,376.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment: cost basis . . . . .	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b	10c	
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,650,805.	16	5,877,842.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	NONE	26	NONE	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	5,650,805.	27	5,877,842.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances . . . . .</b>	5,650,805.	33	5,877,842.
34 <b>Total liabilities and net assets/fund balances . . . . .</b>	5,650,805.	34	5,877,842.	

**Part XI Financial Statements and Reporting**

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

Form 990 (2008)

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to  
Form 990, Part IV, line 14b line 15, or line 16.**

Name of the organization

Employer identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

**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** ☐ **No**

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

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in 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
EUROPE	NONE	NONE	PROGRAM SERVICES	EDUCATIONAL SEMINARS	299,114.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATIONAL SEMINARS	38,844.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATIONAL SEMINARS	848.
<b>Totals</b> . . . . . ▶	NONE	NONE			338,806.





**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

FOREIGN GRANTS ARE MADE BASED ON APPLICATION AND THE GRANT MATCHES THE  
BUDGETED AMOUNT.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

52-1997796

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WMAAC- WMAAC CORPORATE SCHOLARS FUND	ON FILE	N/A	107,000.	NONE	N/A	NONE	CORPORATE SCHOLARS P
C/O THE COMMUNITY FOUNDATION	ON FILE	N/A	10,000	NONE	N/A	NONE	DONATION
SAN FRANCISCO-LEGAL SERVICES FOR CHILDREN O	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
1254 MARKET STREET, 3RD FLOOR	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
SAN FRANCISCO-LAE	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
995 MARKET STREET SUITE 1400	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
SAN FRANCISCO- AIDS LEGAL REFERRAL PANEL	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
1663 MISSION STREET, SUITE 500	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
SAN FRANCISCO-VLSP	ON FILE	N/A	10,000	NONE	N/A	NONE	DONATION
301 BATTERY STREET, 3RD FLOOR	ON FILE	N/A	10,000	NONE	N/A	NONE	DONATION
SAN FRANCISCO- LEGAL AID SOCIETY OF SAN MAT	ON FILE	N/A	10,000	NONE	N/A	NONE	DONATION
521 E. 5TH AVE SAN MATEO, CA 94402	ON FILE	N/A	10,000	NONE	N/A	NONE	DONATION
SAN FRANCISCO- LEGAL ADVOCATES FOR CHILDREN	ON FILE	N/A	10,000.	NONE	N/A	N/A	DONATION
111 W SAINT JOHN ST. SUITE 315	ON FILE	N/A	10,000.	NONE	N/A	NONE	DONATION
S./CENTRAL TEXAS- SAN ANTONIO BAR ASSOCIATI	ON FILE	N/A	31,771	NONE	N/A	NONE	SUPPORT BAR ACTIVITI
100 DOLOROSA, 5TH FLOOR	ON FILE	N/A	10,000.	NONE	N/A	NONE	DIVERSITY RECIPIENT
S - CALIFORNIA- PUBLIC COUNSEL	ON FILE	N/A	10,000.	NONE	N/A	NONE	GALA DINNER- PRO BON
610 S. ARDMORE AVE LOS ANGELES, CA 90005	ON FILE	N/A	10,000.	NONE	N/A	NONE	PROCEEDS FROM 2008-2
S - CALIFORNIA- LEGAL AID FOUNDATION OF LA	ON FILE	N/A	10,000.	NONE	N/A	NONE	MISC GRANTS \$5,000 A
1102 S CRENSHAW BLVD LOS ANGELES, CA 90019	ON FILE	N/A	10,000.	NONE	N/A	NONE	84
S - CALIFORNIA- PUBLIC LAW CENTER	ON FILE	N/A	10,000.	NONE	N/A	NONE	NONE
601 CIVIC CENTER DRIVE WEST	ON FILE	N/A	147,314	NONE	N/A	NONE	
MISC GRANTS \$5,000 AND BELOW	ON FILE	N/A		NONE	N/A	NONE	

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE SCHEDULE I-1					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS PAID

GRANTS ARE MADE BASED ON APPLICATION AND THE GRANT MATCHES THE BUDGETED

AMOUNT



**Part III** Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHICAGO- ONIKA ANGUS	1	6,000.	NONE	N/A	NONE
CHICAGO- LAURO BANDA	1	6,000	NONE	N/A	NONE
CHICAGO- CHAUNTELL BOBO	1	6,000	NONE	N/A	NONE
CHICAGO- TAMARA BREY	1	6,000.	NONE	N/A	NONE
CHICAGO- BRANDON DIXON	1	6,000	NONE	N/A	NONE
CHICAGO- JANELLE FAIRCHILD	1	6,000	NONE	N/A	NONE
CHICAGO- MICHELLE HOLBERT	1	6,000.	NONE	N/A	NONE
CHICAGO- KAREN SUN YOUNG HWANG	1	6,000	NONE	N/A	NONE
CHICAGO- POONAM KHATRI	1	6,000	NONE	N/A	NONE
CHICAGO- RADHIKA LAXHANI	1	6,000	NONE	N/A	NONE
CHICAGO- LORI TAYLOR	1	6,000	NONE	N/A	NONE
CHICAGO- HASNAIN VALIKA	1	6,000	NONE	N/A	NONE
GEORGIA- MICHAEL URBINA	1	10,000	NONE	N/A	NONE

Schedule I-1 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AUSTIN- CYNTHIA SUTHERLAND PRESIDENT	4.	X		X				NONE	NONE	NONE
AUSTIN- FRANK COPPERSMITH PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
AUSTIN-PATRICIA S. GODDARD SECRETARY/TREASURER	2.	X		X				NONE	NONE	NONE
BALTIMORE-CHRIS RAHL PRESIDENT	2.	X		X				NONE	NONE	NONE
BALTIMORE- LYNNE KANE-VAN REENAN VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
BALTIMORE-MICHAEL SAWICKI SECRETARY	3.	X		X				NONE	NONE	NONE
BALTIMORE-FIONA MENSAH TREASURER	5.	X		X				NONE	NONE	NONE
CENTRAL OHIO- ROBERT GAGE PRESIDENT	5.	X		X				NONE	NONE	NONE
CENTRAL OHIO- ANDREA KIRSH VICE PRESIDENT	4.	X		X				NONE	NONE	NONE
CENTRAL OHIO- RUSS DEMPSEY SECRETARY	4.	X		X				NONE	NONE	NONE
CENTRAL OHIO- KATIE RUSSELL TREASURER	2.	X		X				NONE	NONE	NONE
CENTRAL OHIO- JESSICA MAYER PROGRAM CHAIR	2.	X		X				NONE	NONE	NONE
CENTRAL OHIO-ERIC HENRICKS SPONSORSHIP/MEMBERSHIP CHAIR	1.	X		X				NONE	NONE	NONE
CHARLOTTE-CINDY PITESA PRESIDENT	4.	X		X				NONE	NONE	NONE
CHARLOTTE-STEVE MILLSAP PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
CHARLOTTE-BILL FORGIONE SECRETARY	3.	X		X				NONE	NONE	NONE
CHARLOTTE- TIM NOHR TREASURER	3.	X		X				NONE	NONE	NONE
CHICAGO- JASON BROWN PRESIDENT	12.	X		X				NONE	NONE	NONE
CHICAGO- ALLYSON BOULDON PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
CHICAGO- DAVID SUSLER VICE PRESIDENT PROGRAMS	3.	X		X				NONE	NONE	NONE
CHICAGO- DANIEL HARPER SECRETARY	5.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHICAGO-MARGARET SCHOLAND TREASURER	4.	X		X				NONE	NONE	NONE
COLORADO-JEAN ROBERTSON PRESIDENT	5.	X		X				NONE	NONE	NONE
COLORADO-TERESA CASILLAS VICE PRESIDENT	4.	X		X				NONE	NONE	NONE
COLORADO-REBECCA ASKEW SECRETARY	3.	X		X				NONE	NONE	NONE
COLORADO-SAM CHERIS TREASURER	2.	X		X				NONE	NONE	NONE
DALLAS-MARCIA CEPLECHA PRESIDENT	11.	X		X				NONE	NONE	NONE
DALLAS-TODD MARTIN VICE PRESIDENT	10.	X		X				NONE	NONE	NONE
DALLAS-PENNY PHILLIPS SECRETARY	2.	X		X				NONE	NONE	NONE
DALLAS-JEFF EVERETT TREASURER	5.	X		X				NONE	NONE	NONE
DELVACCA-ALEX ERLAM PRESIDENT	10.	X		X				NONE	NONE	NONE
DELVACCA-TOM MOLCHAN VICE PRESIDENT	15.	X		X				NONE	NONE	NONE
DELVACCA-GRACE MANNO 2ND VICE PRESIDENT	4.	X		X				NONE	NONE	NONE
DELVACCA-MICHAEL DUFF SECRETARY	2.	X		X				NONE	NONE	NONE
DELVACCA-ERIC TILLES TREASURER	3.	X		X				NONE	NONE	NONE
EUROPE-JAMES BELLERJEAU PRESIDENT	2.	X		X				NONE	NONE	NONE
EUROPE-AXEL VIAENE VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
EUROPE-ERIK VAN DIJK SECRETARY	2.	X		X				NONE	NONE	NONE
EUROPE-PANAGIOTIS PERYSINAKIS TREASURER	15.	X		X				NONE	NONE	NONE
GEORGIA-JOHN TANNER PRESIDENT	3.	X		X				NONE	NONE	NONE
GEORGIA-BETSY GRISWOLD VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
GEORGIA-THOMAS SCHROEDER SECRETARY	1.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGIA- LORI ANN HAYDU TREASURER	2.	X		X				NONE	NONE	NONE
HOUSTON-KELLI POWELL PRESIDENT	10.	X		X				NONE	NONE	NONE
HOUSTON-RUSS MILLER VICE PRESIDENT	8.	X		X				NONE	NONE	NONE
HOUSTON-ANNETTE MITCHELL SECRETARY	6.	X		X				NONE	NONE	NONE
HOUSTON-PEGGY MONTGOMERY TREASURER	6.	X		X				NONE	NONE	NONE
INDIANA- MARK CLARK PRESIDENT	10.	X		X				NONE	NONE	NONE
INDIANA-KARLA ELLIOTT VICE PRESIDENT	5.	X		X				NONE	NONE	NONE
INDIANA- KARLA ELLIOTT SECRETARY	5.	X		X				NONE	NONE	NONE
INDIANA- SUZANNE SMELTZER TREASURER	10.	X		X				NONE	NONE	NONE
IOWA- NORBERT W. KAUT PRESIDENT/COMMUNICATION CHAIR	6.	X		X				NONE	NONE	NONE
IOWA-THOMAS MANOR VICE PRESIDENT	4.	X		X				NONE	NONE	NONE
IOWA- JULIE L. JACKOWKI SECRETARY	3.	X		X				NONE	NONE	NONE
IOWA- JEFFEREY M. PIERICK TREASURER & PROGRAMS CHAIR	2.	X		X				NONE	NONE	NONE
ISRAEL- LIZ COHEN-YERUSHALMI PRESIDENT	5.	X		X				NONE	NONE	NONE
ISRAEL- MICHAEL GALAI VICE PRESIDENT (TREASURER)	3.	X		X				NONE	NONE	NONE
ISRAEL-TAL COHEN PATRON VICE PRESIDENT	5.	X		X				NONE	NONE	NONE
MICHIGAN- ELLEN PADESKY MATUREN PRESIDENT	3.	X		X				NONE	NONE	NONE
MICHIGAN-TIM GUERRIERO VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
MICHIGAN-WENDELL P. RUSSELL, JR SECRETARY	2.	X		X				NONE	NONE	NONE
MICHIGAN-BERNARD LOURIM TREASURER	3.	X		X				NONE	NONE	NONE
MINNESOTA-RONDA BAYER PRESIDENT	5.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MINNESOTA-JOE PINGATORE VICE PRESIDENT	3.	X		X				NONE	NONE	NONE
MINNESOTA-DAVID MUNN TREASURER	2.	X		X				NONE	NONE	NONE
MOUNTAIN WEST-NATHAN D. NELSON PRESIDENT	3.	X		X				NONE	NONE	NONE
MOUNTAIN WEST-WAYNE IPSEN VICE PRESIDENT ( SECRETARY)	1.	X		X				NONE	NONE	NONE
MOUNTAIN WEST-DAWN CALL TREASURER	1.	X		X				NONE	NONE	NONE
NE OHIO-BILL DAVIS PRESIDENT	3.	X		X				NONE	NONE	NONE
NE OHIO-MARK A. MCCLENDON VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
NE OHIO-WOODROW BAN SECRETARY	4.	X		X				NONE	NONE	NONE
NE OHIO-JOHN MORAN TREASURER	3.	X		X				NONE	NONE	NONE
NEW JERSEY- VALERIE CAMARA PRESIDENT	4.	X		X				NONE	NONE	NONE
NEW JERSEY- JOSEPH ARONDS VICE PRESIDENT	3.	X		X				NONE	NONE	NONE
NEW JERSEY- PHILIP CROWLEY TREASURER	2.	X		X				NONE	NONE	NONE
NEW JERSEY- MARTIN CARRARA SECRETARY	2.	X		X				NONE	NONE	NONE
NEW YORK- ROSEMARY NELSON PRESIDENT	6.	X		X				NONE	NONE	NONE
NEW YORK- MARYROSE MANESS VICE PRESIDENT	3.	X		X				NONE	NONE	NONE
NEW YORK- JOSEPHINE BELLI-MARINOS SECRETARY	3.	X		X				NONE	NONE	NONE
NEW YORK- JAMES A. WOHLKE TREASURER	2.	X		X				NONE	NONE	NONE
NORTHEAST PAUL-G CUSHING PRESIDENT	5.	X		X				NONE	NONE	NONE
NORTHEAST-CHRISTOPHER MIRABILE VICE PRESIDENT	3.	X		X				NONE	NONE	NONE
NORTHEAST-CATHERINE V. MANNICK SECRETARY	2.	X		X				NONE	NONE	NONE
NORTHEAST- ALAN J. GLASS TREASURER	2.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000



**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ONTARIO- CARLA SWANSBURG PRESIDENT	3.	X		X				NONE	NONE	NONE
ONTARIO- ANDREA NALYZYTY VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
ONTARIO- SANJEEV S. DHAWAN SECRETARY	2.	X		X				NONE	NONE	NONE
ONTARIO- R. KAUL KR PAN TREASURER	2.	X		X				NONE	NONE	NONE
RESEARCH TRIANGLE- BRIAN SCHNEIDER PRESIDENT	2.	X		X				NONE	NONE	NONE
RESEARCH TRIANGLE- DAVID LEVINE VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
RESEARCH TRIANGLE- KIMBERLY MANEY SECRETARY	1.	X		X				NONE	NONE	NONE
RESEARCH TRIANGLE- MARVIN GENZER TREASURER	1.	X		X				NONE	NONE	NONE
SAN DIEGO- DARRAGH DAVIS PRESIDENT	10.	X		X				NONE	NONE	NONE
SAN DIEGO- TIMOTHY COLLINS VICE PRESIDENT	5.	X		X				NONE	NONE	NONE
SAN DIEGO- REBECCA WALSH SECRETARY	1.	X		X				NONE	NONE	NONE
SAN DIEGO- ELIZABETH REED TREASURER	2.	X		X				NONE	NONE	NONE
SAN FRANCISCO- JAMES CARROLL PRESIDENT	12.	X		X				NONE	NONE	NONE
SAN FRANCISCO- BILL BECKER VICE PRESIDENT	5.	X		X				NONE	NONE	NONE
SAN FRANCISCO- JENNIFER SANDERS SECRETARY	2.	X		X				NONE	NONE	NONE
SAN FRANCISCO- LAURENCE DENNY SECRETARY	3.	X		X				NONE	NONE	NONE
ST. LOUIS- TYRUS R. ULMER PRESIDENT	4.	X		X				NONE	NONE	NONE
ST. LOUIS- KATHLEEN S. NORTHCUTT VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
ST. LOUIS- DAVID WILSON SECRETARY	2.	X		X				NONE	NONE	NONE
SO-CAL- ZACHARY ZAHAREK PRESIDENT	5.	X		X				NONE	NONE	NONE
SO-CAL- BERNARD GAFFANEY VICE PRESIDENT	4.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

ASSOC OF CORPORATE COUNSEL GROUP RETURN

Employer Identification number

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SO-CAL ANNIE KRIKORIAN SECRETARY	2.	X		X				NONE	NONE	NONE
SO-CAL PAMELA WASHINGTON TREASURER	3.	X		X				NONE	NONE	NONE
S/CENTRAL TEXAS- MS. KAY GRIMES PRESIDENT	5.	X		X				NONE	NONE	NONE
S/CENTRAL TEXAS- INGRID ETIENNE PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
S/CENTRAL TEXAS-MR ABEL MATRINEZ SECRETARY	2.	X		X				NONE	NONE	NONE
S/CENTRAL TEXAS- ROBERT LECKIE TREASURER	1.	X		X				NONE	NONE	NONE
S. FLORIDA- EILEEN KETT PRESIDENT	5.	X		X				NONE	NONE	NONE
S. FLORIDA-DEAN ROBERTSON VICE PRESIDENT	5.	X		X				NONE	NONE	NONE
S. FLORIDA- CARMEN IRIZARRY-LOPEZ SECRETARY	1.	X		X				NONE	NONE	NONE
S. FLORIDA- ROBERT POWELL TREASURER	1.	X		X				NONE	NONE	NONE
WASHINGTON STATE-SUSAN H. EPHRON PRESIDENT AND TREASURER	1.	X		X				NONE	NONE	NONE
WASHINGTON STATE- HEATHER DERANEK VICE PRESIDENT AND SECRETARY	1.	X		X				NONE	NONE	NONE
WMACCA-MANIK K. RATH PRESIDENT	20.	X		X				NONE	NONE	NONE
WMACCA-CURTIS L. SCHEHR PRESIDENT-ELECT	10.	X		X				NONE	NONE	NONE
WMACCA- STEPHEN DWYER VP/PROGRAMS	15.	X		X				NONE	NONE	NONE
WMACCA-ROBERT E. GANS VP/EXTERNAL RELATIONS		X		X				NONE	NONE	NONE
WMACCA-ANNE-L MILEM SECRETARY	5.	X		X				NONE	NONE	NONE
WMACCA- MICHAEL FINN TREASURER	8.	X		X				NONE	NONE	NONE
WESFACCA- MARC A PEARLIN PRESIDENT	4.	X		X				NONE	NONE	NONE
WESFACCA-JANNET L GURILAN VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
WESFACCA-MARLA PERSKY SECRETARY	1.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WISCONSIN-PATRICIA HANZ PRESIDENT	2.	X		X				NONE	NONE	NONE
WISCONSIN- JAMES FRASHER VICE PRESIDENT	3.	X		X				NONE	NONE	NONE
WISCONSIN- ANTHONY KARABON SECRETARY	2.	X		X				NONE	NONE	NONE
WISCONSIN-MICHAEL MC CARTY TREASURER	2.	X		X				NONE	NONE	NONE
W. PENN- JOSEPH NAPOLI PRESIDENT	5.	X		X				NONE	NONE	NONE
W. PENN- KEN CHRISTMAN VICE PRESIDENT	2.	X		X				NONE	NONE	NONE
W. PENN- LESLIE BRITTON TREASURER	2.	X		X				NONE	NONE	NONE
ALABAMA-JEFFREY POMEROY PRESIDENT	5.	X		X				NONE	NONE	NONE
ALABAMA-WALLIS HAYNES VICE PRES	3.	X		X				NONE	NONE	NONE
ALABAMA-S. HUTCHINGS SEC/TREASURER	2.	X		X				NONE	NONE	NONE
AZ-M. ROGERS PRES	4.	X		X				NONE	NONE	NONE
AZ VICE PRES	3.	X		X				NONE	NONE	NONE
AZ-G. SMITH SECRETARY	3.	X		X				NONE	NONE	NONE
AZ-J. CURTIN TREASURER	1.	X		X				NONE	NONE	NONE
CENT/WEST NY-Z. SOONG PRES	5.	X		X				NONE	NONE	NONE
CENT/WEST NY-D. MOWRY VICE PRES	1.	X		X				NONE	NONE	NONE
CENT/WEST NY-S. LINDER SEC	3.	X		X				NONE	NONE	NONE
CENT/WEST NY- D. MCDONALD TREAS	2.	X		X				NONE	NONE	NONE
CENT FL. K. CRANNELL PRES	3.	X		X				NONE	NONE	NONE
CENT FL. J. IM VICE PRES.	4.	X		X				NONE	NONE	NONE
CENT FL-P. LEONARD SECRET	4.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

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Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CENT FL-D. JORDAN TREAS	3.	X		X				NONE	NONE	NONE
C-PA. M.J. FORBES PRES	3.	X		X				NONE	NONE	NONE
C-PA-L. KATTERMAN VICE PRES	2.	X		X				NONE	NONE	NONE
C-PA. K. BUGGY SEC	4.	X		X				NONE	NONE	NONE
C-PA K. FRANK TREAS	2.	X		X				NONE	NONE	NONE
CT-J. SANTOS PRES	4.	X		X				NONE	NONE	NONE
CT-A. GALLANT VICE PRES	2.	X		X				NONE	NONE	NONE
CT-R. SMITH SEC	4.	X		X				NONE	NONE	NONE
CT-D. MAYER TREAS	3.	X		X				NONE	NONE	NONE
MID-AM-. M. G. PACKER PRES	3.	X		X				NONE	NONE	NONE
MID-AM. J. WATTS SEC	4.	X		X				NONE	NONE	NONE
MID-AM. M. EASON TREAS	3.	X		X				NONE	NONE	NONE
NEVADA- R. SOLOMON PRES	3.	X		X				NONE	NONE	NONE
NEVADA E. SIDHU VICE PRES	4.	X		X				NONE	NONE	NONE
NEVADA- D. SONENSTEIN SEC/TREAS	4.	X		X				NONE	NONE	NONE
OR-M. BECK PRES	3.	X		X				NONE	NONE	NONE
OR- A. MAYHEW VICE PRES	1.	X		X				NONE	NONE	NONE
OR- G. LARSON SEC	2.	X		X				NONE	NONE	NONE
OR-C. MOORE TREAS	1.	X		X				NONE	NONE	NONE
QUEBEC- N. MARTEL PRES	2.	X		X				NONE	NONE	NONE
QUEBEC- S. KUCER VICE PRES	2.	X		X				NONE	NONE	NONE

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

**Schedule J-2 (Form 990) 2008**

JSA

8E1294 1 000

14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
QUEBEC- MC. BROCHU SEC	4.	X		X				NONE	NONE	NONE
QUEBEC S. HELLER TREAS	3.	X		X				NONE	NONE	NONE
SAC-M. LEVY-STORM PRES	1.	X		X				NONE	NONE	NONE
SAC E. LOEWE VICE PRES	1.	X		X				NONE	NONE	NONE
SAC-D. REID SEC	1.	X		X				NONE	NONE	NONE
SAC N. WHITE TREAS	1.	X		X				NONE	NONE	NONE
SC J. WHEELER PRES	3.	X		X				NONE	NONE	NONE
SC D. BRYANT VICE PRES	1.	X		X				NONE	NONE	NONE
SC S. STEWART SEC	1.	X		X				NONE	NONE	NONE
SC R. BEATY TREAS	1.	X		X				NONE	NONE	NONE
SW OH T. HOFT PRES	2.	X		X				NONE	NONE	NONE
SW OH S. KUHL VICE PRES	1.	X		X				NONE	NONE	NONE
SW OH D. SCOTT SEC	2.	X		X				NONE	NONE	NONE
SW OH J. SCHOLD TREAS	3.	X		X				NONE	NONE	NONE
WC FL- J GREENBERG PRES	4.	X		X				NONE	NONE	NONE
WC FL G. DONALD VICE PRES	3.	X		X				NONE	NONE	NONE
WC FL- E. FRANCIS SEC	3.	X		X				NONE	NONE	NONE
WC FL R. TORRA TREAS	2.	X		X				NONE	NONE	NONE
ST. LOUIS- PATRICIA S. LARSON TREASURER	3.			X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

14058G 2337 06/10/2010 12:54:09 V08-8.3 89-202229-5000

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ASSOC OF CORPORATE COUNSEL GROUP RETURN

Employer identification number

52-1997796

GOVERNANCE

PART VI, SECTION A, QUESTION 10

A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE ACC BOARD AND NOT TO EACH

INDIVIDUAL CHAPTER BOARD.

Name of the organization

Employer identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

GOVERNANCE

PART VI, SECTION B, QUESTION 12

ALTHOUGH MANY OF OUR AFFILIATED CHAPTERS HAVE THESE POLICIES, WE ARE

UNABLE TO CONFIRM THAT ALL OF THEM DO, THUS WE HAVE ANSWERED THE QUESTION

"NO".

Name of the organization

Employer identification number

ASSOC OF CORPORATE COUNSEL GROUP RETURN

52-1997796

GOVERNANCE

PART VI, SECTION C, QUESTION 19

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.



Name of the organization

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52-1997796

GOVERNANCE

PART VI, SECTION 6, 7A AND 7B

EACH CHAPTER HAS MEMBERS THAT VOTE AND ELECT THEIR OWN GOVERNING BODY.

SOME DECISIONS SUCH AS ELECTING OFFICERS ARE SUBJECT TO APPROVAL BY ALL

THE MEMBERS.

**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 answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ASSOC OF CORPORATE COUNSEL GROUP RETURN

Employer identification number

52-1997796

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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**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 charity status (if section 501(c)(3))	(F) Direct controlling entity
THE ACCA FOUNDATION 1025 CONNETTICUT AVE, NW #200 WASHINGTON, DC 20036 52-1358578	DIVERSITY/EDU	DC	501(C)(3)	509(A)(3)	ACC
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2008



**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 . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
- f** Sale of assets to other organization(s) . . . . .
- g** 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) . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l** 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 . . . . .
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
- q** 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 thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2008



FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES  
=====

FRANCE  
ISRAEL  
CANADA

ASSOC OF CORPORATE COUNSEL GROUP RETURN  
 FORM 990, PART VIII - INVESTMENT INCOME  
 =====

52-1997796

DESCRIPTION -----	( A ) TOTAL REVENUE -----	( B ) RELATED OR EXEMPT REVENUE -----	( C ) UNRELATED BUSINESS REV. -----	( D ) EXCLUDED REVENUE -----
INTEREST	20,396. -----	-----	-----	20,396. -----
TOTALS	20,396. =====	----- =====	----- =====	20,396. =====

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization	ASSOCIATION OF CORPORATE	Employer identification number
	COUNSEL GROUP RETURN		52-1997796
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	1025 CONNECTICUT AVE., N.W.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	WASHINGTON, DC 20036		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► THE CHAPTERS

Telephone No. ► VAR OUS

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3199. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Reznick Group  
7700 Old Georgetown Road  
Bethesda, MD 20814  
52-1088612

/160 3901 9848 1518 0410

JSA  
8F8054 3 000

14058G 2337 01/19/2010 11:21:03 V08-8.3 89-202229-5000

1



- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**.  
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>ASSOCIATION OF CORPORATE COUNSEL GROUP RETURN</b>	Employer identification number <b>52-1997796</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1025 CONNECTICUT AVE., N.W.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE CHAPTERS**

Telephone No. **VAR OUS** FAX No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3199**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **08/15/2010**.
- For calendar year \_\_\_\_\_, or other tax year beginning **10/01/2008**, and ending **09/30/2009**.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

*Ann Elchman*

Title ▶

*CPA*

Date ▶

*5/17/10*

**REZNICK GROUP, P.C.**  
**7700 OLD GEORGETOWN ROAD, SUITE 400**  
**BETHESDA, MD 20814-6224**

Form 8868 (Rev. 4-2009)

Reznick Group  
 7700 Old Georgetown Road  
 Bethesda, MD 20814  
 52-1088612

/1603901984529565763