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**990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For th	ne 2009 ca	alendar	year, or tax year begin	nning	, 2009, and	lending			, 20	
В	Check if	applicable	Please	C Name of organization	Association of Securities	and Exch	ange Co	mmissic <sup>i</sup>	D Employ	er identification nur	mber
	Address	s change	use IRS label or	Doing Business As					22	3036796	
	Name c	_	print or	Number and street (or P O	box if mail is not delivered to street a	ddress) F	Room/suite		E Telepho	one number	
_	Initial re	-	type. See	PO Box 5767					( 202 )	462-1211	
_	Termina		Specific Instruc-	City or town, state or co	ountry, and ZIP + 4						
		ed return	tions.	Washington, DC 20	0016				G Gross re	ceipts \$	
		on pending	F Nam	ne and address of principal	1 officer						<b>V</b> No
	Application	on pending									No
T	Tax-ex	empt status	<b>I</b>	501(c) ( 3 )◀ (insert no )	4947(a)(1) or 527					list (see instructions)	
J	Websi	ite: ▶ ww		alumni.org	<u></u>			H(c) Group ex	•	,	,
ĸ				oration Trust Associati	on ☐ Other ▶	L Year of	f formation	· · · · · ·		f legal domicile DC	
$\overline{}$		Summ				1 - 100.01		1000		Togar commone <b>20</b>	
_	$\overline{}$			the ergenization's m	ssion or most significant		See Sta	tement 1			
	1	Differily de	escribe	the organization's m	ission or most significant	activities:	****				
9											
nan		••		••						• • • • • • • • • • • • • • • • • • • •	
Ver		Ob 1 - 41-1-		I if the executation dies	continued its operations or dispo						
& Governance				-	·				。   3		21
					overning body (Part VI, lin				- <del> </del>		21
Activities	1			•	bers of the governing boo	•	•		5		0
≩					line 2a)				· -		
ĕ				volunteers (estimate	· ·				6		25
					ue from Part VIII, column				7a		0
	D	Net unrel	lated bu	usiness taxable incon	ne from Form 990-T, line	<u>34 </u>	<del></del>	<del></del>	7b		0
							<u> </u>	Prior Yea		Current Year	
<u>•</u>	8			= -	ne 1h)			3	89,107	187,	<u>,706</u>
en	9	Program	service	e revenue (Part VIII, III	ne 2g)					••	
Revenue	10				(A), lines 3, 4, and 7d)				5,428		<u>,301</u>
_	11				lines 5, 6d, 8c, 9c, 10c, a					(2	249)
	12	Total reve	enue-a	dd lines 8 through 11	(must equal Part VIII, colun	ın (A), line 1	2)	3	94,535	188,	<u>,758</u>
	13	Grants ar	nd sımı	lar amounts paid (Pa	rt IX, column (A), lines 1-	3)					
"	14	Benefits	paid to	or for members (Par	t IX, column (A), line 4)						
Expenses	15	Salaries, o	other co	ompensation, employee	e benefits (Part IX, column i	A), lines 5–1	10) 📖				
ber	16a	Professio	nal fun	draising fees (Part IX,	column (A), line 11e) .						
Ä	b.	Total fund	draising	expenses (Part IX, col	lumn (D), line 25) ▶						
	17	Other exp	penses	(Part IX, column (A),	lines 11a-11d, 11f-24f)				40,000	37,	,500
	18	Total exp	enses.	Add lines 13-17 (mu	ist equal Part-IX_column	(A), line 25)	) <u>L</u>	2	16,019	208,	,821
	19	Revenue	less exp	penses. Subtract line 1	ust equal Part IX column		. ,	1	78,516	(20,	063)
Net Assets or Fund Balances								ginning of Cui	rent Year	End of Year	
sets	20	Total ass	ets (Pa	rt X, line 16)	(MAY: 1:8:2010	SS .		4	05,203	385	,463
AB	21		-	Part X, line 26)	[法] : MAY: 1:8:2010	RS-ÓS					
2 2	22				t line 21 from line 20	_ [≝]		4	05,203	385	,463
Pá	art II	Sign	ature	Block	OGDENII			_			
		Under pe	nalties of	perjury, I declare that I have	e examined this return, including	accompanyin	g schedule	s and statem	ents, and t	o the best of my know	wledge
		and belie	it, it is tru	e, correct, and complete L	Declaration of preparer (other that	n officer) is ba	ased on all	information o	of which pro	eparer has any knowl	ledge
Sig	gn		5,6	0/25				15	Malio		
He	_	Signa	ature of c	<i>a</i> .				Date			
			Era	est Ten Ends	1 Treasurer						
		Туре		name and title							
_		Preparer's	. 1		<del></del>	Date	Chec	k ıf	Preparer's «	dentifying number	
		signature					self-		see instruct		
Paid			•				Cimpil	-,00			
	parer's	Firm's na	me (or vo	ours L	<del></del>	<del></del>		EIN	<b>•</b>		
Use	Only	ıf self-em	ployed),	· · · · · · · · · · · · · · · · · · ·	<del></del>			+		)	
<u></u>	v tha	address,			grar shown shows? /coo.i	netructions	<del></del>	Phone no	- (		N-
ivid	y ule	II TO GISCL	233 HIIQ	remit with the bieb	arer shown above? (see i	113111111111111111111111111111111111111	,	<u> </u>			No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

`Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Statement 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  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 \$46,378 including grants of \$) (Revenue \$19,385 )  Provided more than \$60,000 in scholarship and writing awards for education of SEC staff and securities  law related writing.
4b	(Code:) (Expenses \$ 10,966 including grants of \$) (Revenue \$ Not Determinal )  Produced a membership directory and newsletter, and maintained a website to promote interaction and information sharing among securities law professionals
4c	(Code:) (Expenses \$15,000 including grants of \$) (Revenue \$ Not Determinal )  Supported work of SEC Historical Society and other institutions that share our exempt purposes.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program services expenses \$ 168.446
40	Total program service expenses ► 168,146

**Checklist of Required Schedules** 

Part IV

			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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_		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	_8_		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		√_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20	If "Yes," complete Schedule G, Part III	19 20		<b>✓</b>

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		✓
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		1
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		1
36	<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>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	<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)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Va	this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			_
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	 		,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5</u> b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	E		
٥.	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<b>√</b>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>V</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
٦,	required to file Form 8282?	76		\ <u> </u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
€	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	L, 4	<u> </u>
^	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b	_	
10	Section 501(c)(7) organizations. Enter:	-55		
_	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 facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		
	120			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ļ		
	any other officer, director, trustee, or key employee?	2_		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6	✓	ļ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			L
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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?	10b		✓
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>✓</b>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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?			<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr			
	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 inte	erest	
	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 reco	rds o	f the	
	organization ► Ernest Ten Eyck, 660 American Avenue, King of Prussia, PA 19406, 610-992-1600			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)				Reportable Reportable		Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
See Statement 3										
				l						
	-									
			!							
										_

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					<u>.</u>						
<b>-</b>											
	Total			ose	liste	ed a	above	<u>►</u> ) wh	no received mo	ore than \$100,0	000 in
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete So						•	•	e, or highest o	•	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	00?	If "	Yes,"	cor	nplete Schedu	le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	en:	satio	on 1	rom a	anv	unrelated org	anization for	5 🗸
	tion B. Independent Contractors										
	Complete this table for your five highest compensation from the organization.	mpensate	d inde	epe	nde	nt c	contra	cto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (in					to 1	those	liste	ed above) who	received	

Par	t VII	Statement of Revenue					
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	23,780 163,926				
Sontri	g	Noncash contributions included in lines 1a-1f <sup>-</sup> \$		- <del> </del>	•		
	l n	Total. Add lines 1a-1f	Business Code	187,706			
Program Service Revenue	2a b c		business Code				
Sen	d						
Program	e f g	All other program service revenue .  Total. Add lines 2a-2f					
	3	Investment income (including dividends other similar amounts)	s, interest, and	1,301	1,301		
	5	Income from investment of tax-exempt bone Royalties	d proceeds (ii) Personal				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	•				
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less cost or other basis and sales expenses .					
		Gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$	65,886				
O th		Less: direct expenses b  Net income or (loss) from fundraising e		o			
	9a	Gross income from gaming activities. See Part IV, line 19 a					,
		Less: direct expenses b  Net income or (loss) from gaming active					
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b		_			
	С	Net income or (loss) from sales of invento					
		Miscellaneous Revenue	Business Code	(242)			
:	_	Sale of contributed shares	-	(249)			
	b				_		
	d	All other revenue					<u></u>
	е	Total. Add lines 11a-11d	<b>.</b> .	(249)			
	12	Total revenue. See instructions.	<u> ▶</u>	188,758			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns.	
All other organizations must complete column (A) but are not required to complete	columns (B), (	(C), and (D).

	The same of the sa	ann (74) but are me	troquired to com	pioto ociaiiiio (2),	(0), (-).
Do 7b	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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):				
	Management				
	Legal				-
	Accounting	!			
	Lobbying				
	<del>-</del>				
	Investment management fees	37,500	23,250	9,375	4,875
	Other	- 0.,000	20,200	5,575	4,075
12	Advertising and promotion	749	749		
13	Office expenses	7.45			
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel			-	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				<del>-</del>
20	Interest				
21	Payments to affiliates	-			·
22	Depreciation, depletion, and amortization.				
23	Insurance				
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	See Statement 2				
b					
c d			<del></del>	,	
_					
e f	All other expenses	170,572	144,147	705	25,721
25 <sup>T</sup>	All other expenses	208,821	168,146		30,595
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	84,510	63,383		21,128

Fe	rc A	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	405,203	2	385,463
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		L L	
		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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 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	Total assets. Add lines 1 through 15 (must equal line 34)	405,203	_	385,463
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key			
<u>.</u>		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 to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
	25 26	Total liabilities. Add lines 17 through 25	<del></del>	26	
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		20	
SE SE	0.7	·		27	
3ak	27 28	Unrestricted net assets		28	
Þ	29	Permanently restricted net assets		29	
٦	29	Organizations that do not follow SFAS 117, check here ▶ □			
or Fund Balances		and complete lines 30 through 34.	1		
ets	30	Capital stock or trust principal, or current funds		30	
ISS	31	Paid-in or capital surplus, or land, building, or equipment fund	400.000	31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds	405,203	32	385,463
Net Assets	33	Total net assets or fund balances	405,203		385,463
	34	Total liabilities and net assets/fund balances	405,203	34	385,463

'Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>\</b>
b		2b		<b>√</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			L
3а	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		✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ass	oci	ation of Secu	rities and Exch	ange Commission A	dumni, Ir	ıc.			22		303679	6	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instruc	ctions.		
_	_		•	ndation because it is:	•		•	•		•		_	
1	_			rches, or association			ribed in s	section 1	70(b)(1)(	A)(i).			
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state:							)(A)(iii)	. Ente	r the			
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit of section 170(b)(1)(A)(iv). (Complete Part II.)								l unit d	escrib	ed in		
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(	b)(1)(A)(v	).			
7				receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the ger	neral p	ublic
8	П			d in <b>section 170(b)(1</b> )		Complete	Part II \						
9				receives: (1) more th				m contrib	outions n	nemhersh	ın fees	and o	iross
·	ت			ed to its exempt func									
		support from	n gross investm	ent income and unre a after June 30, 1975.	lated bu	siness ta	xable inc	ome (les	s section				
10			_	nd operated exclusive				•		(a)(4)			
11				and operated exclusive							r to oo	<b>r</b> n. 01	+ +ba
••	ш			blicly supported organ									
			•	at describes the type				•	, , ,	,	, , , ,		
		a ☐ Type		_		e III–Fun			•		Type		hor
_		• •		tify that the organizat			•	•					
C	ш			n managers and othe									
			section 509(a)(2)		i triari ori	0 01 111010	publicly	Supporte	o organia	-410113 40	.3011060	<i>1</i> 111 30	Clion
f				a written determinati	ion from	the IDC	+ + + + + + + + + + + + + + + + + + + +	a T	l Tunna II	a= T			
•			, check this box		ion irom	the ins	mai ii is	a Type	і, туре іі	, or type	ııı sup	portii	<sup>ig</sup> _
~		_		the organization acce	· · ·	 . outh or o	· · ·	· · ·	· · ·				
g		following per	rsons?	_					•		ı	T	
				r indirectly controls, e				th persor	ns descri	ped in (ii)		Yes	No
		and (iii) b	elow, the gover	ning body of the sup	ported or	ganızatıo	n? .				11g(i)		<u>√</u>
			family member of a person described in (i) above?							11g(ii)		<u>√</u>	
_				of a person described							11g(iii)		-√
<u>h</u>			<del>_</del>	ation about the suppo	<del></del>		ì ′		<del></del>				
(i)		e of supported janization	(ii) EIN	(III) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		Is the tion in col		Amount upport	of
	0.9	a nzaton		above or IRC section		document?		of your		zed in the	3	ирроп	
				(see instructions))			<del></del>	port?	<del> </del> -	S?			
					Yes	No	Yes	No	Yes	No			
	_									-			
Tota	ıl												

Pal	Support Schedule for Org (Complete only if you chec					and 170(b	)(1)(A)(vi)
Sec	tion A. Public Support	100 0.0 000	<u> </u>	<u> </u>	•/		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ			ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	<del></del>			1	<del>,</del>	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
7	Amounts from line 4						_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .					<u> </u>	
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	id, third, fourth	n, or fifth tax y	ear as a sec	ction 501(c)(3)
Sec	tion C. Computation of Public Su					<del>, , , , , , , , , , , , , , , , , , , </del>	
14	Public support percentage for 2009 (line		•			14	%
15	Public support percentage from 2008 Sch					15	%
16a	33% support test—2009. If the organization qualifies						
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization meets the organization meets the organization meets and org	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, c organization qua	heck this box a difies as a public	and <b>stop here</b> . cly supported or	Explain in Parganization .	rt IV how the

7"	rt III Support Schedule for Orga (Complete only if you checke				)(2)		Page 3
Sec	tion A. Public Support	ed the box on	ille 9 01 Fai				
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4, 2000	(1) 1000	(6) 200.	(4) 2000	(6) 2000	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133,970	188,216	170,943	389,107	187,706	1,069,942
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,520		-			2,520
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 through 5	136,490	188,216	170,943	389,107	187,706	1,072,462
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,072,462
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	136,490	188,216	170,943	389,107	187,706	1,072,462
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,373	0	9,589	5,428	1,301	19,691
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				<del></del>		
C	Add lines 10a and 10b	3,373	0	9,589	5,428	1,301	19,691
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	139,863	188,216	180,532	394,535	189,007	1,092,153
14	First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	<u>here</u>			-	ear as a section	n 501(c)(3) ▶ □
			<del></del>	2 12 oct.	A)	16	98 %
15 16 Sec	Public support percentage for 2009 (lin Public support percentage from 2008 S tion D. Computation of Investmer	Schedule A, Pa	rt III, line 15	e 13, column (1	• •	15	98 %
17	Investment income percentage for 200			by line 12 co	dumn (fl)	17	2 %
18 19a	Investment income percentage for 200 Investment income percentage from 20 33\% % support tests - 2009. If the organization of the control of	08 Schedule A	, Part III, line 1	7		18	2 %
	17 is not more than 331/3 %, check this b	ox and <b>stop he</b>	<b>re.</b> The organiz	ation qualifies	as a publicly s	supported orgai	nization 🕨 🗹
b	33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☑						

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	n. Complete this d Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
		, , , , , , , , , , , , , , , , , , , ,			
	•••••			·····	
<b></b>					
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				·····	
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		<b></b>			
				······	
	•••••				

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization  Association of Securities and Ex	rchango Commis	cion Alum	ni Inc		Employer identif	ication number 3036796
Francisco A 42.5				answered "Yes" t		
Fundraising Activities Form 990-EZ filers						
<ul> <li>Indicate whether the organizations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> </ul>		through ar e f g	Solicitati Solicitati	ollowing activities. On of non-government on of government of governments of the fundraising events	nent grants	y.
<ul><li>Did the organization have a winder or key employees listed in Fo</li><li>If "Yes," list the ten highest part to be compensated at least \$</li></ul>	rm 990, Part VII) o paid individuals o	or entity in o r entities (f	connection	with professional	fundraising service	s? LYes No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				_		
				-		
	-					
Total			•			
3 List all states in which the organistration or licensing.	ganization is regi	stered or li	censed to	solicit funds or h	as been notified if	t is exempt from
······································			·	·		·····
			·			
·			· <b></b>			
			·	•		
			·	•		
				·		
			·			
			·			
	<b></b>					

Pa	rt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza orm 990-EZ, line 6a. L	ition answered "Yes" t List events with gross i	o Form 990, Part IV, li	ne 18, or re 5,000.	eporte	d
			(a) Event #1 ASECA Dinner	(b) Event #2	(c) Other events	(d) Total (add col (a	a) throug	h
<u>o</u>			(event type)	(event type)	(total number)	ļ		
Revenue	1 2	Gross receipts	65,886				65	5,8 <u>86</u>
	_	contributions						
	3	Gross income (line 1 minus line 2)	65,886				65	5 000
		11111d3 liftC 2)	05,000				0:	5,886
	4	Cash prizes	·		_			
	5	Noncash prizes					<del></del>	
sesue	6	Rent/facility costs						
Exp	7	Food and beverages						
Direct Expenses	8	Entertainment				-		
	9	Other direct expenses	(65,886)				(65	,886)
	10	Direct expense summary. Ad	d lines 4 through 9 in co	olumn (d)	•	(	65,	,886)
	11 rt	Net income summary. Comb  Gaming. Complete if t	he organization ansv	vered "Yes" to Form	990 Part IV line 19	or report	ed mo	ore
		than \$15,000 on Form		voica ros to roini	550, 1 dit 14, iii 6 15,	or report	ca mo	".
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col (a) thr	gaming ( ough col	add ( <b>c)</b> )
Rev	1	Gross revenue						
ses	2	Cash prizes					<u>-</u> .	
Expenses	3	Noncash prizes				-	_	
Direct	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		(		)_
	8	Net gaming income summary	. Combine line 1, colur	nn d, and line 7				
							Yes	No
9		ter the state(s) in which the o		_				<del>-</del>
a b		the organization licensed to o No," explain:	perate gaming activitie	s in each of these state	9\$?	<u>9</u> a		
		•••••						ļ
10a b		ere any of the organization's o Yes," explain:	aming licenses revoke	-		ar? 10	a	
11	 Do	es the organization operate g	aming activities with n	onmambare?			<del>.  </del> - —	<del> </del>
12	ls t	the organization a grantor, be med to administer charitable	neficiary or trustee of a		a partnership or other			

Sche	dule G (Form 990 or 990-EZ) 2009			age 3
•			Yes	No
13 a b	Indicate the percentage of gaming activity operated in: The organization's facility			
14	Enter 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		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year ▶ \$

Mandatory distributions:

retain the state gaming license?

17a

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Open to Public Inspection

Employer identification number

Association of Securities and Exchange Commission Alumni, Inc.	22	3036796							
Part V, Line 3b - All gross business income is directly related to the organization									
Part VI, Line 9 - See Statement 3									
Part VI, Line 15a - Executive Director's fees are recommended by the President and appro	ved by	the Board of Directors							
		·							
	<b>-</b>								

chequie O (Form 990) 2009		Page Z
Name of the organization	Employer identif	ication number
Association of Securities and Exchange Commission Alumni, Inc.	22	3036796
		•
	<b></b>	
		••••
•		
		•••••

# Statement 1 Association of Securities and Exchange Commission Alumni, Inc EID 22-3036796 Response to Part I & Part III, Form 990

The Association's primary exempt purposes are to provide opportunity for education and growth of securities industry professionals, promote study and research in the field of securities law and to educate members on securities law matters by means of lectures, seminars and publications. As part of these purposes, the Association provides forums for exchanging information and sharing ideas regarding the administration and reform of securities law.

# Statement 2 Association of Securities and Exchange Commission Alumni, Inc EID 22-3036796 Response to Part IX, Line 24, Form 990

	•	<u>Total</u>	<u>Program</u>	<u>Management</u>	<u>Fundraising</u>
24a	Dinner	84,510	63,383		21,128
24b	Bank Charges	4,169	938		3,231
24c	Membership Directory	8,050	8,050		
24d	Donations	15,000	15,000		
24e	Newsletter	2,916	2,916		
24f	Scholarships & Awards	46,378	46,378		
24g	Special Event Insurance	-	-		
24h	Regional Activities	-	-		
24i	Investment Fees	256	-	256	
24j	Postage/PO Box	3,667	2,953	177	537
24k	Telephone	937	754	45	137
241	Website	3,500	2,818	169	513
24m	Miscellanous	1,189	957	57	174
		170,572	144,147	705	25,721

### Statement 3 Association of Securities and Exchange Commission Alumni, Inc. EID 22-3036796 Response to Part VII, Line 1a, Form 990

# Association of Securities and Exchange Commission Alumni, Inc.

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#### Statement 3

### Association of Securities and Exchange Commission Alumni, Inc. EID 22-3036796

### Response to Part VII, Line 1a, Form 990

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#### Statement 3

# Association of Securities and Exchange Commission Alumni, Inc. EID 22-3036796

### Response to Part VII, Line 1a, Form 990

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September 8, 2009