

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493281014030

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2009 cale	endar yea	r, or tax year beginning 01-01-2009	and ending 12-31-200	9		
B Che	eck ıf a	pplicable	Please	C Name of organization  AMERICAN STAFFING ASSOCIATION			D Employer ide	ntification number
☐ Add	lress ch	arige	use IRS label or				52-085408	
┌ Nar	ne cha	nge I	print or	Doing Business As			E Telephone nu	imber
┌ Inıt	ıal retu	ırn s	type. See Specific	Number and street (or P O box if mail i	s not delivered to street addre	ess) Room/suite	(703) 253-2	2020
┌ <sub>Ter</sub>	minate	ed :	Instruc- tions.	277 South Washington Street No 200			<b>G</b> Gross receipts	\$ 5,799,324
┌ Am	ended	return		City or town, state or country, and ZIP -	+ 4		1	
_		n pending		alexandпа, VA 22314				
, , , , ,			E Nam	L ne and address of principal officer		1		_
				RD A WAHLQUIST			ns a group returr ates?	Yes V No
				uth Washington Street No 200 Iria, VA 22314				
			alexalio	IIIa, VA 22314		1	ll affiliates includ	
	x-exem	npt status	▼ 501(c)	(6) ◀ (insert no )		I _	o," attach a list up exemption nu	(see instructions)
				nstaffing net	•	_ H(c) <sup>Gro</sup>	up exemption nu	inder F
K Forn	n of or	ganization	✓ Corporat	on		L Year of fo	ormation 1966 M	State of legal domicile VA
	rt I		•	· · · · · · · · · · · · · · · · · · ·				
Governance		TO REPR THEY PR LEGAL A REGARD THE WELL ECONOM	RESENT A ROVIDE, 1 ND PUBL ING THE FARE OF MY, AND	e organization's mission or most sign of promote the interests of the promote for the staffing ic affairs advocacy, to end laws and regulations that employees, to foster bette to provide education and other business	) F ITS MEMBERS ACRO G INDUSTRY A FREE EN COURAGE ETHICAL BU APPLY TO STAFFING ER PUBLIC UNDERSTAN	NTERPRISE E ISINESS CON SERVICES, E NDING OF TH	NVIRONMENT TO PROSPECIALLY THE	THROUGH EFFECTIVE VIDE INFORMATION DSE PROTECTING ND ITS ROLE IN THE
	2	Check th	us box ►F		s operations or disposed	d of more than	25% of its net a	assets
Activities &	3		,	nembers of the governing body (Pai				23
줐	4			dent voting members of the govern				
ă	5		· ·	nployees (Part V, line 2a)		,	5	45
				lunteers (estimate if necessary)			6	165
	7a	Total gro	ss unrelat	ted business revenue from Part VII	I, column (C), line 12		<b>7</b> a	615,150
	ь	Net unrel	lated busi	ness taxable income from Form 99	0-T, line 34		<b>7</b> 6	121,606
						Pri	or Year	Current Year
-a-	8	Contrib	utions and	i grants (Part VIII, line 1h)			49,700	43,075
	9	Program	n service i	revenue (Part VIII, line 2g)			7,909,035	5,564,702
Revenue	10			ne (Part VIII, column (A), lines 3, 4			-6,963	142,965
ш.	11			art VIII, column (A), lines 5, 6d, 8			185,029	48,582
	12			dd lines 8 through 11 (must equal F	, , , , , , , , , , , , , , , , , , , ,	ie	8,136,801	5,799,324
	13			ır amounts paıd (Part IX, column (A				0
	14	Benefits	paid to o	r for members (Part IX, column (A)	, lıne 4)			0
(f)	15		s, other co	mpensation, employee benefits (Pa	art IX, column (A), lines	5 –	2 22 4 4 7 2	2 2 2 2 4 2
Expenses		10)		6 (5			3,804,178	3,373,042
<u>क</u>	16a			raising fees (Part IX, column (A), li	nelle)			0
Δ	ь			enses (Part IX, column (D), line 25) • 0	1 116 010		- 440 - 50	
	17 18			Part IX, column (A), lines 11a-110			5,169,595	3,075,862
	19		-	Add lines 13–17 (must equal Part I enses Subtract line 18 from line 1			8,973,773 -836,972	6,448,904
<u>জু</u>	13	ive v e ii u t	с тезэ ехр	Subtract file 10 from file 1		_	g of Current	End of Year
Not Assets or Fund Balances	20	Total	seate /Da-	+ Y line 16\			Year 5 724 233	4 001 000
A.S.	20 21			t X, line 16)			5,724,233 2,492,911	4,991,098
2 E E	22			d balances Subtract line 21 from li			3,231,322	2,228,076
	t II	_	ture Blo				3,232,322	2,, 00,022
Sign			f, it is true, o	rjury, I declare that I have examined this r correct, and complete Declaration of prepa		ed on all informa	tion of which prepare	
Here			ure of office	:r		Date	-10-08	
		RICHA	ARD A WAHI	QUIST PRESIDENT AND CEO				
			or print nam					
Paid	- ادمور	Preparer's signature	<u> </u>		Date	Check if self- empolyed •	Preparer's identif (see instructions)	
Use (	arer's		ne (or yours ployed),				EIN Þ	_
J36 (	Zill <b>y</b>	address, a	ployed), and ZIP + 4	805 15th Street NW Suite 900			Dhana h /a	02) 202 2200
	.L			Washington, DC 20005	·		Phone no 🕨 (2	02) 293-2200 V Yes
ivia V f								

#### Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO REPRESENT AND PROMOTE THE INTERESTS OF ITS MEMBERS ACROSS THE FULL RANGE OF STAFFING SERVICES THEY PROVIDE, TO PROMOTE FOR THE STAFFING INDUSTRY A FREE ENTERPRISE ENVIRONMENT THROUGH EFFECTIVE LEGAL AND PUBLIC AFFAIRS ADVOCACY, TO ENCOURAGE ETHICAL BUSINESS CONDUCT, TO PROVIDE INFORMATION REGARDING THE LAWS AND REGULATIONS THAT APPLY TO STAFFING SERVICES, ESPECIALLY THOSE PROTECTING THE WELFARE OF EMPLOYEES, TO FOSTER BETTER PUBLIC UNDERSTANDING OF THE INDUSTRY AND ITS ROLE IN THE ECONOMY, AND TO PROVIDE EDUCATION AND OTHER SERVICES TO HELP MEMBERS STAY INFORMED ABOUT THE INDUSTRY AND THEIR BUSINESS

2	Did the organizati the prior Form 99	on undertake any significant pro 0 or 990-EZ?	ogram services during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Schedul	e O		
3	Did the organizati	on cease conducting, or make s	ignificant changes in how it	conducts, any program	✓ Yes
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3	mpt purpose achievements for e ) and 501(c)(4) organizations a ers, the total expenses, and rev	nd section 4947(a)(1) trusts	are required to report the a	•
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		GROUP DEVELOPMENT AND EDUCATION NING SEMINARS APPROXIMATELY 3,00			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
-	LEGAL/GOVERNMEN MANDATE AS PART ( EMPLOYEES FOR WI APPLICABLE TO STAI EFFORTS TO LICENS DEDUCT WAGES AN PREFERENCE CLAIM OPPORTUNITY TO S AMERICAN RECOVEI COBRA RULES, H-11 FREE CHOICE ACT T STAFFING FIRMS AN	T RELATIONS CONDUCTED CONGRESS. DF NATIONAL HEALTH CARE REFORM A HOM EMPLOYER FEES MUST BE PAID LAFING FIRMS TO ALLOW USE OF CLIEN'S ESTAFFING FIRMS SUCCESSFULLY AD DETERMINING PISS IN CHIMES BANKRUPTCY, PUBLISHE CALE LITIGATION COSTS PUBLISHED GOOD OF THE CONGRESS AND TO STAFFING FIRM OF CONGRESS AND TO STAFFING FIRM OF CONGRESS AND TO STAFFING FIRM OF CLIENTS INVOLVED IN VMS/MSP ARIUSHED REVISED ASA GUIDE ON MASSACISHED REVISED ASA GUIDE ON MASSACISTA CON TO STAFFING FIRM OF CLIENTS INVOLVED IN VMS/MSP ARIUSHED REVISED ASA GUIDE ON MASSACISME.	IONAL LOBBYING CAMPAIGN TO PRIND SECURED AMENDMENT TO THE UNCHED EFFORT TO CHANGE PENT CODES FOR RATING PURPOSES SIVOCATED FOR CALIFORNIA TAX COROPOSED NET RECEIPTS TAX LIABID COMPREHENSIVE LEGAL ANALYSIJIDANCE TO MEMBERS ON HOW STORY OF TO MEMBERS ON LEGAL ANALYSIDIONACE TO MEMBERS ON LEGAL CONTENTS PUBLISHER CONVENED SUCCESSIVORS	DIFECT STAFFING INDUSTRY INTER SENATE BILL THAT WILL REDUCE TO SYLVANIA WORKERS' COMPENSATE SUCCESSFULLY LOBBIED MASSACHLE DIMMISSION RECOMMENDATION TO NOTE OF DEFENSES AGAINST SUCH CLE SAFFING FIRMS CAN FIND BUSINES AL COMPLIANCE ISSUES ARISING OF TRATEGY FOR COMMUNICATING AS TRATEGY FOR COMMUNICATING AS THE REVISED AND UPDATED ASA FIRMS CAN FIND BUSINES THE REVISED AND UPDATED ASA FIRMS CONFERENCE	THE NUMBER OF TEMPORARY TION CLASSIFICATION SYSTEM DISETTS GOVERNMENT TO STOP AT STAFFING FIRMS BE ALLOWED TO MEMBERS REGARDING TRUSTEE AIMS, OFFERED POOLING S OPPORTUNITIES UNDER THE UIT OF ARRA, INCLUDING NEW ICA'S POSITION ON THE EMPLOYEE NANCIAL BEST PRACTICES FOR FOCUSED ON STAFFING INDUSTRY
	(Cada	) /F	usali dusa assassa af A	) (Davanua d	
4c	APPROXIMATELY 9,5 (ONE DISTRIBUTED	) (Expenses \$ DRMS AND EDUCATES MEMBERS THROU 100 MEMBER HEADQUARTERS AND SELI WEEKLY, ONE DISTRIBUTED BIWEEKLY ROFESSIONALS EACH), A WEB SITE, VI	ECT BRANCH OFFICES WITH A PAS , ONE DISTRIBUTED QUARTERLY, A	S-ALONG READERSHIP OF NEARLY ( AND ONE DISTRIBUTED THREE TIM	40,000, FOUR E-NEWSLETTERS
	Other program s	ervices (Describe in Schedule	0)		
	(Expenses \$	including	·	) (Revenue \$	)
			grants or p	) (	,

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	NC dull Cd	Schoules

	•		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	j	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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		N o
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		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<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? <i>If</i> "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
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 owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Form	990 (2009)			Page!
Pa	rt V 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			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	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).	_		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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 organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	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 )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

277 S Washington St SUITE 200

alexandria, VA 22314 (703) 253-2020

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 23			
b	Enter the number of voting members that are independent 1b 23			
2	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?	2		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	110
	•	-	162	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website 🔽 Another's website 🔽 Upon request			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	the association lyn rawdon			

# Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)				I		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Highest compensated employee  Key employee  Officer  Institutional Trustee or director			organization (W-2/1099-MISC)  Highest compensate Officer  Individual trustee  Individual trustee		(W- 2/1099-	compensation from the organization and related organizations		
See add'l data										

For	n 990 (2009)			Page <b>8</b>
<b>1</b> b	Total	0		189,066
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{E}\)0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 99								Page <b>9</b>
Part V	<u>/IIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated camp	paigns 1a					
g ji	b	Membership du	es <b>1b</b>					
ું. કું.	c	Fundraising eve	ents <b>1c</b>					
<u>≅</u> ,≅	d		ations 1d					
æ Œ æ	e	Government grants				ļ		
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contrı	butions included in	43,075				
S E	h	lines 1a-1f \$ Total. Add lines	s 1a-1f	▶	43,075			
				Business Code				
nue	2a	MEMBERSHIP DUES	S	900,099	3,255,434	3,255,434		
98 86	ь	CONVENTIONS	_	541,800	1,431,308	1,431,308		
Çe F	c	PUBLICATIONS		541,800	853,735	238,585	615,150	
Program Serwce Revenue	d	FEES		900,099	24,225	24,225		
ج د	e							
⊜rar	f	All other progra	ım service revenue					
Š	g	Total. Add lines	s 2a – 2f		5,564,702			
	3		ome (including divident	+	3,30 1,702			
			aramounts)	. =	114,263			114,263
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties			25,359			25,359
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	_	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 28,702	(II) O ther				
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)	28,702					
	d	Net gaın or (los	s)		28,702			28,702
nne	8a	Gross income fi events (not incl \$						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a					
‡	Ь		penses <b>b</b>					
0	С		loss) from fundraising (	events •				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 <b>a</b>					
	b		penses <b>b</b>					
	10a	Gross sales of returns and allo		vities				
	ь		a pods sold b					
	С	Net income or (	loss) from sales of inve	Business Code				
	11a	miscellaneous	s Revenue	900,099	23,223			23,223
	ь	miscenarieous		,	,			,
	c							
	d	All other revenu						
	e	Total. Add lines	ı					
				▶ .	23,223			
	12	Total revenue.	See Instructions	· •	5,799,324	4,949,552	615,150	191,547

Part IX Statement of Functional Expenses					
_	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
Do no	ll other organizations must complete column (A) but are not required to out include amounts reported on lines 6b, p, and 10b of Part VIII.	(A) Total expenses	(B), (C), and (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		скрепаса	денега ехрепзез	скрепосо
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	1,217,166			
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	1,736,075			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	237,543			
10	Payroll taxes	182,258			
11	Fees for services (non-employees)				_
а	Management				
b	Legal	5,774			
c	Accounting	22,000			
d	Lobbying	182,399			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	15,440			
g	Other	273,799			
12	Advertising and promotion	37,449			
13	Office expenses	518,147			
14	Information technology	45,463			
15	Royalties				
16	Occupancy	459,610			
17	Travel	52,469			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	560,850			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,084			
23	Insurance	25,101			
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	PUBLICATION AND PRODUCT	327,023			
b	COMMISSIONS	124,403			
С	dues and subscriptions	95,699			
d	taxes	83,512			
e	BANK CHARGES AND CREDIT	79,997			
f	All other expenses	76,643			
25	Total functional expenses. Add lines 1 through 24f	6,448,904			
26	<b>Joint costs.</b> 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				

Pa	rt X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	250	1	250
	2	Savings and temporary cash investments	1,568,295	2	1,243,024
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	244,519	4	65,471
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	
ŧ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	45,387	8	30,477
	9	Prepaid expenses and deferred charges	294,096	9	229,625
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  924,893			
	ь	Less accumulated depreciation 10b 874,409	140,568	10c	50,484
	11	Investments—publicly traded securities	2,998,768	11	2,800,167
	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	432,350	15	571,600
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,724,233	16	4,991,098
	17	Accounts payable and accrued expenses .	474,505	17	773,747
	18	Grants payable		18	
	19	Deferred revenue	1,676,436	19	1,049,546
	20	Tax-exempt bond liabilities		20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		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		24	
	25	Other liabilities Complete Part X of Schedule D	341,970	25	404,783
	26	Total liabilities. Add lines 17 through 25	2,492,911	26	2,228,076
Ş		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
ğ	l	through 29, and lines 33 and 34.	0.004.000		. 700 000
<u> </u>	27	Unrestricted net assets	3,231,322		2,763,022
Fund Balance	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
立		Organizations that do not follow SFAS 117, check here ► and complete			
٥	30	lines 30 through 34.  Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
<u>ي</u> 2	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,231,322	33	2,763,022
Net				-	
l	34	Total liabilities and net assets/fund balances	5,724,233	34	4,991,098

#### Part XI Financial Statements and Reporting

			Yes	No			
L	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes				
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
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						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? 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)

#### Software ID: Software Version:

**EIN:** 52-0854084

Name: AMERICAN STAFFING ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	(5)	<b>(E)</b>	(=)							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BILL STOLLER CSP CPC CHAIRMAN	3 00	Х		X				0	0	0
MARK TOTH CSP 1ST VICE CHAIRMAN	2 00	X		Х				0	0	0
CLAUDETTE CUNITZ TSC C 2ND VICE CHAIRMAN	2 00	X		Х				0	0	0
AARON GREEN CSP TREASURER	2 00	Χ		X				0	0	0
BILL YOH SECRETARY	2 00	Χ		X				0	0	0
DAVID BARTHOLOMEW BOARD MEMBER	1 00	X						0	0	0
JEFF BURNETT CSP BOARD MEMBER	1 00	Χ						0	0	0
DAN CAMPBELL CSP BOARD MEMBER	1 00	Χ						0	0	0
LINDA CARCHIDI CSP BOARD MEMBER	1 00	Х						0	0	0
SUSIE CEPICKA SPHR BOARD MEMBER	1 00	X						0	0	0
TOM DALEY BOARD MEMBER	1 00	X						0	0	0
JOHN ELWOOD BOARD MEMBER	1 00	X						0	0	0
JIM ESSEY CSP BOARD MEMBER	1 00	X						0	0	0
GAIL KAPLAN CSP CPC BOARD MEMBER	1 00	Χ						0	0	0
BOBLIVONIUS BOARD MEMBER	1 00	Х						0	0	0
JOE MACKEY CSP CAC BOARD MEMBER	1 00	Χ						0	0	0
JIM MCINTIRE BOARD MEMBER	1 00	Х						0	0	0
GREG NETLAND BOARD MEMBER	1 00	Х						0	0	0
JIM NOVICK TSC BOARD MEMBER	1 00	Х						0	0	0
GEORGE REARDON BOARD MEMBER	1 00	Х						0	0	0
PAT ROHE CSP BOARD MEMBER	1 00	Χ						0	0	0
JOHN SEELANDER CSP BOARD MEMBER	1 00	Х						0	0	0
DAN STRUVE BOARD MEMBER	1 00	Χ						0	0	0
RICHARD WAHLQUIST PRESIDENT & ceo	55 00			Х				281,800	0	61,252
EDWARD LENZ SR VP PUBLIC AFFAIRS, GE	48 00				Х			266,900	0	41,714

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage		<b>(C)</b> Position (check all			II		( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated														
	hours per week	Individual trustee or director	a Institutional Trustee	Office	÷	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														
STEVEN BERCHEM VICE PRESIDENT	47 00		×		179,000	0	42,000																	
STEPHEN DWYER DEPUTY GENERAL COUNSEL	44 00				X			166,000	0	31,722														
CAROLYN RAWDON ASST VP FINANCE & ADMIN	45 00			X		Х		134,400	0	12,378														
TRACY RETTIE ASST VP CHAP RELATIONS	40 00		x x												х				Х		χ 0		0	0
RAY RICHARDS DIRECTOR OF INFORMATION	40 00				0	0	0																	
TOBY MALARA GOVERNMENT AFFAIRS COUNS	40 00					Х		0 0		0														

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PUBLICATION AND PRODUCT	327,023			
COMMISSIONS	124,403			
dues and subscriptions	95,699			
taxes	83,512			
BANK CHARGES AND CREDIT	79,997			

## DLN: 93493281014030

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
♦ Section 527 organizations Complete Part I-A only
If the appropriation appropriate Was 2 to Form 000 Port IV Line A or Form 000 F7 Port VI line 47 (Lokhying Astivitica) then

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number AMERICAN STAFFING ASSOCIATION 52-0854084 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	<b>(b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	dule C (Form 990 or 990-EZ) 20	009				Р	age 3
Pa	rt II-B Complete if the c (election under s	organization is exempt under s section 501(h)).	ection 501(c)(3) and has f	NOT fi	led Fo		
		Ye					
				Yes	No	A mou	nt
1		ganization attempt to influence foreign, pt to influence public opinion on a legisl					
а	Volunteers?						
b	Paid staff or management (inclu	ide compensation in expenses reported	on lines 1c through 1ı)?				
c	Media advertisements?						
d	Mailings to members, legislator	s, or the public?					
е	Publications, or published or bro	oadcast statements?					
f	Grants to other organizations fo	r lobbying purposes?					
g	Direct contact with legislators,	their staffs, government officials, or a le	gıslatıve body?				
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, o	any similar means?				
i	Other activities? If "Yes," desc	ribe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	e the organization to be not described ii	n section 501(c)(3)?		Ι Γ		
b	If "Yes," enter the amount of an	y tax incurred under section 4912					
c	If "Yes," enter the amount of an	ıy tax ıncurred by organızatıon manager	s under section 4912		Ī		
d	If the filing organization incurre	d a section 4912 tax, did it file Form 47	20 for this year?				
Par	t III-A Complete if the of 501(c)(6).	organization is exempt under s	section 501(c)(4), section 5	5 <b>01</b> (c	)(5), o		
	W					Yes	No
1	• •	more) dues received nondeductible by r			<u> </u>	1	N o
2		in-house lobbying expenditures of \$2,0			_	2	No
3		arryover lobbying and political expenditi				3 Yes	
Par	501(c)(6) if BOTI answered "Yes".						on 
1	Dues, assessments and similar			1		3,25	5,434
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political				
а	Current year			2a		2.5	0,518
b	Carryover from last year			2b		-11	2,422
c	Total			2c		13	8,096
3	Aggregate amount reported in s	ection $6033(e)(1)(A)$ notices of nonde	luctible section 162(e) dues	3		26	0,435
4		ount on line 2c exceeds the amount on carryover to the reasonable estimate of		4			
5	·	political expenditures (see instruction	5)	5		-12	2,339
P	art IV Supplemental In						•
Со	mplete this part to provide the de	scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, line	11	
AIS	o, complete this part for any add						
	Ident if ier	Return Reference	Explana	tion			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493281014030

OMB No 1545-0047

2009

Open to Public

Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization AMERICAN STAFFING ASSOCIATION 52-0854084 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	<b>Till</b> Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or O	the	r Similar <i>i</i>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	lowing th	nat are	a significa	ant us	se of its coll	ection	l	
а	Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	O ther							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y further	the or	ganızatıon	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than			,					ılar	Γ,	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form	າ 990	,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ions or	other ass	ets r	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-			A mou	nt	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							<b>1</b> f				
а	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ,	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	Year	(c)Two	Years Back	(d) <sup>1</sup>	Three Years Bad	:k (e)	Four Ye	ears Back
1	Beginning of year balance							<del>                                     </del>				
)	Contributions							<u> </u>				
2	Investment earnings or losses							<u> </u>				
d	Grants or scholarships							1				
е	Other expenditures for facilities and programs											
f	Administrative expenses							+				
g	End of year balance							+				
9	Provide the estimated percentage of the year	r and halance hald:										
_			as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment - %											
C	Term endowment ► %											
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	:hat a	are held	and ad	ministere	d for	the		Yes	No
	(i) unrelated organizations								[3	Ba(i)	103	110
	(ii) related organizations									a(ii)		
ь	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th	e organization's en	dowme	nt fu	nds				_			
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Pai	rt X, lıne	10.	,			
	Description of investment				i) Cost or sis (invest		( <b>b)</b> Cost or basis (oth		(c) Accumul depreciati		( <b>d)</b> Bo	ok value
3	Land											
b	Buildings											
С	Leasehold improvements						6	0,973	í	58,189		2,784
d	Equipment						71	4,825	67	72,470		42,355
e	Other						14	9,095	14	13,750		5,345

50,484

Part VII Investments—Other Securities. See  (a) Description of security or category	Form 990, Part X, line 12	2. (c) Method of valuation
(including name of security)	( <b>b)</b> Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		
Part VIII Investments—Program Related. See		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	<u> </u>	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Cash surrender value of life insurance		197,912
deferred COMPENSATION		373,688
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	, line 25.	571,600
Part X Other Liabilities. See Form 990, Part X	, line 25.	571,600
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25.	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS  DEFERRED RENT LIABILITY	(b) A mount 373,688	571,600
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMPENSATION PLAN OBLIGATIONS	(b) A mount 373,688	571,600

e in Net Assets from Form 990 to Financial Statements
olumn (A), line 12) <b>1</b> 5,799,324
olumn (A), line 25) <b>2</b> 6,448,904
ct line 2 from line 1 3 -649,580
tments 4 181,280
5
6
7
8
8 <b>9</b> 181,280
Incial statements Combine lines 3 and 9 10 -468,300
ie per Audited Financial Statements With Revenue per Return
ort per audited financial statements
n Form 990, Part VIII, line 12
2b
2d
VIII, line 12, but not on line 1
Form 990, Part VIII, line 7b . 4a
4b
his should equal Form 990, Part I, line 12) 5 5,799,324
ses per Audited Financial Statements With Expenses per Return
d financial 6,448,904  1 1
n Form 990, Part IX, line 25
2a
2b
<del> </del>
2c   2d   2d   2e   0
2c   2d   2d   2e   0
2c   2d   2d   2e   0
2c
2c
2c

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference | Explanation

Ident if ier

DLN: 93493281014030

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN STAFFING ASSOCIATION

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			52-0854084			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		· · · · · · · · · · · · · · · · · · ·			
	First-class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	y			
	Compensation committee	<b>Y</b>	Written employment contract			
	Independent compensation consultant	<u>্</u>	• • • • • • • • • • • • • • • • • • • •			
	Form 990 of other organizations	10	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-be	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of	•		7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		·	8		
9	If "Yes" to line 8, did the organization also follow the	e rebutta	able presumption procedure described in Regulations			

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
RICHARD WAHLQUIST	(ı) (ıı)	252,000 0	0 0	29,800 0	38,550 0	22,702 0	343,052 0	0				
EDWARD LENZ	(ı) (ıı)	220,700 0	0 0	46,200 0	22,050 0	19,664 0	308,614 0	0				
STEVEN BERCHEM	(I) (II)	179,000 0	0	0	18,500 0	23,500	221,000					
STEPHEN DWYER	(I) (II)	166,000 0	0	0	5,250 0	26,472 0	197,722 0	0				
								•				

#### Part III Supplemental Information

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

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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

DLN: 93493281014030

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN STAFFING ASSOCIATION

 ${\bf Employer\ identification\ number}$ 

52-0854084

ldentifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	WHILE ASA STILL PROVIDES EDUCATION, LEGAL, AND LEGISLATIVE SUPPORT AND OTHER SERVICES TO ADVANCE THE PURPOSES AND OBJECTIVES OF THE STAFFING INDUSTRY THROUGH A NETWORK OF AFFILIATED CHAPTERS, WE NO LONGER PROVIDE MANAGEMENT SERVICES FOR ANY OF THOSE AFFILIATED CHAPTERS NO CHAPTER MANAGEMENT FEES AND THUS NO MORE OF THIS TYPE OF UBIT
Form 990, Part VI, Section A, line 6		ACTIVE MEMBERS A FIRM ACTIVELY ENGAGED IN THE STAFFING SERVICES BUSINESS EACH ACTIVE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE AT ALL MEMBERSHIP MEETINGS OF ASA ONLY ACTIVE MEMBERS ARE ENTITLED TO VOTE, TO BE ELIGIBLE TO SERVE ON THE BOARD OF DIRECTORS OR TO BE COUNTED IN A QUORUM THE ANNUAL MEETING OF MEMBERS SHALL BE HELD EACH YEAR FOR THE ELECTION OF DIRECTORS AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY BE BROUGHT AT THE MEETING SPECIAL ASSESSMENTS OF THE GENERAL MEMBERSHIP, AS RECOMMENDED BY THE BOARD OF DIRECTORS, SHALL BECOME EFFECTIVE ONLY UPON THE APPROVAL OF A MAJORITY OF THE GENERAL MEMBERSHIP AT A REGULAR OR SPECIAL MEETING OR BY TWO-THIRDS OF THE GENERAL MEMBERSHIP IN A MAIL-IN VOTE AFFILIATE MEMBERS BRANCHES, FRANCHISES, LICENSES, OR SIMILAR BUSINESS ENTITIES INCLUDED IN THE DUES COMPUTATION AND PAYMENT OF AN ACTIVE MEMBER SHALL BE AFFILIATE MEMBERS WITHOUT FURTHER ACTION OR APPLICATION HONORARY MEMBERS HONORARY MEMBERSHIPS MAY BE CONFERRED BY THE BOARD OF DIRECTORS ON PERSONS NOT ACTIVELY ENGAGED IN THE STAFFING SERVICES BUSINESS BUT WHO HAVE RENDERED DISTINGUISHED SERVICE TO THE INDUSTRY ASSOCIATE MEMBERS A FIRM SUPPLYING OR SERVICING THE STAFFING SERVICES INDUSTRY INTERNATIONAL MEMBERS FOR STAFFING SERVICES FIRMS WITH NO US OPERATIONS
Form 990, Part VI, Section A, line 7a		SEE ABOVE - THE ACTIVE MEMBERS ARE THE ONLY MEMBER CLASS THAT HAS VOTING RIGHTS TO ELECT THE BOARD OF DIRECTORS
Form 990, Part VI, Section A, line 7b		THE BOARD OF DIRECTORS MAY AMEND THE BY LAWS, OR REPEAL AND ADOPT NEW BY LAWS, SUBJECT TO APPROVAL BY A TWO-THIRDS VOTE OF THE ACTIVE MEMBERS AT ANY MEMBERSHIP MEETING HOWEVER, BY LAWS AMENDED, REPEALED, OR ADOPTED BY A THREE-FOURTHS VOTE OF THE FULL BOARD DO NOT REQUIRE MEMBERSHIP APPROVAL, BUT ALL ACTIVE MEMBERS SHALL BE NOTIFIED IN WRITING OF SUCH CHANGES WITHIN 30 DAYS AFTER THEIR ADOPTION BY THE BOARD OTHER INFO OF NOTE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL, CONSISTENT WITH GOVERNANCE POLICIES APPLICABLE TO THE BOARD, ACT ON BEHALF OF THE BOARD BETWEEN REGULAR BOARD MEETINGS IT SHALL MEET AT LEAST ONCE BETWEEN EACH REGULAR MEETING OF THE BOARD THE EXECUTIVE COMMITTEE WILL HAVE 10 VOTING SEATS THE COMPOSITION OF THE COMMITTEE WILL BE CHAIRMAN FIRST VICE CHAIRMAN SECOND VICE CHAIRMAN TREASURER SECRETARY THREE PERMANENT SEATS - RESERVED FOR THREE HIGHEST PAYING DUES MEMBERS ONE ROTATING SEAT IMMEDIATE PAST CHAIRMAN
Form 990, Part VI, Section B, Inne 11		A COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE & AUDIT COMMITTEE PRIOR TO ITS FILING [THE PURPOSE OF THIS COMMITTEE IS TO OVERSEE ASA'S FINANCIAL MANAGEMENT, INCLUDING ITS INVESTMENT POLICIES AND THE ACTIVITIES OF ITS INDEPENDENT AUDITORS THE COMMITTEE ALSO MONITORS COMPLIANCE WITH CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES PERTAINING TO THE BOARD OF DIRECTORS THE COMMITTEE SHALL BE MADE UP OF THE CHAIRMAN, THE TREASURER, AND TWO OTHER BOARD MEMBERS APPOINTED BY THE CHAIRMAN ] THE COMMITTEE MEETS TELEPHONICALLY WITH THE PRESIDENT & CEO AND THE ASSISTANT VP OF FINANCE & ADMINISTRATION TO REVIEW AND APPROVE THE FORM 990
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS HAD NO CONFLICTS OF INTEREST. IN THE EVENT THAT ONE IS IDENTIFIED, THE PERSON IN QUESTION WOULD BE DISQUALIFIED FROM PARTICIPATING IN CERTAIN GOVERNING BODY ACTIVITIES. DUE TO THE NATURE OF THE CONFLICT, THE INDIVIDUAL MAY ALSO BE REMOVED FROM THE GOVERNING BOARD ITSELF.
Form 990, Part VI, Section B, Iine 15		THE COMPENSATION AND PERFORMANCE OF THE PRESIDENT AND CEO IS REVIEWED EACH YEAR BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THE COMMITTEE SOLICITS A WRITTEN EVALUATION OF THE PERFORMANCE OF THE PRESIDENT AND CEO FROM ALL OTHER BOARD MEMBERS THE COMMITTEE REVIEWS AND EVALUATES THIS INPUT WHEN SETTING ANNUAL COMPENSATION COMPENSATION IS BENCHMARKED AGAINST COMPARATIVE DATA DEVELOPED FROM OTHER SOURCES SUCH AS ASAE'S BLUE CHIP ASSOCIATION EXECUTIVE COMPENSATION AND BENEFITS STUDY THE COMPENSATION AND PERFORMANCE REVIEW OF KEY EMPLOYEES IS PERFORMED EACH YEAR BY THE PRESIDENT AND CEO THE PRESIDENT AND CEO SOLICITS FROM THE EMPLOYEE A WRITTEN SELF EVALUATION THE PRESIDENT AND CEO CONSIDERS THIS INPUT WHEN EVALUATING ANNUAL PERFORMANCE AS WELL AND SETTING ANNUAL COMPENSATION COMPENSATION IS BENCHMARKED AGAINST COMPARATIVE DATA DEVELOPED FROM OTHER SOURCES SUCH AS ASAE'S COMPENSATION AND BENEFITS STUDY AND THE GREATER WASHINGTON A REA ASSOCIATION COMPENSATION AND BENEFITS STUDY
Form 990, Part VI, Section C, line 19		THE ASSOCIATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WOULD BE PROVIDED UPON SPECIFIC REQUEST FINANCIAL STATEMENTS ARE NOT FURNISHED TO THE PUBLIC

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE AUDIT REVIEW PROCESS HAS REMAIN UNCHANGED FROM THE PRIOR YEAR

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

DLN: 93493281014030

2009

Open to Public Inspection

OMB No 1545-0047

# SCHEDULE R (Form 990)

Name of the organization

AMERICAN STAFFING ASSOCIATION

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

61-1406931

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Employer identification number

52-0854084

art I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

(a) Total income End-of-year assets

(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(b) (d) (f) (e) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity AMERICAN STAFFING ASSOCIATION FOUNDATION **EDUCATIONAL AND** AMERICAN STAFFING 277 SOUTH WASHINGTON ST 200 CHARITABLE ACTIVITIES TO VA 501(c)(3) 170(b)(1)(A)(vi) ASSOCIATION PREPARE STUDENT FOR ALEXANDRIA, VA 22314 CAREERS 54-1723696 aMERICAN STAFFING ASSOCIATION PAC aMERICAN STAFFING 277 SOUTH WASHINGTON ST 200 polictical activities VA 527 ASSOCIATION aLEXANDRIA, VA 22314

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Cile	udle K (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d		Ž
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		Ž
i	Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Ż
ı	Performance of services or membership or fundraising solicitations by other organization(s)	<b>1</b> I		Ŋ
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		Ž
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	O ther transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	<b>1</b> r		N
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  (b)  Transaction Ar  type(a-r)		( <b>c)</b> : involve	ed
1) 2)				
• \				
3)				

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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

DLN: 93493281014030

OMB No 1545-0172

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instructions	s. 🕨 Attach	to your tax re	eturn.		Sequence No <b>67</b>		
Name(s) shown on returr	ı	Business or a	ctivity to which	this form rel	ates <b>Ide</b>	nt if y in	ng number		
AMERICAN STAFFING	ASSOCIATION	Form 990 Pa	aa 10			08540	004		
Part I Election	To Eynense (	Certain Property Un		179	52-	08540	084		
	•	sted property, comple			nplete Part I.				
		for a higher limit for cert				1	250,000		
2 Total cost of section	179 property plac	ed in service (see instru	ctions) .			2			
		before reduction in limit	•	uctions)		3	800,000		
		from line 2 If zero or les	•	•		4	000,000		
						F-			
	•	line 4 from line 1 If zero	or less, enter -	)- Il Marrieu	illing	_			
separately, see instr	uctions				<u> </u>	5			
	N D = = = = = = = = = = = = = = = = = =		<b>(b)</b> Cost	(business us	<u> </u>				
6 (a	) Description of pr	operty	• •	only)	(c) Elected	cost			
6									
					_				
<b>7</b> Listed property Ente	r the amount from	line 29		. 7					
8 Total elected cost of	section 179 prop	erty Add amounts in colu	umn (c), lines 6	and 7 .		8			
<b>9</b> Tentative deduction	Enter the smaller	of line 5 or line 8 .				. 9			
10 Carryover of disallow	ed deduction from	ı lıne 13 of your 2008 Fo	rm 4562 .			. 10			
·		business income (not less that		ee instructions)		11			
		ines 9 and 10, but do not				12			
·		•		_	· · ·	12			
		010 Add lines 9 and 10,		13					
		pelow for listed proper							
	-	Allowance and Othe					(See Instructions)		
tax year (see instruc		lified property (other than	i iistea property	) placed in se	ervice during the	14			
15 Property subject to s		lastion				15			
· · · ·		siection				-	20.004		
16 Other depreciation (i		De met include listed i				16	90,084		
Part IIII MACRS D	epreciation (	ر <u>Do not</u> ınclude lısted ع	ction A	e mstructio	115.)				
17 MACRS deductions f	or assets placed i	n service in tax years be		009 -		17			
		ssets placed in service			one or more				
general asset acco			_	ax year into					
	•	Service During 200		Using the	General Der	recia	ation System		
Section 5 AS		(c) Basis for	l lux icui			7. 00.0	acion by been		
(a) Classification of	(b) Month and	depreciation	(d) Recovery				( <b>g</b> )Depreciation		
property	year placed in	(business/investment	period	(e) Convent	ion <b>(f)</b> Meth	nod	deduction		
	service	use only—see instructions)	·						
<b>19a</b> 3-year property		only see matractions,							
<b>b</b> 5-year property									
<b>c</b> 7 - year property									
<b>d</b> 10-year property									
<b>e</b> 15-year property									
<b>f</b> 20-year property									
<b>g</b> 25-year property			25 yrs		S/L				
<b>h</b> Residential rental			27 5 yrs	MM	S/L				
property			27 5 yrs	ММ	S/L				
i Nonresıdentıal real			39 yrs	ММ	S/L				
property				ММ	S/L				
Sect	ion C—Assets Plac	ced in Service During 2009	9 Tax Year Using	the Alterna	tive Depreciatio	n Syst	em		
<b>20a</b> Class life					S/L				
<b>b</b> 12-year			12 yrs		S/L				
c 40-year		 	40 yrs	MM	S/L				
	iry (see instruc	•				1 22	T		
21 Listed property Ente						21			
		14 through 17, lines 19 urn Partnerships and S of				22	90,084		
		service during the curren			_ · · ·		<u> </u>		
portion of the basis a		=	,	23					

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions fo	r limi	s fo	r pa	ssenge	er au	tomol	oiles.)
<b>24a</b> Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	<b>lb</b> If "Yes	," is the	e ev id	lence	written?	Гүе	s I N	0
(a) (b) Business/ (d) Type of property (list vehicles first) Date placed in service percentage (d)				rother	other (business/investment			(f) (g) Recovery Method/ period Convention		od/	(h) Depreciation/ deduction				(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed 50% in a qualified business use (see instructions)					in service during the tax year and used more that					25						
·	•									25						
<b>26</b> Property used more	than 50%	in a qualified %	business	use	<u> </u>			l	1	1				1		
		%														
		%														
<b>27</b> Property used 50%	or less in a		siness us	е										_		
		%							S/L - S/L -					4		
		%							S/L -					┥		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in col						, ,	5-		L				29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		f Vah	· ·				29			
Complete this section i	for vehicles									or re	lated	d pers	son			
If you provided vehicles to y														e vehic	es	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)		(d)		(е	•	1	f)
year (do not includ				Vehi	cle 1	Vehicle 2		V e	hicle 3	V	ehicl	e 4	Vehic	le 5	e 5 Vehicle	
						1				_						
<b>31</b> Total commuting m						-				_						
<b>32</b> Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven of through 32	during the y · · ·	ear Add line	s 30													
<b>34</b> Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs? .															
<b>35</b> Was the vehicle us owner or related pe		by a more t	han 5%													
<b>36</b> Is another vehicle		r personal us	se? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volar	ees	l	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc												not mo	re thar
<b>37</b> Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, inc	luding c	ommı •	iting,	, by y	our •	Y	es	No
														-		
<b>38</b> Do you maintain a vemployees? See th		•	•	•												
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .											
<b>40</b> Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	employe	es abo	ut th	ne us	e of the			
<b>41</b> Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ions )						
<b>Note:</b> If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	covered	lvehid	les					
Part VI Amortiz																
		(b)						(4)		(e)				/4\		
(a) Date  Description of costs amortization begins			A mort amo	ızable		(	<b>(d)</b> Code ection	pe	rtızatı rıod oı entaç	-		A mor th	<b>(f)</b> tızatıd ıs yea			
<b>42</b> A mortization of cos	te that has		Ur 2000	tay year	(see inc	truction	٦ς١		I Per		-					
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)									
						-+			_		-					
		1.6	2555								_					
<b>43</b> A mortization of cos	_					•	•			4:	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					