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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)

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 601 MADISON STREET
Room/suite
City or town, state or country, and ZIP + 4: ALEXANDRIA, VA 22314

D Employer identification number: 51-0094939

E Telephone number: (703) 824-0500

G Gross receipts \$ 24,574,220

F Name and address of principal officer: CHARLES M BARCLAY, 601 MADISON STREET, ALEXANDRIA, VA 22314

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: WWW AIRPORTNET ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1928

M State of legal domicile: IL

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue breakdown, and asset/liability totals.

Part II Signature Block

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

Sign Here: Signature of officer (CHARLES M BARCLAY), Date (2011-10-20), Type or print name and title (PRESIDENT)

Paid Preparer Use Only: Preparer's name (WILLIAM E TURCO CPA), Firm's name (RSM MCGLADREY INC), Firm's address (8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205)

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES (AAAE), FOUNDED IN 1928, IS THE LARGEST PROFESSIONAL ORGANIZATION FOR AIRPORT EXECUTIVES IN THE WORLD, REPRESENTING THOUSANDS OF AIRPORT MANAGEMENT PERSONNEL AT PUBLIC-USE AIRPORTS OF ALL SIZES. AAAE'S PRIMARY GOAL IS TO HELP AIRPORT EXECUTIVES FULFILL THEIR RESPONSIBILITIES TO THE AIRPORTS AND COMMUNITIES THEY SERVE TO ENHANCE INDUSTRY PROFESSIONALISM AND HELP AIRPORT EXECUTIVES STAY AHEAD OF THE GROWING DEMANDS PLACED ON THEM, TO REPRESENT AIRPORTS BEFORE CONGRESS AND THE FEDERAL GOVERNMENT, TO PROVIDE VITAL COMMUNICATION LINKS AMONG AIRPORT EXECUTIVES TO HELP THEM PERFORM THEIR DUTIES ON BEHALF OF THEIR AIRPORTS AND COMMUNITIES, TO PROVIDE APPROPRIATE RECOGNITION TO INDIVIDUALS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AIRPORT MANAGEMENT PROFESSION AND TO THE COMMUNITIES THEY SERVE, TO FURTHER PURSUE RESEARCH AND DEVELOPMENT IN THE AIRPORT MANAGEMENT INDUSTRY, TO PROVIDE FAST AND EASY ACCESS TO TRAINING AND INFORMATION FOR THE MEMBERS

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

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

THE ASSOCIATION HELD NUMEROUS SEMINARS, WORKSHOPS AND CONFERENCES THROUGH OUT THE PERIOD THAT ADDRESS A WIDE RANGE OF SPECIFIC AIRPORT MANAGEMENT ISSUES. ADDITIONALLY AND IN CONJUNCTION WITH THE FAA TRAINING SCHOOLS ON AIRPORT SAFETY, SECURITY AND OPERATIONS ISSUES WERE PRESENTED

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

THE ASSOCIATION CONTINUES TO PRODUCE CUSTOMIZED TRAINING SYSTEMS USING ITS PATENTED INTERACTIVE EMPLOYEE TRAINING (IET) SYSTEM. THE IET SYSTEM IS A COMPUTER BASED, TURN-KEY SYSTEM USING TOUCH-SCREEN TECHNOLOGY AND FULL-SCREEN DIGITAL VIDEO THAT CAN TRAIN A LARGE NUMBER OF INDIVIDUALS 24 HOURS A DAY, SEVEN DAYS A WEEK, WITHOUT INSTRUCTORS OR CLASSROOMS

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

THE ASSOCIATION RUNS THE AIRPORT LEGISLATIVE PROGRAM TO REPRESENT AIRPORTS ON CAPITOL HILL AND TO PROVIDE AIRPORTS WITH UP-TO-THE-MINUTE INFORMATION REGARDING FEDERAL LEGISLATIVE ACTIONS AND ACTIVITIES. IT ALSO PROVIDES SUPPORT TO AIRPORTS THAT WISH TO CONTACT THEIR MEMBERS OF CONGRESS. IN ITS WELL-ESTABLISHED GOVERNMENT AFFAIRS PROGRAM, THE STAFF AND MEMBERS HAVE CULTIVATED A VITAL AND ONGOING RELATIONSHIP WITH POWERFUL CONGRESSIONAL OFFICIALS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> | 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> | | No |
| c | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 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 "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | | |
| 36 | Section 501(c)(3) organizations. 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 | | |
| 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 | | 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 | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and other IRS filings.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | 1a 25 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 25 | | |
| 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? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | 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? | Yes | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | No |
| b | 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 | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | No |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | Yes | |
| b | Other officers or key employees of the organization | Yes | |
| | 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? | | 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? | | |

Section C. Disclosure

| | |
|-----------|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 organization <input checked="" type="checkbox"/> TYRA HARPSTER 601 MADISON STREET ALEXANDRIA, VA 22314 (703) 824-0504 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 3,652,158 | 1,290,265 | 563,710 | |

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 **25**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section 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 | (C) Compensation |
|--|--------------------------------|---------------------|
| BRAINSEED GLOBAL AVIATION LLC 6506 HAMPTON ROAD ALEXANDRIA, VA 22306 | CONSULTING SERVICES | 115,998 |
| | | |
| | | |
| | | |

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 **1**

Part VIII Statement of Revenue

| | | (A) | (B) | (C) | (D) |
|--|---|-------------------------|------------------------------------|----------------------------|---|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns 1a | | | | |
| | b Membership dues 1b | | | | |
| | c Fundraising events 1c | | | | |
| | d Related organizations 1d | | | | |
| | e Government grants (contributions) 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | |
| | h Total. Add lines 1a-1f ▼ | | | | |
| Program Service Revenue | 2a CONFERENCES | Business Code 611430 | 7,007,109 | 7,007,109 | |
| | b ANTN/ACTV REVENUE | 519130 | 1,567,182 | 1,567,182 | |
| | c AIRPORT TRAINING & TEC | 611430 | 1,565,345 | 1,565,345 | |
| | d MEMBERSHIP DUES | 900099 | 1,386,710 | 1,386,710 | |
| | e AIRPORT LEGISLATIVE | 900099 | 1,171,370 | 1,171,370 | |
| | f All other program service revenue | | 944,469 | 944,469 | |
| | g Total. Add lines 2a-2f ▼ | | 13,642,185 | | |
| | 3 Investment income (including dividends, interest and other similar amounts) ▼ | | 174,282 | | 174,282 |
| 4 Income from investment of tax-exempt bond proceeds ▼ | | | | | |
| 5 Royalties ▼ | | | | | |
| 6a Gross Rents | (i) Real | 345,047 | | | |
| | (ii) Personal | | | | |
| | b Less rental expenses | 641,725 | | | |
| | c Rental income or (loss) | -296,678 | | | |
| d Net rental income or (loss) ▼ | | -296,678 | | -296,678 | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | 10,124,920 | | | |
| | (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | 10,067,959 | | | |
| | c Gain or (loss) | 56,961 | | | |
| d Net gain or (loss) ▼ | | 56,961 | | 56,961 | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from fundraising events ▼ | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities ▼ | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory ▼ | | | | |
| 11a OTHER REVENUE | Miscellaneous Revenue | Business Code 900099 | 215,488 | | 215,488 |
| | b ADVERTISING | 541800 | 72,298 | 72,298 | |
| | c _____ | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d ▼ | | 287,786 | | |
| 12 Total revenue. See Instructions ▼ | | 13,864,536 | 13,642,185 | -224,380 | 446,731 |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 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 | 3,093,313 | | | |
| 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 | 2,435,192 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 451,840 | | | |
| 9 | Other employee benefits | 375,259 | | | |
| 10 | Payroll taxes | 456,051 | | | |
| a | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | 89,443 | | | |
| c | Accounting | 67,500 | | | |
| d | Lobbying | 630,498 | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 595,739 | | | |
| 12 | Advertising and promotion | 5,663 | | | |
| 13 | Office expenses | 674,659 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 314,883 | | | |
| 17 | Travel | 1,721,081 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,173,491 | | | |
| 20 | Interest | 91,296 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 694,777 | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | CHAPTER REIMBURSEMENTS | 287,271 | | | |
| b | OTHER EXPENSES | 192,620 | | | |
| c | SUBSCRIPTION (FOUNDATIO | 72,298 | | | |
| d | DUES, AWARDS AND LIBRAR | 33,954 | | | |
| e | MEMBERSHIP | 7,722 | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 13,464,550 | | | |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|---|--|-------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 379,730 | 1 | 440,832 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 4,985,729 | 4 | 3,414,762 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 322,310 | 9 | 219,839 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 19,553,134 | | |
| | b Less accumulated depreciation | 15,537,274 | 4,449,649 | 10c 4,015,860 |
| | 11 Investments—publicly traded securities | 9,248,918 | 11 | 6,736,376 |
| | 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 | 7,117,042 | 15 | 8,851,410 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 26,503,378 | 16 | 23,679,079 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,688,726 | 17 | 2,201,139 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 4,710,997 | 19 | 4,744,458 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,838,333 | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 84,361 | 25 | 1,070,623 |
| | 26 Total liabilities. Add lines 17 through 25 | 11,322,417 | 26 | 8,016,220 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 15,180,961 | 27 | 15,662,859 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 15,180,961 | 33 | 15,662,859 | |
| 34 Total liabilities and net assets/fund balances | 26,503,378 | 34 | 23,679,079 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----------|---|----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,864,536 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,464,550 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 399,986 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,180,961 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 81,912 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 15,662,859 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 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 | 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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? | | 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 | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 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, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC) and Employer identification number (51-0094939)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 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?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 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 | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? If "Yes," describe in Part IV | | | |
| j Total lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | No |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | |
|---|-----------|------------|
| 1 Dues, assessments and similar amounts from members | 1 | 3,502,549 |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 630,498 |
| b Carryover from last year | 2b | |
| c Total | 2c | 630,498 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 2,393,181 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | -1,762,683 |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC

Employer identification number 51-0094939

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 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.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 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.

- 1a 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
b 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
2 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: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 590,128 | 590,128 | 590,128 | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 590,128 | 590,128 | 590,128 | | |

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|--|-------------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 3,746,450 | 1,225,400 | 2,521,050 |
| c Leasehold improvements | | 2,206,793 | 1,743,021 | 463,772 |
| d Equipment | | 10,315,425 | 9,591,101 | 724,324 |
| e Other | | 3,284,466 | 2,977,752 | 306,714 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 4,015,860 |

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 13,864,536 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 13,464,550 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 399,986 |
| 4 | Net unrealized gains (losses) on investments | 4 | 85,035 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -3,123 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 81,912 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 481,898 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 29,485,199 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 85,035 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 15,614,504 |
| e | Add lines 2a through 2d | 2e | 15,699,539 |
| 3 | Subtract line 2e from line 1 | 3 | 13,785,660 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 78,876 |
| c | Add lines 4a and 4b | 4c | 78,876 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 13,864,536 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 29,039,624 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 15,647,372 |
| e | Add lines 2a through 2d | 2e | 15,647,372 |
| 3 | Subtract line 2e from line 1 | 3 | 13,392,252 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 72,298 |
| c | Add lines 4a and 4b | 4c | 72,298 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 13,464,550 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, 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

| Identifier | Return Reference | Explanation |
|---|------------------|--|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES FOUNDATION, INC, A RELATED ORGANIZATION OF AAAE, HAS PERMANENTLY RESTRICTED NET ASSETS, WHICH ARE RESTRICTED TO INVESTMENTS IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT SCHOLARSHIP AMOUNTS TOTALING \$590,128 ARE PERMANENTLY RESTRICTED TO THE FOUNDATION'S EDUCATIONAL SCHOLARSHIP PROGRAM |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE ASSOCIATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE THE ASSOCIATION FILES INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U S FEDERAL, OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007 |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | LOSS ON INVESTMENT IN DTIS -3,123 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | DTIS REVENUE INCLUDED IN CONSOLIDATED STATEMENTS 728,891 FOUNDATION REVENUE INCLUDED IN CONSOLIDATED STATEMENTS 171,028 ARDF REVENUE INCLUDED IN CONSOLIDATED STATEMENTS 13,707,826 AIRPORT MAGAZINE REVENUE INCLUDED IN CONSOLIDATED STATEMENTS 368,157 RENTAL EXPENSES REPORTED ON LINE 6B 641,725 LOSS ON INVESTMENT IN DTIS -3,123 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | INCOME DONATED FROM FOUNDATION 72,298 SECTION 7872 INTEREST INCOME FROM ASC 6,578 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED STATEMENTS 198,314 ARDF EXPENSES INCLUDED IN CONSOLIDATED STATEMENTS 14,442,300 AIRPORT MAGAZINE EXPENSES INCLUDED IN CONSOLIDATED STATEMENTS 365,033 RENTAL EXPENSES REPORTED ON LINE 6B 641,725 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | SUBSCRIPTION AMOUNTS FROM DONATION 72,298 |

Additional Data

Software ID:

Software Version:

EIN: 51-0094939

Name: AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES
INC

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|-----------------|----------------|
| EXECUTIVE 457F | 450,027 |
| DUE FROM ARDF | 1,586,903 |
| DUE FROM ASC | 5,922,333 |
| DUE FROM SBCN | 706,340 |
| DUE FROM FR | 77,884 |
| DUE FROM TSC RT | 244 |
| SPATIAL AIRPORT | 46,166 |
| FORUMS | 61,513 |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC

Employer identification number 51-0094939

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Rows include CENTRAL AMERICA AND THE CARIBBEAN, EAST ASIA AND THE PACIFIC, EUROPE (INCLUDING ICELAND & GREENLAND), and SUB-SAHARAN AFRICA.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC

Employer identification number

51-0094939

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | Yes | |
| 2 | Yes | |
| 4a | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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)(i)-(iii) 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-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHARLES BARCLAY SEE PG 34 | (i) | 838,702 | 0 | 235,621 | 18,398 | 18,562 | 1,111,283 | 0 |
| | (ii) | 278,168 | 0 | 78,147 | 6,102 | 6,156 | 368,573 | 0 |
| (2) TYRA HARPSTER | (i) | 114,305 | 17,673 | 6,632 | 21,406 | 7,059 | 167,075 | 0 |
| | (ii) | 75,846 | 11,727 | 4,400 | 14,203 | 4,684 | 110,860 | 0 |
| (3) PATRICK OSBORNE | (i) | 150,856 | 17,613 | 2,533 | 14,728 | 14,871 | 200,601 | 0 |
| | (ii) | 100,099 | 11,687 | 1,682 | 9,772 | 9,868 | 133,108 | 0 |
| (4) CARTER MORRIS | (i) | 150,916 | 30,898 | 5,151 | 14,728 | 10,902 | 212,595 | 0 |
| | (ii) | 100,139 | 20,502 | 3,419 | 9,772 | 7,234 | 141,066 | 0 |
| (5) TODD HAUPTLI | (i) | 513,543 | 63,169 | 109,389 | 18,805 | 21,099 | 726,005 | 0 |
| | (ii) | 155,530 | 19,131 | 33,130 | 5,695 | 6,390 | 219,876 | 0 |
| (6) SPENCER DICKERSON | (i) | 287,661 | 15,658 | 42,898 | 34,156 | 21,867 | 402,240 | 0 |
| | (ii) | 87,120 | 4,742 | 12,993 | 10,344 | 6,623 | 121,822 | 0 |
| (7) JOAN LOWDEN | (i) | 151,302 | 19,739 | 56,115 | 29,227 | 17,131 | 273,514 | 0 |
| | (ii) | 37,648 | 4,911 | 13,963 | 7,273 | 4,263 | 68,058 | 0 |
| (8) JACKY SHER RAKER | (i) | 136,342 | 14,934 | 3,552 | 15,596 | 7,083 | 177,507 | 0 |
| | (ii) | 33,925 | 3,716 | 884 | 3,881 | 1,763 | 44,169 | 0 |
| (9) JAMES JOHNSON | (i) | 145,261 | 14,774 | 2,062 | 16,472 | 16,170 | 194,739 | 0 |
| | (ii) | 36,145 | 3,676 | 512 | 4,099 | 4,023 | 48,455 | 0 |
| (10) JOEL BACON | (i) | 186,320 | 14,565 | 2,036 | 17,493 | 19,627 | 240,041 | 0 |
| | (ii) | 74,640 | 5,835 | 815 | 7,007 | 7,862 | 96,159 | 0 |
| (11) BRAD VAN DAM | (i) | 134,426 | 14,333 | 0 | 15,549 | 18,898 | 183,206 | 0 |
| | (ii) | 33,451 | 3,567 | 0 | 3,869 | 4,702 | 45,589 | 0 |
| (12) MELISSA SABATINE | (i) | 131,911 | 17,336 | 3,932 | 17,336 | 5,324 | 175,839 | 0 |
| | (ii) | 32,823 | 4,314 | 978 | 4,314 | 1,325 | 43,754 | 0 |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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.

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|--|
| | PART I, LINE 1A | THE ORGANIZATION PAYS (FOR ALL EMPLOYEES) \$25 00 PER MONTH FOR HEALTH CLUB DUES WHEN DOCUMENTATION IS PROVIDED FOR NEW GYM MEMBERSHIPS THE ORGANIZATION PAYS UP TO \$150 00 IN INITIATION FEES THE ORGANIZATION DOES NOT PAY SOCIAL CLUB DUES THE HEALTH OR SOCIAL CLUB FEES ARE TAXABLE TO THE EMPLOYEE |
| | PART I, LINE 4B | THE ORGANIZATION ESTABLISHED AN UNFUNDED NONQUALIFIED DEFERRED BONUS PLAN ("PLAN") FOR A SELECT GROUP OF EXECUTIVES INTENDED TO MEET THE "TOP HAT" EXEMPTION FOR TITLES I & IV OF ERISA THE PLAN IS INTENDED TO QUALIFY UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE THE PLAN ALLOWS ELIGIBLE EXECUTIVES TO DEFER A PORTION OF THEIR COMPENSATION NOT YET EARNED AS STATED IN THE PLAN DOCUMENT THE PLAN SHALL BE BINDING ON PARTICIPATING EXECUTIVES AS WELL AS ANY OF THE EXECUTIVE'S SUCCESSORS WHO MAY BECOME ELIGIBLE TO RECEIVE PAYMENTS UNDER THE PLAN SUCH AS A SPOUSE OR BENEFICIARIES AS DEFINED BY THE PLAN EXECUTIVES PARTICIPATING IN THE PLAN WILL HAVE NO RIGHT, DIRECTLY OR INDIRECTLY, TO ANTICIPATE, ASSIGN, SELL OR PLEDGE ANY ASSET SET ASIDE TO SATISFY BENEFIT OBLIGATIONS UNDER THE PLAN THE ASSETS USED AS A SOURCE TO SATISFY PLAN BENEFITS SHALL BE AVAILABLE TO THE GENERAL CREDITORS OF THE ORGANIZATION THE FOLLOWING EMPLOYEES CONTRIBUTED TO THE PLAN DURING THE YEAR SPENCER DICKERSON 20,000 TYRA HARPSTER 12,000 JOAN LOWDEN 12,000 |
| SUPPLEMENTAL INFORMATION | PART III | SCHEDULE J, PART II THE AMOUNTS IN COLUMN (II) ARE COMPENSATION EARNED IN 2009 BUT PAID IN 2010 NO BONUS OR INCENTIVE COMPENSATION WAS EARNED IN 2010 |
| SUPPLEMENTAL INFORMATION | PART III | FORM 990, PART VII AND SCHEDULE J COMPENSATION ARRANGEMENT MR CHARLES BARCLAY'S COMPENSATION IS UNDER COMMON PAYMASTER ARRANGEMENT AMONG AAAE AFFILIATES (AAAE, ARDF, AAAE R/E LLC, AND AAAE SERVICE CORPORATION) 2010 AAAE CONSOLIDATED GROSS INCOME IS \$29,485,199 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC

Employer identification number

51-0094939

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | | AAAE HAS THE FOLLOWING MEMBER TYPES EXECUTIVE MEMBER, EXECUTIVE INACTIVE MEMBER, EXECUTIVE CANDIDATE MEMBER, AFFILIATE MEMBER, PARTICIPATING MEMBER, ASSOCIATE MEMBER, ACADEMIC MEMBER, HONORARY MEMBER, CORPORATE MEMBER, SUSTAINING MEMBER, EXECUTIVE EMERITUS MEMBER, CERTIFIED MEMBER, MILITARY MEMBER, AND ACADEMIC GRADUATE MEMBER |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | | THE BY LAWS GIVE EXECUTIVE MEMBERS, EXECUTIVE EMERITUS AND HONORARY MEMBERS VOTING PRIVILEGES ALL OTHER MEMBERSHIP CLASSIFICATIONS SHALL NOT HAVE VOTING PRIVILEGES EXCEPT WHERE, BY RESOLUTION, A MAJORITY OF THE VOTING MEMBERSHIP PRESENT AT ANY MEETING, EXTENDS THE RIGHT TO VOTE UPON BUSINESS BEFORE SUCH MEETING SUCH PRIVILEGES SHALL NOT BE GRANTED FOR THE ELECTION OF OFFICERS, THE AMENDMENTS OF ARTICLES OF INCORPORATION OR THE AMENDMENT OF THE CONSTITUTION AND BY LAWS |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7B | | THE BY LAWS GIVE EXECUTIVE MEMBERS, EXECUTIVE EMERITUS AND HONORARY MEMBERS VOTING PRIVILEGES ALL OTHER MEMBERSHIP CLASSIFICATIONS SHALL NOT HAVE VOTING PRIVILEGES EXCEPT WHERE, BY RESOLUTION, A MAJORITY OF THE VOTING MEMBERSHIP PRESENT AT ANY MEETING, EXTENDS THE RIGHT TO VOTE UPON BUSINESS BEFORE SUCH MEETING SUCH PRIVILEGES SHALL NOT BE GRANTED FOR THE ELECTION OF OFFICERS, THE AMENDMENTS OF ARTICLES OF INCORPORATION OR THE AMENDMENT OF THE CONSTITUTION AND BY LAWS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE AMERICAN ASSOCIATION'S ANNUAL 990 TAX RETURN IS REVIEWED BY THE AUDIT COMMITTEE THE COMPLETED 990 IS SENT ELECTRONICALLY TO EACH MEMBER FOR THEIR REVIEW ALL COMMENTS ARE COLLECTED BY THE AUDIT COMMITTEE CHAIR AND ADDRESSED WITH STAFF |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR THE CEO/PRESIDENT IS DETERMINED BY THE EXECUTIVE COMMITTEE OF AAAE'S BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS PAY AND BENEFITS PAID TO EXECUTIVES FROM SIMILAR ASSOCIATIONS IN ADDITION TO REVIEWING THE "MARKET" RATE FOR SIMILAR POSITIONS AND LOCATIONS AS FOUND IN SALARY SURVEYS. THE EXECUTIVE COMMITTEE THEN REPORTS THE ACTION TO THE FULL BOARD OF DIRECTORS. THE CHAIR OF THE ASSOCIATION THEN COMMUNICATES THE DETAILS OF THE EXECUTIVE COMMITTEE'S DECISION IN A LETTER TO THE CEO/PRESIDENT. |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST |

| Identifier | Return Reference | Explanation |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 85,035 LOSS ON INVESTMENT IN DTIS - 3,123 TOTAL TO FORM 990, PART XI, LINE 5 81,912 |

| Identifier | Return Reference | Explanation |
|------------|-----------------------------|--|
| | FORM 990, PART XII, LINE 2C | THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS |

| Identifier | Return Reference | Explanation |
|---|--------------------|--|
| AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS | FORM 990, PART VII | AAAE ARDF AAAE FOUNDATION AAAE SERVICE CORP CHARLES BARCLAY 29 10 5 0 5 TYRA HARPSTER 23 17 5 0 5 PATRICK OSBORNE 23 17 5 0 CARTER MORRIS 23 17 5 0 TODD HAUPTLI 30 10 5 0 SPENCER DICKERSON 30 10 5 0 JOAN LOWDEN 31 8 5 0 JACKY SHER RAKER 31 8 5 0 JAMES JOHNSON 31 8 5 0 JOEL BACON 31 8 5 0 BRAD VAN DAM 31 8 5 0 MELISSA SABATINE 31 8 5 0 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC

Employer identification number

51-0094939

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|--|
| (1) AAAE REAL ESTATE LLC 601 MADISON STREET ALEXANDRIA, VA 22314 54-1872947 | BUILDING RENTAL | VA | 345,047 | 3,003,972 | AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES FOUNDATION INC 601 MADISON STREET ALEXANDRIA, VA 22314 51-6018128 | SCHOLARSHIPS | IL | 501(C)(3) | LINE 11A, I | N/A | | No |
| (2) AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES AIRPORT RESEARCH AND DEVELOPMENT 601 MADISON STREET ALEXANDRIA, VA 22314 52-1594261 | SCIENTIFIC AND EDUCATIONAL PURPOSES IN CONNECTION WITH AVIATION INDUSTRY | VA | 501(C)(3) | LINE 7 | N/A | | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

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 |
|--|-------------------------|--|--|--|------------------------------|------------------------------------|-----------------------------|
| (1) DAON TRUSTED IDENTITY SERVICES 601 MADISON STREET ALEXANDRIA, VA22314 20-4474809 | BIOMETRIC | DE | N/A | C | 5,050,820 | 2,448,167 | 49 000 % |
| (2) AAE SERVICES CORPORATION INC 601 MADISON STREET ALEXANDRIA, VA22314 54-1475067 | PUBLISH MAGAZINE | IL | AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC | C | 368,157 | 209,460 | 100 000 % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| | | |
| 1o | | No |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | | No |

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 type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|------------------------------|------------------------|--|
| (1) DAON TRUSTED IDENTITY SERVICES | K | 728,891 | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 51-0094939

Name: AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES
INC

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES BENNETT CHAIR | 5 00 | X | | | | | | 0 | 0 | 0 |
| KELLY JOHNSON 1ST VICE CHAIR | 5 00 | X | | | | | | 0 | 0 | 0 |
| BRUCE CARTER 2ND VICE CHAIR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARK BREWER SECRETARY/TREASURER | 5 00 | X | | | | | | 0 | 0 | 0 |
| JAMES P ELWOOD 1ST PAST CHAIR | 5 00 | X | | | | | | 0 | 0 | 0 |
| DANETTE BEWLEY DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| TOMMY BIBB DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| JEFF BILYEU DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| BENJAMIN DE COSTA DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROD DINGER DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY DOLL DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| LINDA FRANKL DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARK GALE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| STACY HOLLOWELL DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| K WILLIAM HOPPER DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARK KRANENBURG DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM MARRISON DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| TODD MCNAMEE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY MULDER DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| CARL NEWMAN DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS RAFTER DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN REED DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| TORANCE RICHARDSON DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT F SELIG DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| DAVID ULANE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BONNIE ALLIN MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROSEMARIE S ANDOLINO MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM BARKHAUER MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| KRYS T BART MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| THELLA BOWENS MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| LARRY D COX MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| ALFONSO DENSON MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| KEVIN DILLON MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS GREER MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| GARY JOHNSON MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| JAMES KOSLOSKY MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| LYNN KUSY MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| RONALD MATHIEU MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| JAMES MORASCH MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| BRADLEY PENROD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| ELAINE ROBERTS MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| STEVEN H SCHREIBER MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| RICKY SMITH MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN STEVENS MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARK VANLOH MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| PAUL WIEDEFELD MEMBER | 5 00 | X | | | | | | 0 | 0 | 0 |
| JEFFREY MULDER CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARK WITSOE CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT BROCKMAN CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| ALFRED POLLARD CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL OLSON CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| TODD WOODARD CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| LUIS ELGUEZABAL CHAPTER PRESIDENT | 5 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES BARCLAY SEE PG 34 PRESIDENT | 30 00 | | | X | | | | 1,074,323 | 356,315 | 49,218 |
| TYRA HARPSTER SENIOR VICE PRESIDENT FINA | 24 00 | | | X | | | | 138,610 | 91,973 | 47,353 |
| PATRICK OSBORNE SENIOR VICE PRESIDENT | 24 00 | | | | X | | | 171,002 | 113,468 | 49,239 |
| CARTER MORRIS SENIOR VICE PRESIDENT | 24 00 | | | | X | | | 186,965 | 124,060 | 42,635 |
| TODD HAUPTLI SENIOR EXECUTIVE VICE PRES | 31 00 | | | | X | | | 686,101 | 207,791 | 51,989 |
| SPENCER DICKERSON SENIOR EXECUTIVE VICE PRES | 31 00 | | | | X | | | 346,217 | 104,855 | 72,989 |
| JOAN LOWDEN SENIOR VICE PRESIDENT | 32 00 | | | | X | | | 227,156 | 56,522 | 57,894 |
| JACKY SHER RAKER SENIOR VICE PRESIDENT | 32 00 | | | | | X | | 154,828 | 38,525 | 28,322 |
| JAMES JOHNSON SENIOR VICE PRESIDENT | 32 00 | | | | | X | | 162,097 | 40,333 | 40,764 |
| JOEL BACON SENIOR VICE PRESIDENT | 29 00 | | | | | X | | 202,921 | 81,290 | 51,989 |
| BRAD VAN DAM VICE PRESIDENT | 32 00 | | | | | X | | 148,759 | 37,018 | 43,018 |
| MELISSA SABATINE VICE PRESIDENT | 32 00 | | | | | X | | 153,179 | 38,115 | 28,300 |