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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

NATIONAL DISTRICT ATTORNEYS ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
44 CANAL CENTER PLAZA

Room/suite

City or town, state or country, and ZIP + 4  
ALEXANDRIA, VA 223141588

F Name and address of principal officer

MR SCOTT BURNS  
44 CANAL CENTER PLAZA  
ALEXANDRIA,VA 223141588

D Employer identification number

36-6144537

E Telephone number

(703) 549-9222

G Gross receipts \$ 7,064,879

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Website: NDAA.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1951

M State of legal domicile VA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE ASSOCIATION'S PRIMARY EXEMPT PURPOSE IS TO FOSTER AND MAINTAIN HONOR AND INTEGRITY OF PROSECUTION ATTORNEYS THROUGHOUT THE UNITED STATES AND CANADA. THE ASSOCIATION CONDUCTS RESEARCH AS NECESSARY AND ADVISABLE TO DEVELOP INFORMATION, KNOWLEDGE, AND DATA WHICH MAY BE USEFUL IN IMPROVING AND FACILITATING THE ADMINISTRATION OF JUSTICE AND EDUCATING THE LEGAL COMMUNITY		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	101
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	101
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	80
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	82
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	31,514	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	6,700,384	5,443,481
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,822,461	1,505,230
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,760	10,703
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	271,649	92,536
		8,813,254	7,051,950
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,131,486	3,884,190
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,779,453	3,918,626
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	8,910,939	7,802,816
Net Assets or Fund Balances		-97,685	-750,866
		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	2,632,542	1,952,023
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,832,698	1,983,618
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	799,844	-31,595	

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

SCOTT BURNS EXECUTIVE DIRECTOR

\*\*\*\*\*

Type or print name and title

2012-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name

SUBRINA L WOOD

Preparer's signature

SUBRINA L WOOD

Date

Check if self-employed

☐

PTIN

Firm's name

TATE AND TRYON

Firm's EIN

Firm's address

2021 L STREET NW SUITE 400  
WASHINGTON, DC 20036

Phone no

(202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

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

TO BE THE VOICE OF AMERICA'S PROSECUTORS AND TO SUPPORT THEIR EFFORTS TO PROTECT THE RIGHTS AND SAFETY OF THE PEOPLE

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 \$ 5,323,107 including grants of \$ ) (Revenue \$ 4,844,470 )

GRANT PROGRAMSNDAA RECEIVED GRANT DOLLARS THAT FUNDED RESEARCH AND TRAINING PROGRAMS ON PROSECUTING CHILD ABUSE, IMPAIRED DRIVING, DOMESTIC VIOLENCE, SEXUAL ASSAULTS, GUN AND GANG VIOLENCE, MORTGAGE FRAUD, DRUG INFRACTIONS, ELDER ABUSE, CAPITAL CASES AND CYBERCRIME

4b

(Code ) (Expenses \$ 824,265 including grants of \$ ) (Revenue \$ 715,925 )

COURSESNDAA PRESENTED PRACTICAL COURSES ADDRESSING HOW TO (1) PROSECUTE HOMICIDE, DRUG AND SEXUAL ASSAULT CASES, (2) INVESTIGATE CRIME SCENES AND PRESENT FORENSIC EVIDENCE, (3) ADDRESS ISSUES IN TRIAL ADVOCACY AND ADVOCACY FOR VICTIMS, (4) MANAGE PROSECUTION OFFICES, AND (5) DEVELOP EXPERIENCED, CAREER AND EXECUTIVE PROSECUTORS

4c

(Code ) (Expenses \$ 115,439 including grants of \$ ) (Revenue \$ 91,123 )

CONFERENCESNDAA HELD A DOMESTIC VIOLENCE CONFERENCE FOR SURVIVORS OF DOMESTIC VIOLENCE, THEIR FAMILIES AND CHILDREN, OUR COMMUNITIES, AND ALL THOSE IMPACTED BY THIS VIOLENCE, THAT ADDRESSED BEST PRACTICES IN PRETRIAL AND TRIAL STRATEGIES, COMMUNITY PROGRAMS, DV SERVICES AND PROGRAMS, SAFETY INITIATIVES, INVESTIGATIVE TECHNIQUES AND TECHNICAL ASSISTANCE NDAA ALSO HELD AN ANNUAL CONFERENCE THAT ADDRESSED CURRENT PROSECUTION AND CRIMINAL JUSTICE ISSUES

4d


















Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses \$ 1,540,005 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 7,802,816

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
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? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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? If "Yes," complete Schedule D, Part VI. 	11a	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? If "Yes," complete Schedule D, Part VII. 	11b	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? If "Yes," complete Schedule D, Part VIII. 	11c	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? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	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)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . .	35		No
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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	36		No
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	66
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	80
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	No
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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 . . . . .		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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? . . . . .	Yes	
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? . . . . .	Yes	
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	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	The governing body? . . . . .	Yes	
8b	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? . . . . .		No
10b	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? . . . . .		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
11b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
12c	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? . . . . .		No
14	Does the organization have a written document retention and destruction policy? . . . . .		No
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? . . . . .		
15a	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
15b	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
16b	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 IL
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. THE ORGANIZATION 44 CANAL CENTER PLAZA ALEXANDRIA, VA 223141588 (703) 549-9222

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	809,723	0	71,784

**2** Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. 6

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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

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 ►0

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	25,611			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	5,266,423			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	151,447			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		5,443,481			
	Program Service Revenue			Business Code			
2a		CONFERENCES	900099	775,054	775,054		
b		MEMBERSHIP DUES	900099	702,046	702,046		
c		PUBLICATION SALES	900099	28,130	28,130		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		1,505,230			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .				
				11,060		11,060	
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .		66,386		66,386	
	6a	(i) Real		(ii) Personal			
	6a	Gross Rents					
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss) . . . . .					
		7a	(i) Securities		(ii) Other		
			357				
			-357				
	Net gain or (loss) . . . . .		-357			-357	
	8a	Gross income from fundraising events (not including \$ 25,611 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a		-7,260			
b Less direct expenses . . . . .		12,572					
c Net income or (loss) from fundraising events . . . . .		-19,832			-19,832		
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
	b Less direct expenses . . . . .						
	c Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
	b Less cost of goods sold . . . . .						
c Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
11a	ADVERTISING		541800	31,514		31,514	
	b OTHER REVENUE		900099	14,468	14,468		
	c						
	d All other revenue . . . . .						
	e Total. Add lines 11a-11d . . . . .		45,982				
12 Total revenue. See Instructions . . . . .		7,051,950	1,519,698	31,514	57,257		

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 . . . . .	286,593	286,593		
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	3,292,526	3,292,526		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	56,620	56,620		
9	Other employee benefits . . . . .	-40,096	-40,096		
10	Payroll taxes . . . . .	288,547	288,547		
a	Fees for services (non-employees) Management . . . . .				
b	Legal . . . . .	56,950	56,950		
c	Accounting . . . . .	36,190	36,190		
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	530,727	530,727		
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	231,017	231,017		
14	Information technology . . . . .	-8,261	-8,261		
15	Royalties . . . . .				
16	Occupancy . . . . .	364,443	364,443		
17	Travel . . . . .	1,361,771	1,361,771		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	386,096	386,096		
20	Interest . . . . .	43,113	43,113		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	80,811	80,811		
23	Insurance . . . . .	413,909	413,909		
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	PRINTING AND PUBLICATIO	137,478	137,478		
b	REPAIDS & MAINTENANCE	136,099	136,099		
c	PARKING	65,217	65,217		
d	CHILD ABUSE FUND	38,037	38,037		
e	MISCELLANEOUS	19,997	19,997		
f	All other expenses	25,032	25,032		
25	Total functional expenses. Add lines 1 through 24f	7,802,816	7,802,816	0	0
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 . . . . .			163,520	1	215,911
	2	Savings and temporary cash investments . . . . .			656,473	2	324,573
	3	Pledges and grants receivable, net . . . . .			928,052	3	803,463
	4	Accounts receivable, net . . . . .			240,583	4	164,302
	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 . . . . .			182,196	9	35,755
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,195,556	461,718	10c	408,019
	b	Less: accumulated depreciation . . . . .	10b	787,537			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,632,542	16	1,952,023
Liabilities	17	Accounts payable and accrued expenses . . . . .			1,246,748	17	1,182,772
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			506,395	19	358,428
	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 . . . . .			50,253	23	425,254
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			29,302	25	17,164
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,832,698	26	1,983,618
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 . . . . .			482,027	27	-460,169
	28	Temporarily restricted net assets . . . . .			175,017	28	285,774
	29	Permanently restricted net assets . . . . .			142,800	29	142,800
	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 . . . . .			799,844	33	-31,595
	34	Total liabilities and net assets/fund balances . . . . .			2,632,542	34	1,952,023

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	7,051,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,802,816
3	Revenue less expenses Subtract line 2 from line 1	3	-750,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	799,844
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-80,573
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	-31,595

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?		No
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		
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 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?	Yes	
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		No

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization NATIONAL DISTRICT ATTORNEYS ASSOCIATION	Employer identification number 36-6144537
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,383,441	6,053,284	5,636,550	6,700,384	6,145,527	33,919,186
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,342,617	2,452,676	1,612,560	1,059,005	810,392	8,277,250
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11,726,058	8,505,960	7,249,110	7,759,389	6,955,919	42,196,436
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						42,196,436

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	11,726,058	8,505,960	7,249,110	7,759,389	6,955,919	42,196,436
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,718	96,841	21,218	18,760	77,446	359,983
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	145,718	96,841	21,218	18,760	77,446	359,983
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	205,072	1,706,394	189,258	1,035,105		3,135,829
13 Total support (Add lines 9, 10c, 11 and 12.)	12,076,848	10,309,195	7,459,586	8,813,254	7,033,365	45,692,248
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	92.350%	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	91.950%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.790%	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.000%	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶			



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME    ADVERTISING ROYALTY INCOME    OTHER INCOME



Additional Data

Software ID:

Software Version:

EIN: 36-6144537

Name: NATIONAL DISTRICT ATTORNEYS ASSOCIATION

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				
JAN SCULLY PRESIDENT	2 00	X		X				0	0	0	
MICHAEL S WRIGHT PRESIDENT-ELECT	2 00	X		X				0	0	0	
JAMES M REAMS CHAIRMAN OF THE BOARD	2 00	X		X				0	0	0	
BRADLEY C BERRY VICE PRESIDENT	2 00	X		X				0	0	0	
JOHN BRADLEY VICE PRESIDENT	2 00	X		X				1,725	0	0	
DANIEL M CHICHESTER VICE PRESIDENT	2 00	X		X				0	0	0	
BONNIE M DUMANIS VICE PRESIDENT	2 00	X		X				0	0	0	
GARY LIEBERSTEIN VICE PRESIDENT	2 00	X		X				0	0	0	
PATRICIA R LYKOS VICE PRESIDENT	2 00	X		X				0	0	0	
KIM T PARKER VICE PRESIDENT	2 00	X		X				0	0	0	
MATTHEW REDLE VICE PRESIDENT	2 00	X		X				0	0	0	
MARK A SORSAIA VICE PRESIDENT	2 00	X		X				0	0	0	
WILLIAM J FITZPATRICK SECRETARY	2 00	X		X				0	0	0	
STEPHANIE ANDERSON ASSISTANT SECRETARY	2 00	X		X				0	0	0	
FRANK R WEATHERSBEE TREASURER	2 00	X		X				0	0	0	
LEMUEL MARTINEZ ASSISTANT TREASURER	2 00	X		X				0	0	0	
SCOTT BURNS EXECUTIVE DIRECTOR	40 00	X		X				173,765	0	12,733	
THOMAS HARRISON CHIEF FINANCIAL OFFICER	40 00	X		X				81,392	0	13,693	
DAN M ALSOBROOKS PAST PRESIDENT	2 00	X						0	0	0	
CHRISTOPHER D CHILES PAST PRESIDENT	2 00	X						0	0	0	
JOSEPH I CASSILLY PAST PRESIDENT	2 00	X						0	0	0	
MATHIAS H HECK JR PAST PRESIDENT	2 00	X						0	0	0	
ROBERT P MCCULLOUGH PAST PRESIDENT	2 00	X						0	0	0	
JAMES C BACKSTROM PAST VICE PRESIDENT	2 00	X						0	0	0	
JULIA BATES PAST VICE PRESIDENT	2 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				
KEVIN J BAXTER PAST VICE PRESIDENT	2 00	X						0	0	0	
GREG H BOWER PAST VICE PRESIDENT	2 00	X						0	0	0	
DANIEL CONLEY PAST VICE PRESIDENT	2 00	X						0	0	0	
HENRY L GARZA PAST VICE PRESIDENT	2 00	X						0	0	0	
JOHN W GILL JR PAST VICE PRESIDENT	2 00	X						0	0	0	
KAMALA HARRIS PAST VICE PRESIDENT	2 00	X						0	0	0	
CURTIS T HILL JR PAST VICE PRESIDENT	2 00	X						0	0	0	
CHARLES J HYNES PAST VICE PRESIDENT	2 00	X						0	0	0	
VICTOR S JOHNSON III PAST VICE PRESIDENT	2 00	X						0	0	0	
RAY LARSON PAST VICE PRESIDENT	2 00	X						0	0	0	
BARBARA LAWALL PAST VICE PRESIDENT	2 00	X						0	0	0	
JOSHUA K MARQUIS PAST VICE PRESIDENT	2 00	X						0	0	0	
JOHN P SARCONI PAST VICE PRESIDENT	2 00	X						0	0	0	
JOHN W SINQUEFIELD PAST VICE PRESIDENT	2 00	X						0	0	0	
HENRY VALDEZ PAST VICE PRESIDENT	2 00	X						0	0	0	
GARY L WALKER PAST VICE PRESIDENT	2 00	X						0	0	0	
RICHARD WINTORY PAST VICE PRESIDENT	2 00	X						0	0	0	
JOHN R YOUNG PAST VICE PRESIDENT	2 00	X						0	0	0	
GERALD L HEATON PAST SECRETARY	2 00	X						0	0	0	
DONALD V MYERS PAST SECRETARY	2 00	X						0	0	0	
DEBRA A ARMANINI ASSOCIATE DIRECTOR	2 00	X						0	0	0	
JOHN D EVANS ASSOCIATE DIRECTOR	2 00	X						0	0	0	
TOM HENDERSON ASSOCIATE DIRECTOR	2 00	X						0	0	0	
SCOTT HIXSON ASSOCIATE DIRECTOR	2 00	X						0	0	0	
JOSEPH KOENIG ASSOCIATE DIRECTOR	2 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			
ERIC L OLSEN ASSOCIATE DIRECTOR	2 00	X						0	0	0
KIMBERLY N OVERTON ASSOCIATE DIRECTOR	2 00	X						0	0	0
ANNE SWERN ASSOCIATE DIRECTOR	2 00	X						0	0	0
RANDY HILLMAN PROSECUTOR COORDINATOR	2 00	X						0	0	0
SUSAN VALLE PROSECUTOR COORDINATOR	2 00	X						0	0	0
ANITA ALVAREZ DIRECTOR-AT-LARGE	2 00	X						0	0	0
JONATHAN BLODGETT DIRECTOR-AT-LARGE	2 00	X						0	0	0
RAY MORROGH DIRECTOR-AT-LARGE	2 00	X						0	0	0
LEE POLIKOV DIRECTOR-AT-LARGE	2 00	X						0	0	0
DANIEL SATTERBERG DIRECTOR-AT-LARGE	2 00	X						0	0	0
RICHARD SVOBODNY STATE DIRECTOR	2 00	X						0	0	0
JAMES P WALSH STATE DIRECTOR	2 00	X						0	0	0
CHRIS C RAFF STATE DIRECTOR	2 00	X						0	0	0
MIKE RAMOS STATE DIRECTOR	2 00	X						0	0	0
LARRY R ABRAHAMSON STATE DIRECTOR	2 00	X						0	0	0
THOMOTHY LISTON STATE DIRECTOR	2 00	X						0	0	0
JOE BEAU BIDEN STATE DIRECTOR	2 00	X						0	0	0
WILLIAM N MEGGS STATE DIRECTOR	2 00	X						0	0	0
LEE DARRAGH STATE DIRECTOR	2 00	X						0	0	0
KEITH KANESHIRO STATE DIRECTOR	2 00	X						0	0	0
GRANT LOEBS STATE DIRECTOR	2 00	X						0	0	0
KEITH HENDERSON STATE DIRECTOR	2 00	X						0	0	0
THOMAS J FERGUSON STATE DIRECTOR	2 00	X						0	0	0
NOLA T FOULSTON STATE DIRECTOR	2 00	X						0	0	0
KEVIN C COCKRELL STATE DIRECTOR	2 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			
HARRY J MOREL JR STATE DIRECTOR	2 00	X						0	0	0
EVERT FOWLE STATE DIRECTOR	2 00	X						0	0	0
SCOTT G PATTERSON STATE DIRECTOR	2 00	X						0	0	0
TIM CRUZ STATE DIRECTOR	2 00	X						0	0	0
MICHAEL D THOMAS STATE DIRECTOR	2 00	X						0	0	0
MICHAEL FREEMAN STATE DIRECTOR	2 00	X						0	0	0
RONNIE L HARPER STATE DIRECTOR	2 00	X						0	0	0
STEVE SOKOLOFF STATE DIRECTOR	2 00	X						0	0	0
MIKE WEBER STATE DIRECTOR	2 00	X						0	0	0
DONALD KLEINE STATE DIRECTOR	2 00	X						0	0	0
DAVID ROGER STATE DIRECTOR	2 00	X						0	0	0
PETER HEED STATE DIRECTOR	2 00	X						0	0	0
EDWARD J DEFAZIO STATE DIRECTOR	2 00	X						0	0	0
DONALD GALLEGOS STATE DIRECTOR	2 00	X						0	0	0
CHARLES B VICKORY III STATE DIRECTOR	2 00	X						0	0	0
JOHN WAMPLER STATE DIRECTOR	2 00	X						0	0	0
JIM MARTIN STATE DIRECTOR	2 00	X						0	0	0
J GREGORY HEMBREE STATE DIRECTOR	2 00	X						0	0	0
MICHAEL R MOORE STATE DIRECTOR	2 00	X						0	0	0
WILLIAM PAUL PHILLIPS STATE DIRECTOR	2 00	X						0	0	0
DAVID BRICKEY STATE DIRECTOR	2 00	X						0	0	0
JAMES A HUGHES STATE DIRECTOR	2 00	X						0	0	0
LINDA CURTIS STATE DIRECTOR	2 00	X						0	0	0
JAMES NAGLE STATE DIRECTOR	2 00	X						0	0	0
RALPH LORENZETTI STATE DIRECTOR	2 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			
RICHARD DUFOUR STATE DIRECTOR	2 00	X						0	0	0
MICHAEL BLONIGEN STATE DIRECTOR	2 00	X						0	0	0
BRUCE TERRY BROWN NATIONAL BLACK PROSECUTORS ASSOCIATION	2 00	X						0	0	0
MICHAELA MATTHEWS NATIONAL ASSOCIATION OF JUSTICE INFORMATION SYS	2 00	X						0	0	0
RICHARD T HANES CHIEF OF STAFF	40 00					X		122,682	0	7,480
JOANNE E MICHAELS SENIOR ATTORNEY/PROGRAM DIRECTOR	40 00					X		109,744	0	12,283
SUZANNA L TIAPULA SENIOR ATTORNEY/PROGRAM DIRECTOR	40 00					X		108,413	0	985
JAMES M DEDMAN III DIRECTOR OF ACADEMICS	40 00					X		106,579	0	12,543
CANDACE M MOSLEY DIRECTOR OF PROGRAMS	40 00					X		105,423	0	12,067

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code )	(Expenses \$	91,350	including grants of \$	(Revenue \$ )
PUBLICATIONSNDAA PUBLISHES THE PROSECUTOR MAGAZINE FOR THE PURPOSE OF INFORMING THE MEMBERS OF THE VARIOUS CHALLENGES TO THE RULE OF LAW THE MAGAZINE HAS ARTICLES WHICH DISCUSSES VARIOUS TOPICS INCLUDING TRAINING AREAS THESE ARTICLES ARE WRITTEN BY ELECTED OFFICIALS OR FORMER PROSECUTORS TO INFORM OR TRAIN THE INDUSTRY THIS MAGAZINE IS A MEMBER BENEFIT AND NDAA SELLS ADVERTISING FOR THIS THROUGH AN OUTSIDE ORGANIZATION				
(Code )	(Expenses \$	146,724	including grants of \$	(Revenue \$ )
MEMBERSHIP AND BOARD EXPENSES				
(Code )	(Expenses \$	178,897	including grants of \$	(Revenue \$ )
LOBBYING				
(Code )	(Expenses \$	1,123,034	including grants of \$	(Revenue \$ )
MISC OTHER PROGRAMS				



SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization NATIONAL DISTRICT ATTORNEYS ASSOCIATION	Employer identification number 36-6144537
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 funtion 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		113
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		178,785
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		13,318
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			192,216
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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	
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).	2a 2b 2c	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	

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)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
NATIONAL DISTRICT ATTORNEYS ASSOCIATION

Employer identification number  
36-6144537

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the 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

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010

**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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 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 |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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 . . . . .	165,334	151,938	145,604		
b Contributions . . . . .			5,000		
c Investment earnings or losses . . . . .		13,936	794		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	165,334	165,334	151,398		

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 94 000 %

c

Term endowment ▶ 6 000 %
- 3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b
- 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 . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,195,556	787,537	408,019
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				408,019



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	7,051,950
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,802,816
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-750,866
4	Net unrealized gains (losses) on investments	4	7,957
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-88,530
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-80,573
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-831,439

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
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	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
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	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
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	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

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	THE ASSOCIATION RECEIVES DONATIONS TO MAINTAIN A PERMANENT ENDOWMENT FUND TO PROVIDE CONTINUING LEGAL EDUCATION TO PROSECUTORS NATIONWIDE, THE EARNINGS OF WHICH ARE TO BE USED TO SUPPORT ITS PURPOSE

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

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

## Open to Public Inspection

Name of the organization  
NATIONAL DISTRICT ATTORNEYS ASSOCIATION

**Employer identification number**  
36-6144537

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and e-mail solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ►						

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

[illegible]



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 JUSTICE & GENEROSITY SILENT AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	18,351		18,351
	2	Less Charitable contributions . . . .	25,611		25,611
	3	Gross income (line 1 minus line 2) . . . .	-7,260		-7,260
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	94		94
	7	Food and beverages . . . .	12,478		12,478
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			
					12,572
					-19,832

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . . <input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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.

Name of the organization NATIONAL DISTRICT ATTORNEYS ASSOCIATION	Employer identification number 36-6144537
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Part I

Questions Regarding Compensation

		Yes	No
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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	1b	
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?	2	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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) SCOTT BURNS	(i)	173,420	0	345	0	14,233	187,998	0
	(ii)	0	0	0	0	0	0	0
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 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
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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

<b>Name of the organization</b> NATIONAL DISTRICT ATTORNEYS ASSOCIATION	<b>Employer identification number</b>  36-6144537
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DANIEL CHICHESTER-ERIC OLSEN BUSINESS RELATIONSHIP NOLA FOULSTON-KIM PARKER BUSINESS RELATIONSHIP ROBERT MCCULLOCH-JOHN EVANS BUSINESS RELATIONSHIP MATHIAS HECK-DEBRA ARMANINI BUSINESS RELATIONSHIP GREG HEMBREE-SCOTT HIXSON BUSINESS RELATIONSHIP CHARLES HYNES-ANNE SWERN BUSINESS RELATIONSHIP VICTOR JOHNSON-MICHAELA MATHEWS BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE BY LAWS WERE AMENDED AND UPDATED TO REFLECT THE FOLLOWING CHANGES -COMBINE THE OFFICES OF SECRETARY AND TREASURER AND THOSE OF ASSISTANT SECRETARY AND ASSISTANT TREASURER -ALLOW ELECTRONIC NOTICE OF MEETINGS AND PARTICIPATION IN MEETINGS, EXCEPT FOR MEETINGS OF THE BOARD OF DIRECTORS -PROVIDE THAT THOSE SERVING AS PAST OFFICERS (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, ASSOCIATE DIRECTOR) MAY BE REMOVED FROM THE BOARD IF THEY MISS THREE CONSECUTIVE MEETINGS WITHOUT A VALID EXCUSE -ALLOW THE BOARD TO APPROVE BOARD MEETINGS OUSTIDE THE UNITED STATES -REDUCE THE QUORUM FOR A BOARD MEETING FROM 50 TO 40

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ACTIVE MEMBERSHIP STATUS IS AVAILABLE TO EVERY DISTRICT ATTORNEY , COUNTY SOLICITOR, CIRCUIT SOLICITOR, PROSECUTING ATTORNEY, COUNTY COUNSEL, COUNTY ATTORNEY , MUNICIPAL PROSECUTOR, COMMONWEALTH'S ATTORNEY , SOLICITOR GENERAL, DISTRICT ATTORNEY GENERAL, ATTORNEY GENERAL, GENERAL COUNSEL FOR ANY STATE OR NATIONAL ORGANIZATION REPRESENTING COUNTIES OR COUNTY OFFICIAL WHOSE LEGAL RESPONSIBILITIES MATCH THOSE OF ELECTED OR APPOINTED PROSECUTORS ASSOCIATE MEMBERSHIP STATUS IS AVAILABLE TO ANY ASSISTANT OR DEPUTY IN ANY OF THE OFFICES MENTIONED ABOVE AS WELL AS ANY U S ATTORNEY , ASSISTANT U S ATTORNEY , ALL PROSECUTORS' SUPPORT PERSONNEL, INVESTIGATORS, ADMINISTRATORS, LAW STUDENTS/INTERNS, EXECUTIVE DIRECTORS AND TRAINING COORDINATORS OF OFFICES PROVIDING STATEWIDE PROSECUTION SERVICES, MILITARY PROSECUTORS, INTERNATIONAL PROSECUTORS AND LIBRARIES ALUMNI MEMBERSHIP IS AVAILABLE TO ANY FORMER MEMBER OF THE NDAA BOARD OF DIRECTORS WHOSE PROSECUTORIAL TERM OF OFFICE HAS EXPIRED FORMER ACTIVE/ASSOCIATE MEMBERS OR ANY INDIVIDUAL WHO ONCE HELD ANY OF THE OFFICES OR POSITIONS DESCRIBED IN THE ACTIVE OR ASSOCIATE CATEGORIES SUSTAINING MEMBERSHIP STATUS INCLUDES DONORS OF FUNDS TO NDAA WHICH ASSIST THE ASSOCIATION IN FURTHERING ITS OBJECTIVES CONFIRMATION OF SUSTAINING MEMBERSHIP IS REQUIRED FROM THE NDAA BOARD OF DIRECTORS SUBSCRIPTION MEMBERSHIP STATUS IS OPEN TO ALL EMPLOYEES OF OFFICES LISTED UNDER THE ACTIVE MEMBERSHIP CLASSIFICATION WHO WISH TO SUBSCRIBE TO THE ASSOCIATION'S PUBLICATIONS ON AN ANNUAL BASIS



Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THEY HAVE TO BE A MEMBER OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND BY THE EXECUTIVE AND GOVERNANCE COMMITTEES OF THE BOARD BEFORE IT IS FILED A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE OFFICERS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR WHEN IT TIME FOR HIS PERFORMANCE REVIEW AFTER WHICH, THE NEW SALARY LEVEL IS COMMUNICATED TO HIM THE EXECUTIVE COMMITTEE REVIEWS THE SALARIES OF ALL OTHER EMPLOYEES WITH THE EXECUTIVE DIRECTOR IN EXECUTIVE SESSION SO HE CAN DISCUSS SALARY LEVELS IF ASKED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM AVAILABLE TO THE REQUESTOR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,957 PRIOR PERIOD ADJUSTMENTS - 88,530 TOTAL TO FORM 990, PART XI, LINE 5 -80,573

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINES 2A, 2B AND 3A	IN APRIL 2010, NDAA RECEIVED AUDIT REPORT GR-30-10-001 FROM THE AUDIT DIVISION OF THE OFFICE OF THE INSPECTOR GENERAL OF THE U.S. DEPARTMENT OF JUSTICE. THE AUDIT REPORT CONTAINED 29 RECOMMENDATIONS THAT QUESTIONED COSTS CHARGED TO DEPARTMENT OF JUSTICE GRANTS AND DIRECTED CHANGES TO NDAA POLICIES AND PROCEDURES TO ADDRESS ISSUES RAISED IN THE AUDIT. THE PREPARATION AND IMPLEMENTATION OF THE CORRECTIVE ACTION PLANS REQUIRED BY THE DEPARTMENT OF JUSTICE HAS TAKEN OVER 24 MONTHS AND DELAYED THE COMMENCEMENT OF AUDIT FIELDWORK FOR THIS PERIOD, WHICH IS EXPECTED TO START IN OCTOBER 2012.

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCEDURE HAS NOT CHANGED FROM PRIOR YEARS