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SCANNED AUG 2 3 2012.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

| Α | For the | e 2010 calendar year, or tax year beginning UCT 1, 2010 and | ending 3 | SEP 30, 2011 | |
|-------------------------|---------------------|---|--------------|------------------------------|-----------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | ation number |
| | | Association of Corporate Counsel | | | |
| | Addre- | Group Return | | | |
| | Name chang | | | 52-19 | 97796 |
| Ē | Initial return | | Room/suite | | |
| | Termir | | 200 | (202) | 293-4103 |
| ⊢ | lated Amend | tod | | G Gross receipts \$ | 6,890,064. |
| H | —lreturn ⊟Applic | City or town, state or country, and ZIP + 4 | | | |
| <u> </u> | tion pendir | _ washington, bc 20030 | | H(a) Is this a group ret | |
| | | F Name and address of principal officer.Anne Baccich | | for affiliates? | X Yes No |
| | | same as C above | | | uded? Yes X No |
| _ | | empt status 501(c)(3)X_ 501(c)(6) ◀ (Insert no.) 4947(a)(1) o | or 52 | | ist. (see instructions) |
| | | e: > www.acc.com | | H(c) Group exemption | |
| K | Form of | organization: Corporation Trust _X Association Other ▶ | L Year | of formation; M | State of legal domicile: |
| P | art I | Summary | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: ${	t To} {	t true}$ | urthe | r the Associa | ation of |
| Activities & Governance | | Corporate Counsel purpose at the local $1e^{-1}$ | evel. | | |
| Ë | 2 | Check this box if the organization discontinued its operations or dispose | | e than 25% of its net ass | sets |
| ĕ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 256 |
| යි | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 256 |
| ಿ ರ | - | | | 5 | 1 |
| Ęį | 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | | - 1 | |
| ₹ | 6 | Total number of volunteers (estimate if necessary) | | 6 | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7ь | 0. |
| | | | L | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | L | 6,334,414. | 6,867,634. |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 26,972. | 22,430. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal PartVIII, golumn (A), line 12) | | 6,361,386. | 6,890,064. |
| | | Grants and similar amounts paid (Part IX column (A): lines-13) | | 533,674. | 529,319. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| LO. | 1 | Salaries, other compensation, employee benefits (Par IX, Columbia). | <u> </u> | 99,712. | 1,552,922. |
| Expenses | 162 | | - | 0. | 0. |
| Sen C | l loa | Professional fundraising fees (Part IX, column (A), line 11e) | o. | | |
| Ä | ` ^ | Total fundraising expenses (Part IX, column (D) ina 25) | <u> </u> | 5,202,091. | 4,051,254. |
| | | Other expenses (Part IX, column (A), lines 11a 11a 14a 14.24) V, | - | 5,835,477. | 6,133,495. |
| | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | ⊢ | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 525,909. | 756,569. |
| Net Assets or | ≧ | | <u> B</u> | eginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 6,046,712. | 6,803,281. |
| Ä | 21 | Total liabilities (Part X, line 26) | <u> </u> | 0. | 0. |
| <u> </u> | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 6,046,712. | 6,803,281. |
| | art II | Signature Block | | | |
| Und | der pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and stater | nents, and to the best of my | knowledge and belief, it is |
| true | e, correc | it, and complete. Declaration of preparer (other than office) is based on all information of wi | nich prepare | er has any knowledge. 🗸 | |
| | | New Od | | 0/ | 9712 |
| Sig | ın | Signature of officer | | Date | / |
| He | | Anne Baccich, Senior VP & Chief of Sta | aff | | |
| ••• | | Type or print name and title | | | |
| | | Print/Type preparer's name | | Date Check | II PTIN |
| Pai | d | Darrin S. Rogers, CPA | > | 08/07/12 self-employed | 1 |
| | parer | | ——I | | <u>' 1</u> |
| | | Firm's name Rogers & Company PLLC | | Firm's EIN | |
| USE | Only | Firm's address 8300 Boone Boulevard, Suite 600 | | , , , , | 7021 002 0200 |
| | | Vienna, VA 22182 | | Phone no. (| 703) 893-0300 |
| Ma | y the If | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| | Che | eck if Sche | | _ | response to | o any qu | iestion i | n this Part III | | | | | | | | |
|----|------------|--------------------------|--------------|------------|---------------|----------|-----------|---------------------------------------|---------------|-----------|----------------------|----------|-------|----------|------------|-------------|
| 1 | Briefly de | scribe the | organiza | tion's mis | ssion | | | rporate | Couns | el 1 | ourpo | se | at. | t.he | loca | .1 |
| | level | | | | ,0101 | | | <u> </u> | | <u> ,</u> | у ш - р с | | | <u> </u> | | |
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| 2 | | ganızatıon Form 990 o | | • | gnificant pro | ogram s | ervices | during the yea | ar which were | e not li | sted on | | | | □vec | X No |
| | • | | | | on Schedul | e O | | | | | | | | | 163 | 140 |
| 3 | • | | | | | | nt chan | ges in how it o | conducts, an | y prog | ram serv | ices? | | | Yes | X No |
| | | | | | Schedule O | | | | | | | | | | | |
| 4 | | - | | | | | _ | nization's thre | | | | | | | | |
| | | | | – | | | |)(1) trusts are each progran | | | ne amou | int or g | rants | anu | | |
| 4a | (Code | |) (E | Expenses | \$ | | ır | ncluding grant | s of \$ | | |) (Re | venue | \$ | |) |
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| | throu | igh wo | rksh | ops, | semina | ars, | and | public | ations | at | the | loc | al_ | Tev | ет. | |
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| 4b | (Code _ | |) (i | Expenses | \$\$ | | ır | ncluding gran | ts of \$ | | |) (Re | venue | \$ | |) |
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| 4c | (Code: | |) (I | Expenses | s \$ | | 11 | ncluding gran | ts of \$ | | |) (Re | venue | \$ | |) |
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| | | | | | | | | | | | | | | | | |
| 4d | Other pro | gram servi | ces. (De: | scribe in | Schedule O | .) | | | | | | | | | | |
| | (Expense | • | • | | including gr | • | \$ | |) (Revenu | ле \$ | | |) | _ | . <u>-</u> | |
| 4e | Total pro | gram serv | ice expe | enses 🕨 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Form 9 | 90 (2010) |

032002 12-21-10

Form 990 (2010) Group Return
Part V 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_ | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 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 | | X |
| 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 | | X |
| 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. | | - 4. | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | v |
| | Part VI | 11a | | Х |
| D | 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 | | х |
| _ | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 1110 | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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 | | X |
| 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 | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | Х |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | | |
| J | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | _ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | w |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| 20 - | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | |
| D | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | 20b | | |
| | operate one or more hospitals must attach audited financial statements (see instructions) | | 990 (| 0040 |

Schedule N, Part II

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contributions? If "Yes," complete Schedule M

If "Yes," complete Schedule N, Part I

Did the organization liquidate, terminate, or dissolve and cease operations?

Note. All Form 990 filers are required to complete Schedule O

| Forn | Association of Corporate Counsel 1990 (2010) Group Return 52-19 | 97796 | P | age 4 |
|------|--|-------|-----|----------|
| _ | rt IV. Checklist of Required Schedules (continued) | | | ugo - |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | Ĺ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualif | ied | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | <u> </u> |
| 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 | | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | 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? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | l | X |

| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I |
|----|--|
| 34 | Was the organization related to any tax-exempt or taxable entity? |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? |
| | If "Yes," complete Schedule R, Part V, line 2 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? |

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

X Form 990 (2010)

Х

X

Х

Х

X

X

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X

Form 990 (2010) Group Return

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check it Schedule O contains a response to any question in this Part V | | | Ш |
|------------|---|------------|---------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 2 1 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | <u></u> |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| þ | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 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 | - | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible? | 6a | | X |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | - | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | ļ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | - . | | - |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | 70 | | |
| Ü | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | į | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | i |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| .o a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | 1 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u></u> | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | Ì | | |
| | organization is licensed to issue qualified health plans | l | | 1 |
| C | Enter the amount of reserves on hand | | | <u> </u> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> |
| | | Form | 990 | (2010) |

52-1997796

Page 6

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

| | Check if Schedule O contains a response to any question in this Part VI | | | | | X |
|----------|--|------------|--------------------------|--------------|---------|----------|
| Sec | tion A. Governing Body and Management | | | | | 41 |
| | tion At develoning body and management | <u> </u> | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 256 | | .03 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 256 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | : |
| | officer, director, trustee, or key employee? | | , | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | t supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X |
| 6 | Does the organization have members or stockholders? | | | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more men | nbers | of the | | | |
| | governing body? | | | 7a | Х | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements are stockholders. | ons? | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken of | during | the year | | | |
| | by the following: | | | | | _ |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | at the | | | 7.5 |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 0.1. | 9 | | <u> </u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code) | | 14 | |
| 40- | Describe average have been been been broaders by a filter of | | | 40- | Yes | No X |
| | Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such or | hant | ero offiliatos | 10a | | |
| U | and branches to ensure their operations are consistent with those of the organization? | лари | ers, arrillates, | 10b | | |
| 112 | Has the organization provided a copy of this Form 990 to all members of its governing body before fill | na th | a form? | 11a | | X |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | ing in | 5 101111 | 110 | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | - |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that cou | ld aiv | e rise | | | |
| | to conflicts? | - J | - 11 | 12b | | X |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If " | Yes, " | describe | | | _ |
| | ın Schedule O how this is done | | | 12c | | X |
| 13 | Does the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by ir | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | _ | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | _X_ |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | 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 | nent v | rith a | | - | == |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval | | | | | ı |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o | nızatı | on's | | | |
| 800 | exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None | | | | | |
| 17 | | /E01/ | -\(\alpha\) = \(\alpha\) | <u></u> | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (2016 | اری)s oriiy) available | IOI | | |
| | public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co | nflint | of interest notice of | nd fina | noid | |
| 10 | statements available to the public. | oi iiiiCl | or interest policy, at | 10 11118 | ıııcıdı | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books an | d rec | ords of the organiza | tion: 🖿 | • | |
| | The Organization - (202) 293-4103 | 50 | | ··· / | | |
| | | DC | 20036 | | | |
| | | | | C | aan / | 2010) |

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Form 990 (2010)

Group Return

52-1997796

Page 7

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

ction 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. 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

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

- 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.

| (A) | (B) | | | | C) | - | | (D) | (E) | (F) |
|---------------------------|---|-------------------------------|-----------------------|------------|--------------|------------------------------|-----------------|--|--|--|
| Name and Title | Average hours per | (cl | | Pos all | | app | ıly) | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (describe hours for related organizations in Schedule O) | Indiwdual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Maria-Jesus Alonso | | | | | | | | | | |
| Vice-President | 10.00 | X | | Х | | | | 0. | 0. | 0. |
| John Lowe | | | | | | | | | | • |
| Treasurer | 8.00 | X | | Х | | | | 0. | 0. | 0. |
| Martin Henrich | | | | | | | | · | | |
| Secretary | 10.00 | X | | Х | | | | 0. | 0. | 0. |
| Iohann Le Frapper | | | | | | | | | | |
| President | 10.00 | X | | Х | | | | 0. | 0. | 0. |
| David Benck | | | | | | | | | | |
| Vice President | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| Jennifer Buettner | } | | | | | | | | | |
| Second Year Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| Clay Humphries | | | | | | | | | | |
| Second Year Director | 1.00 | X | | | | | L | 0. | 0. | 0. |
| Nancy Lard | 1 | | | | | | | _ | _ | _ |
| First Year Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| David Lawson | | | | | l | | 1 | | | _ |
| Second Year Director | 1.00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| Laura Perez | | | | | ļ | | 1 | | | _ |
| First Year Director | 1.00 | X | _ | | <u> </u> | <u> </u> | L | 0. | 0. | 0. |
| Jerry Perkins | | | | | İ | | | | | _ |
| First Year Director | 1.00 | X | L | | L_ | _ | | 0. | 0. | 0. |
| Margaret Richardson | | | | | | |] | | | |
| First Year Director | 1.00 | X | | | _ | _ | L | 0. | 0. | 0. |
| Robert Royston | | | | | | | | | | _ |
| President | 1.00 | Х | <u> </u> | Х | <u> </u> | ┞ | $oxed{igspace}$ | 0. | 0. | 0. |
| Sue Ellen Summers | 4 | | | | | | | | | _ |
| Second Year Director | 1.00 | X | <u> </u> | <u> </u> | | $ldsymbol{f eta}$ | L | 0. | 0. | 0. |
| Nancy Lard | 1 | | | | | | | | | _ |
| Second Year Director | 1.00 | X | <u> </u> | | <u> </u> | Ь_ | 1_ | 0. | 0. | 0. |
| Theresa Bradley | 1 1 1 | | | ,. | | | | | | _ |
| Secretary/Treasurer | 1.00 | X | <u> </u> | X | _ | \vdash | L | 0. | 0. | 0. |
| Mark Rogers | | | | | | | | | | _ |
| President 032007 12-21-10 | 5.00 | X | | X | | L. | <u> </u> | 0. | 0. | 0 • Form 990 (2010) |

032007 12-21-10

Form 990 (2010)

| December 1 | | | | | | | | | <u> </u> | , , , , | | age o |
|---|--|------------------|--------|----------|--------------|----------|-------|---------------------------------------|---------------------|--------------------|-----------|--------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key E | mple | oyee | s, a | nd l | ligh | est | Compensated Employ | ees (continued) | | | |
| (A) | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) | | (F) | | | | | | | | | |
| Name and title | | ١ | | | | | | Reportable | Reportable | E | stimate | ∍d |
| | | (cl | neck | (all | that | app | ly) | compensation | • | ar | nount | of |
| | | Į. | | | | | | B. | | | other | |
| | 1 ' | direct | | | | _ | | | • | | • | |
| | | 90 | stee | | | Safe | | | (W-2/1099-MISC) | | | |
| | | truste | a tru | | yee | E E | | (88-2/1099-181150) | | | | |
| | 1 - | gna | utto | <u> </u> | 월 | estco | ia et | | | | | |
| | O) | 혈 | Instit | ŧ | Keye | 돌를 | Бот | | | 5.9 | a, 112ati | 00 |
| Kelleen Brennan | | | | | l – | | | | | | | |
| Treasurer | 5.00 | Х | | х | İ | | | 0. | 0. | | | 0. |
| Gary Smith | | | | | | | | | | | | |
| Secretary | 5.00 | Х | | Х | | | | 0. | 0. | | | 0. |
| Robert Longo | | | | | | | | _ | _ | | | _ |
| Vice President | 2.00 | X | | X | _ | <u> </u> | | 0. | _0. | | | 0. |
| Chris Rhodes | | | | ١ | 1 | | | | • | | | ^ |
| President | 5.00 | X | L | X | _ | _ | | 0. | 0. | | | 0. |
| Kate McPartlin | - 00 | 3, | | ٦, | | | | | ^ | | | ^ |
| Vice President | 3.00 | Δ. | | Α | ┝ | | | 0. | 0. | | | 0. |
| Scott Kearns | F 00 | x | | х | | | | 0. | 0. | İ | | 0. |
| Treasurer Larry Parsons | 5.00 | ^ | - | _ | ┢ | - | | 0. | 0. | | | |
| Vice President | 5.00 | X | | x | | | | 0. | 0. | | | 0. |
| Melisse Ader-Duncan | 3.00 | ^ | - | <u> </u> | | | H | 0. | | | | |
| Secretary | 3.00 | $ _{\mathbf{x}}$ | 1 | x | | | | 0. | 0. | | | 0. |
| Michael Sawicki | | | | | | | | | • | | | |
| President | 5.00 | x | | x | | | | 0. | 0. | | | 0. |
| 1b Sub-total | 1 | | | | | • | | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | • | | 1,181,183. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | • | | | | | • | | 1,181,183. | 0. | | | 0. |
| 2 Total number of individuals (including but r | not limited to th | nose | liste | ed a | bov | e) wł | no r | eceived more than \$100 | ,000 in reportable | | | |
| compensation from the organization | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | 3 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director or tru | stee | , ke | y en | nplo | yee, | or h | nighest compensated er | nployee on | | | |
| line 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the si | um of reportab | le co | omp | ens | atior | n and | d ot | her compensation from | the organization | | | l |
| and related organizations greater than \$15 | | | | | | | | | | 4 | <u></u> | X |
| 5 Did any person listed on line 1a receive or | • | | | | • | | elat | ed organization or indiv | idual for services | | | |
| rendered to the organization? If "Yes," com | plete Schedui | e J 1 | or s | uch | pers | son | | | | 5 | L | X |
| Section B. Independent Contractors | | do | | | | vo.c.t. | | | £100 000 cf | | funer | |
| Complete this table for your five highest co the granization. | mpensated in | uepe | enae | ent C | onti | acto | ors t | mat received more than | φιυυ,υυυ of compens | ation | irom | |
| the organization | | | | | | | _ | /P\ | | | ~\ | |

| (A) | (B) | (C) |
|---|-----------------------------------|-----------------------------|
| Name and business address | Description of services | Compensation |
| Association Management Consultants | Administrative | |
| 10401 Westoffice Drive, Houston, TX 77042 | Services | 276,339 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | <u> </u> | #46545 5 : 22 6 650 *** *** |
| 2 Total number of independent contractors (including but not limited to those lis | ted above) who received more than | |

\$100,000 in compensation from the organization ► 1
See Part VII, Section A Continuation sheets

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| IDant VIII | | | | | | | | | | 1190 |
|--|-------------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, T | | mplo | oyee | s, a | nd l | ligh | est | Compensated Employ | rees (continued) | |
| (A) Name and title | (B) Average hours | (cl | | Pos all | | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Christopher Rahl | | | | | | | | | | |
| Treasurer | 3.00 | X | | X | | | | 0. | 0. | 0 |
| Lynne Kane-Van Reenan | | | | | | | | | | |
| Immediate Past President | 2.00 | X | | Х | | | | 0. | 0. | 0 |
| Susan Linder Parulski | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0. | 0. | 0 |
| Andrea Perry | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0. | 0. | 0 |
| Jeffrey Powers | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0. | 0. | 0 |
| Kim Shaffer | | | | | | | | | | |
| Secretary | 1.00 | X | | X | | | | 0. | 0. | 0 |
| Thomas Rall | | | | | | | | 1 | | |
| Vice President | 1.00 | X | | X | | | L | 0. | 0. | 0 |
| Maureen Mulholland | 1 | | | ł | | | | | | |
| President | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| Polly Sack | | | | | | | | | | |
| Director | 1.00 | Х | | | | | | 0. | 0. | 0 |
| Gail Norris | | | | | | | İ | _ | _ | _ |
| Director | 1.00 | X | L_ | L | | | | 0. | 0. | 0 |
| Zosan Soong | | | | | | | | _ | | _ |
| Immediate Past President | 1.00 | X | L | X | | | | 0. | 0. | 0 |
| John Messenger | | | | | | | | | _ | _ |
| Director | 1.00 | X | | | | | | 0. | 0. | 0 |
| William Myers | 1 | | | | | | | _ | _ | _ |
| Director | 1.00 | Х | _ | _ | _ | | _ | 0. | 0. | 0 |
| Daniel McDonald | 1 | ,, | | | | | | | _ | |
| Treasurer | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| Ben Rossi | 1 1 00 | ٦, | | ٠,, | | | | | | _ |
| Chapter Secrectary | 1.00 | ^ | | Х | _ | | | 0. | 0. | 0 |
| Wendy Friedbert | 1 00 | \ _v | | . | | | | | | _ |
| Chapter VP Jana Powell | 1.00 | ^ | <u> </u> | Х | <u> </u> | <u> </u> | _ | 0. | 0. | 0 |
| | 1 1 00 | . | | . | | | | 0. | | _ |
| Chapter Treasurer Stephen Kaplan | 1.00 | _ | <u> </u> | Х | _ | _ | _ | 0. | 0. | 0 |
| stepnen kapian Chapter President | 1.00 | . | | x | | | | 0. | 0. | 0 |
| Matt Lutz | 1.00 | ┝ | ├ | 1 | - | - | \vdash | ļ | <u> </u> | |
| Secretary | 1.00 | v | | x | | | | 0. | 0. | 0 |
| Katie Russell | 1.00 | ₽ | \vdash | ^ | \vdash | \vdash | \vdash | ļ | | |
| Membership Chair | 1.00 | Y | | x | | | | 0. | 0. | 0 |
| "Cumcrouth cuart | 1 1.00 | \mathbf{L}^{Δ} | ı | | | | | 1 0. | 1 0. | <u> </u> |

| Part VII Section A. Officers, Directors, (A) | (B) | | | | - | | | (D) | (E) | (F) |
|--|-----------------|--------------------------------|-----------------------|--|--------------|------------------------------|--------------|--|-----------------|-----------------------|
| Name and title | Average | | | | rtion | | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all t | that | арр | ly) | compensation | compensation | amount of |
| | per | Г | | | | | | from | from related | other |
| | week | | | | | loyee | | the | organizations | compensation from the |
| | | direct | | | | д вш | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization |
| | | 99 | stee | | | nsate | | (** 2/ 1033 1/1100) | | and related |
| | | trust | al tru | |) yee | ompe | | | | organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | 르 | Ξ | ₩O | Key | Нg | 죠 | | | |
| Eric Henricks Vice President | 1.00 | x | | х | | | ŀ | 0. | 0. | 0 |
| Andrea Kirsh | 1.00 | <u> </u> | ┝ | ^ | | | ├ | | 0. | |
| Immediate Past President | 1.00 | X | ĺ | X | | | | 0. | 0. | 0 |
| Michelle Krall | 1.00 | ^ | | | - | | ┢ | 0. | | |
| Program Chair | 1.00 | $ _{\mathbf{x}}$ | | x | | | | 0. | 0. | 0 |
| Peter Krier | + | | | | | | | | • | |
| Treasurer | 1.00 | x | | x | | | | 0. | 0. | 0 |
| Russ Dempsey | | | | \vdash | | _ | | | | |
| President | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| Christine Stickler | | | | | | | | | | |
| Secretary | 2.00 | X | | Х | | | | 0. | 0. | 0 |
| Lisa Katterman | | | | | | | | | | |
| President | 5.00 | X | | X | | | | 0. | 0. | 0 |
| Tina Orndorff | | | | | | | | | | |
| Vice President, President Elect | 4.00 | Х | | X | | | | 0. | 0. | 0 |
| Kimberley Frank | | | | | | | | | | |
| Treasurer | 1.00 | X | L | X | | | | 0. | 0. | 0 |
| Steve Milsap | | | | | | | | _ | | _ |
| Past-President | 5.00 | X | | Х | | | | 0. | 0. | 0 |
| Timothy Nohr | | l | | l | i | | | | | |
| President | 5.00 | Х | _ | Х | | | | 0. | 0. | 0 |
| William Robinson | F 00 | | | | | | | | | _ |
| Treasurer | 5.00 | X | <u> </u> | X | ļ | <u> </u> | - | 0. | 0. | 0 |
| Christopher Tucci | _{E 00} | | l | | | | | | | ^ |
| Secretary Kenneth Wittenauer | 5.00 | X | - | X | ļ | <u> </u> | <u> </u> | 0. | 0. | 0 |
| Renneth wittenauer President-Elect | 5.00 | \ . | | x | | | ļ | 0. | 0. | 0 |
| Ronald Potempa | 3.00 | ₽ | - | ^ | | \vdash | - | 0. | | · · · · · |
| Director | 5.00 | X | | ļ | | | | 0. | 0. | 0 |
| David Gilmartin | 1 3.00 | 1 | \vdash | \vdash | | \vdash | \vdash | | | |
| Director | 5.00 | X | 1 | | | | | 0. | 0. | 0 |
| Zachary Raimi | 1 3.00 | Ť | \vdash | | | | | | | |
| Director | 5.00 | x | | | | | | 0. | 0. | 0 |
| Lyudmila Napoe | 1 | ΙĒ | t | \vdash | | | 1 | | | |
| Vice President Programs | 15.00 | x | | х | | | | 0. | 0. | 0 |
| Jenifer Robbins | | | T | | | | 1 | | | - |
| Director | 5.00 | Х | | | | | | 0. | 0. | 0 |
| Richard Veys | | | | | | | | | | |
| Director | 5.00 | X | 1 | | | | | 0. | 0. | 0 |

52-1997796 Group Return Form 990 (2010) Part-VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) Name and title Position Reportable Average Reportable Estimated compensation (check all that apply) compensation amount of hours from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) ndividual trustee or director organization from the (W-2/1099-MISC) organization institutional trustee and related Key employee organizations Officer V. Alexandra Darrow 0. 10.00 X 0 X 0. Secretary Rita DeBoer 10.00 X 0. 0. Treasurer X 0. Ahmed Elganzouri 0. $5.00 \mid x$ 0. 0. Director Julia Jackson 0. 15.00 X Х 0 0. President Elect Scott Thayer 5.00 X 0 0 0. Director Daniel Harper President 20.00 X 0. 0 0. Marti Cardi 10.00 X X 0 0 . 0. President Elect Eric Hilty 10.00 X X 0 . 0 0. President Meg McClellan 10.00 | X X 0. 0. 0. First Vice President Sean Radcliffe 0. 10.00 0 0 Secretary X Х Dennis Mayer 1.00 X X 0. 0. 0. Treasurer Joseph Santos 0. 1.00 X X 0 0. President Robin Smith 0. 1.00 X Х 0. 0. Secretary Amy Gallent Vice President 1.00 X X 0 0 0. Bipasha Mukherjee 1.00 X X 0. 0. 0. Treasurer Navin Rao 0. 1.00 X X 0. Secretary 0. Richard Mosher 10.00 X X 0. 0. 0. 1st VP PJ Putnam 2nd VP 5.00 X X 0 . 0. 0. Kenny Johnson 10.00 X X 0. 0. 0. President Eric Tilles X 5.00 X 0. 0. 0. First Vice President

Total to Part VII, Section A, line 1c

| Part VII Section A. Officers, Directors, | | mple | oyee | | | ligh | est | | | |
|--|-------------------------|--------------------------------|-----------------------|--|--------------|------------------------------|----------|--|--|---|
| (A) Name and title | (B) Average hours | (c | hecl | Pos | | | ıly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Alex Erlam | | | | | | | | | _ | |
| Past President | 1.00 | X | | X | | | | 0. | 0. | 0 |
| Paul Weiss | | | | | | | | _ | _ | |
| Secretary | 2.00 | X | | X | | | | 0. | 0. | 0 |
| Grace Manno | | | | | | | | _ | _ | |
| Second Vice President | 8.00 | X | | X | | | | 0. | 0. | 0 |
| Thomas Molchan | 1 | | | | | | | | _ | _ |
| President | 15.00 | X | | Х | | <u> </u> | <u> </u> | 0. | 0. | 0 |
| Michael Duff | | | | ,. | | | | | _ | _ |
| Treasurer | 3.00 | X | <u> </u> | X | Ь. | _ | | 0. | 0. | 0 |
| Amy Loggins | 1 00 | | | ٠. | l | | | | | _ |
| Secretary | 1.00 | X | ├ | Х | <u> </u> | _ | <u> </u> | 0. | 0. | 0 |
| Martha McMillin | 1 00 | ١,, | | ٦, | 1 | | 1 | | | , |
| President-Elect | 1.00 | X | ├ | Х | _ | _ | <u> </u> | 0. | 0. | 0 |
| Dan Ellis | 3.00 | x | | x | | | | 0. | 0. | 0 |
| Treasurer Virginia Wadsworth | 3.00 | <u> </u> | ┢ | ^ | \vdash | - | ├- | 0. | Ų • | |
| President | 3.00 | x | | x | | | | 0. | 0. | 0 |
| Vince Castiglione | 3.00 | A | ├ | ^ | - | | ├ | • | | <u>_</u> |
| VP | 10.00 | $ \mathbf{x} $ | ŀ | x | | | | 0. | 0. | 0 |
| James Woehlke | + | | t | | | | | • | | · · |
| Secretary | 10.00 | x | | X | | | | 0. | ٥. | 0 |
| Kelly Koyama-Garcia | | | İ | | | | | | | _ |
| VP | 10.00 | x | ł | x | | | | 0. | 0. | l o |
| Judith Moldover | | | T | - | l | | | | | |
| VP | 2.00 | X | 1 | X | l | | | 0. | 0. | 0 |
| Bonnie Brier | | | | | | | | | | |
| Treasurer | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Nancy Cohen | | | | | | | | | | |
| President | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Norman Ewart | | | | | | | | | | |
| President | 5.00 | X | | X | | _ | | 0. | 0. | 0 |
| George Thomas | | | | | | } | | | _ | _ |
| President Elect | 5.00 | X | <u> </u> | X | <u> </u> | | _ | 0. | 0. | 0 |
| William Williams | | | | | 1 | | | | | _ |
| Secretary | 5.00 | X | _ | Х | _ | _ | _ | 0. | 0. | 0 |
| Candice Dykhuizen | - ^^ | | | | 1 | | 1 | | 1 | _ |
| Vice President | 5.00 | X | | X | | ├ | ├ | 0. | 0. | 0 |
| Timothy Howard | E 00 | | | \ \ \ \ \ | | | | | | , |
| Treasurer | 5.00 | X | | Х | <u> </u> |] | 1 | 0. | 0. | 0 |

| Part VII Section A. Officers, Directors | s, Irustees, Key Ei | npic | oyee | s, a | na r | iign | est | Compensated Employ | | (E) |
|---|-------------------------|--------------------------------|-----------------------|--|---------------------|------------------------------|----------|--|--|---|
| (A) Name and title | (B) Average hours | (c | | Pos | c) ition that | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Karla Elliott | | | | | | | | | | |
| President | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Gregg Snitker | | | | | | | | | | |
| Secretary | 1.00 | Х | | Х | | | | 0. | 0. | 0 |
| Craig Long | | | | | | | | | | |
| Treasurer | 1.00 | X | | X | | | | 0. | 0. | 0 |
| Nick Gerhart | | | | | | | | | | |
| President | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| Franck LaBiche | | | | l | | ŀ | | | _ | _ |
| Treasurer | 1.00 | X | | Х | L. | | | 0. | 0. | 0 |
| Daniel Schwarzenbach | | | | l | | • | | | | |
| President | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| Thomas Lind | 1 | | | l | | | | | | |
| Vice President | 1.00 | X | | X | <u> </u> | _ | ldash | 0. | 0. | 0 |
| Randy Sutton | 1 00 | ,, | | ۱,, | | | | | | |
| Secretary | 1.00 | Х | _ | Х | <u> </u> | _ | <u> </u> | 0. | 0. | 0 |
| LaTrina Edwards | 1 00 | | | ₩ | | | | 0. | 0 | 0 |
| Secretary Kelly Freeman | 1.00 | Х | | X | _ | | _ | 0. | 0. | 0 |
| Second Vice President | 1.00 | x | | X | | | | 0. | 0. | 0 |
| Bernard Lourim | 1.00 | _ | | <u> </u> | - | | - | 0. | 0. | 0 |
| Vice President and Treasurer | 2.00 | х | | x | | | | 0. | 0. | 0 |
| Brian Smith | 2.00 | <u>^`</u> | | <u> </u> | - | | - | 0. | • | |
| President | 3.00 | x | | x | | | | 0. | 0. | 0 |
| Bill Van Esselt | 1 3.00 | | | | ┢ | | \vdash | | | |
| Director | 1.00 | х | İ | | | | | 0. | 0. | 0 |
| John Watts | | | \vdash | ┢ | \vdash | _ | | | | |
| President | 5.00 | х | | x | ŀ | | 1 | 0. | 0. | 0 |
| Kevin Bright | | | | <u> </u> | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0 |
| Tim Waggoner | | | | | | | | | | |
| Treasurer/Membership Chair | 6.00 | Х | | x | | | | 0. | 0. | 0 |
| Nancy Mellard | | | | | | | | | | |
| Secretary | 1.00 | X | L | Х | L | | L | 0. | 0. | 0 |
| Karla Jones-Wilson | | | | | | | | | | |
| Director/Membership Chair | 1.00 | Х | L | X | L | L | L | 0. | 0. | 0 |
| Sean Power | | | | | | | | | | |
| Vice President | 1.00 | X | L_ | X | | | | 0. | 0. | 0 |
| Gayle Packer | | | | | | | | | | |
| Director | 1.00 | X | l | 1 | | | 1 | 0. | 0. | 0 |

| Part VII Section A. Officers, Director | (B) | | | | | | | (D) | (E) | (F) |
|--|-------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|--|--|--|
| Name and title | Average hours per | (cl | heck | Pos | rtıon | | ly) | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| Amy Edwards | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0. | 0. | 0 |
| Lori Trygg | | | | | | | | | | |
| Vice President | 1.00 | X | | X | | | | 0. | 0. | 0 |
| David Munn | | | | | | | | | | |
| Treasurer | 5.00 | X | | X | | | L | 0. | 0. | 0 |
| Oan Goldman | | | | | ŀ | } | | | _ | _ |
| Secretary | 1.00 | Х | | X | | | | 0. | 0. | 0 |
| Joseph Pingatore | 1 00 | | | ١ | | İ | | | _ | |
| President | 1.00 | X | _ | X | _ | _ | | 0. | 0. | 0 |
| Hashem Karoum | 1 00 | | | ,, | | | | | | , |
| Vice President | 1.00 | X | _ | Х | | <u> </u> | <u> </u> | 0. | 0. | C |
| 31da Sidhu | 1 00 | ٦, | | ٠,, | ŀ | | | | ^ | , |
| President David Sonenstein | 1.00 | Х | _ | X | - | <u> </u> | _ | 0. | 0. | С |
| David Sonenstein Treasurer | 1.00 | x | ļ | х | | | | 0. | 0. | d |
| Brian Ritz | 1.00 | ^ | | ₽ | | _ | \vdash | 0. | 0. | |
| Secretary | 1.00 | X | | х | | | ŀ | 0. | 0. | 0 |
| Joseph M. Aronds | 1.00 | - | - | | | | | 0. | • | |
| President | 1.00 | x | | X | | | l | 0. | 0. | C |
| Daryl Ury Fox | 1 | | _ | | | \vdash | ├─ | | | - |
| Vice President/Treasurer | 1.00 | x | | х | | | ļ | 0. | 0. | C |
| Eric S. Rosen | | | | | | | ┢ | | | |
| Vice President/Secretary | 1.00 | Х | | Х | | | | 0. | 0. | c |
| Valerie J. Camara | | | | | | | | | | |
| Immediate Past Presdent | 1.00 | Х | | Х | | | İ | 0. | 0. | C |
| Catherine Ibold | 1 | | | | | | | | · | |
| Jice President | 1.00 | X | | Х | | | | 0. | 0. | C |
| Susam Mack | | | | | | | | | | |
| President | 1.00 | Х | | Х | | | | 0. | 0. | _ C |
| John Price | | | | | | | | | | |
| Secretary | 1.00 | X | L | Х | | | | 0. | 0. | C |
| Michael Herman | | | | | | | ŀ | | _ | _ |
| reasurer | 1.00 | Х | | X | | | _ | 0. | 0. | C |
| Christine Nickerson | | | | l <u></u> . | | | l | | _ | _ |
| Secretary | 1.00 | X | _ | X | \vdash | <u> </u> | <u> </u> | 0. | 0. | C |
| Kathleen Burke | | | | | | | l | | _ |] _ |
| President | 5.00 | X | <u> </u> | X | _ | | <u> </u> | 0. | 0. | C |
| Paul Nightingale | 4 00 | ٦, | | ۱,, | | | | _ | _ | ۱ , |
| Treasurer | 4.00 | Į X | L | Х | | | <u> </u> | 0. | 0. | C |

| Part VII Section A. Officers, Directors | | npic | yee | | | ligh | est | (D) | | (E) |
|---|-------------------|--------------------------------|-----------------------|--------------|-------------------------------------|------------------------------|----------------|--|---|--|
| (A) Name and title | (B) Average hours | (cl | | Pos | c) ition that | | ly) | Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional trustee | Officer | Кеу етріоуее | Highest compensated employee | Рогте г | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| Elizabeth Rader | | | | | | | | | | |
| Secretary | 1.00 | Х | | Х | L | L | | 0. | 0. | 0 |
| John Moran | | | | | | | | | _ | _ |
| Treasurer | 1.00 | Х | | X | | <u> </u> | | 0. | 0. | 0 |
| Woodrow Ban | | | | | | | | | _ | _ |
| President | 1.00 | X | L | X | | | | 0. | 0. | 0 |
| Paul Krpan | 1 | | | | | | | | _ | _ |
| Treasurer | 1.00 | X | <u> </u> | X | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | <u> </u> | | 0. | 0. | 0 |
| Sanjeev Dhawan | 1 00 | ۱., | | ٦, | | | | | • | , |
| President | 1.00 | X | <u> </u> | X | | <u> </u> | | 0. | 0. | 0 |
| Paula Rietta | 1 00 | ٠, | | . | | | | 0. | 0. | _ |
| Secretary | 1.00 | X | <u> </u> | X | <u> </u> | <u> </u> | _ | 0. | | C |
| Esin Onart | 1 00 | x | | х | | | | 0. | 0. | C |
| Secretary Katherine Cowan | 1.00 | ^ | <u> </u> | ^ | \vdash | _ | | 0. | 0. | |
| Vice President | 1.00 | х | | х | | | | 0. | 0. | O |
| Amanda Mayhew | 1.00 | Λ | | ^ | | | | 0. | 0. | |
| President | 1.00 | x | | x | | | | 0. | 0. | 0 |
| James Williams | 1.00 | | | - | | <u> </u> | - | | | |
| Treasurer | 1.00 | x | | x | | | | 0. | 0. | c |
| Sandra Heller | | = | | Ë | | | | | • | |
| Treasurer | 1.00 | х | | х | | | | 0. | 0. | c |
| Marie-Christine Brochu | | | | Ħ | | _ | _ | | | |
| Vice President | 1.00 | Х | | х | | | | 0. | 0. | l c |
| Antonietta Marro | | | | | | | | | | |
| President | 1.00 | Х | | Х | | | | 0. | 0. | (|
| Alexis Steinman | | | | | | | | | | |
| Secretary | 1.00 | Х | | Х | | | | 0. | 0. | |
| Andrew Klein | | | | | | | | | | |
| President | 1.00 | X | | X | | | | 0. | 0. | C |
| Teresa Artis | | | | j | | _ | | | _ | |
| Vice President | 1.00 | X | | Х | | <u> </u> | L | 0. | 0. | C |
| Ken Hammer | | | ĺ | | | | | _ | _ | _ |
| Secretary | 1.00 | X | | X | L | <u> </u> | | 0. | . 0. | C |
| Marvin Genzer | | ۱ | | ١ | | | } | | _ |] , |
| Treasurer | 1.00 | X | | X | <u> </u> | | <u> </u> | 0. | 0. | C |
| Kimberly Maney | 1 22 | , , | | \ \ | | | | | _ | _ ا |
| Immediate Past President | 1.00 | X | \vdash | X | H | _ | <u> </u> | 0. | 0. | <u> </u> |
| John Perkey | 1 00 | _~ | | | | | | | _ | c |
| Treasurer | 1.00 | ╚ | | X | L | <u> </u> | L | 0. | 0. | L |

| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | oyee | s, a | <u>nd l</u> | ligh | est | Compensated Employ | ees (continued) | |
|---|---|--------------------------------|-----------------------|----------|--------------|--|--------------|--|--|--------------------------|
| (A) | (B) | | | | | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | į | | | | ploye | , | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | direct | | | | д еш | | (W-2/1099-MISC) | (***2/1099*141130) | organization |
| | | ee or | stee | | · | nsate | | (** 2, 1000 111100) | | and related |
| | | trast | al tru | |),ee | ad LLIC | | | | organizations |
| | | Individual trustee or director | Institutional trustee | 声 | Кеу етрюуее | Highest compensated employee | ner | | | |
| | | 횰 | nsn | Officer | Ē. | High | Former | | | |
| David Feniger | 1 2 22 | ١ | | | İ | | | | | |
| President | 3.00 | X | | Х | <u> </u> | | | 0. | 0. | 0. |
| Melinda Levy-Storms | 1 1 00 | ١., | | ,, | | | | | | |
| Vice President | 1.00 | X | _ | Х | <u> </u> | | | 0. | 0. | 0. |
| Vanessa Whang | 1 00 | ١ | | | l | | | | _ | _ |
| Membership Chair | 1.00 | X | <u> </u> | X | ļ | | | 0. | 0. | 0. |
| Kelley Evans | 1 2 22 | ., | | ,, | | | | | | |
| Program Chair | 2.00 | X | _ | X | <u> </u> | | | 0. | 0. | 0. |
| Timothy Collins | 1 00 | | | | | | | | | |
| Immediate Past President | 1.00 | X | | Х | _ | | _ | 0. | 0. | 0. |
| Debora Buljat | 1 00 | ١., | | | | | | | | _ |
| Board of Directors | 1.00 | Х | | _ | | | _ | 0. | 0. | 0. |
| Karen Boudreau | 1 1 00 | ١,, | | ٠,, | | | | _ | _ | _ |
| Officer at Large | 1.00 | Х | | X | _ | | | 0. | 0. | 0. |
| Katherine Wren | 1 2 00 | v | | х | | | | l o. | 0. | 0 |
| Vice President / President Elect | 2.00 | X | | Δ. | ļ | _ | <u> </u> | 0. | 0. | 0. |
| Michael Tierney Board of Directors | 1.00 | x | | | | | | 0. | 0. | 0. |
| Joan Stafslien | 1.00 | ^ | \vdash | | ┝ | - | - | 0. | | <u> </u> |
| Vice President / Membership | 1.00 | x | | x | | ŀ | | 0. | 0. | 0. |
| Michael Williams | 1.00 | ^ | \vdash | ₽ | | | | 0. | 0. | 0. |
| Board of Directors | 1.00 | x | ĺ | | | ļ | | 0. | 0. | 0. |
| Randy Berholtz | 1.00 | | \vdash | | | <u> </u> | | | 0. | |
| Treasurer | 2.00 | x | | x | | ĺ | | l o. | 0. | 0. |
| Phillip Rudolph | 2.00 | <u> </u> | \vdash | | | | | 0. | • | |
| Board of Directors | 1.00 | x | | | | | | ٥. | 0. | 0. |
| Wm. Bradford Weller | + | - | | \vdash | \vdash | - | | · · | <u> </u> | |
| Board of Directors | 1.00 | x | | | | | | 0. | 0. | 0. |
| Michelle Dicks | 1.00 | | ╁ | | ├─ | ┢╼ | - | | | |
| Board of Directors | 1.00 | x | | | ŀ | | ļ | 0. | 0. | 0. |
| Janine Sarti | + | | \vdash | | \vdash | | \vdash | | | - |
| Secretary | 1.00 | \mathbf{x} | | x | | | | 0. | 0. | 0. |
| Janet Svoboda | 1 - 3 3 3 | ᢡ | \vdash | F | - | \vdash | | | | |
| Board of Directors | 1.00 | х | | 1 | | | l | 0. | 0. | 0. |
| David Szekeres | † = = = = = = = = = = = = = = = = = = = | † <u> </u> | t | <u> </u> | \vdash | \vdash | \vdash | | | |
| Board of Directors | 1.00 | х | | | | | | 0. | 0. | 0. |
| Bob Cadish | | Ħ | T | <u> </u> | | | | - | | - |
| Board of Directors | 1.00 | х | | 1 | | | l | 0. | O. | 0. |
| Mike Wagner | 1 | Ħ | \vdash | | | | <u> </u> | | | |
| Board of Directors | 1.00 | х | | 1 | | | | 0. | 0. | 0. |
| | | | | | | | | | - | |

| Part VII Section A. Officers, Directors, | Trustees, Key Er | nplo | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
|--|-------------------------|--------------------------------|--|-----------|--------------|------------------------------|----------|--|--|---|
| (A) Name and title | (B) Average hours | | | (C Pos | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Sam Talpalatsky | 1 00 | | | | | | | | | |
| Board of Directors | 1.00 | Х | | | <u> </u> | $oxed{oxed}$ | | 0. | 0. | 0. |
| Rebecca Walsh | | | | | | | | | | • |
| President | 5.00 | X | | X | _ | | | 0. | 0. | 0. |
| Elizabeth Reed | 1 00 | ٠, | | | | | | | • | 0 |
| Board of Directors | 1.00 | X | Н | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| Darragh Davis | 1 00 | x | | | | | | 0. | 0. | 0. |
| Board of Directors Jason Gray | 1.00 | ^ | \vdash | | _ | | | <u> </u> | | |
| Board of Directors | 1.00 | x | | | | | | 0. | 0. | 0. |
| William Sailer | 1.00 | | | | _ | | | | • | 0. |
| Board of Directors | 1.00 | X | | | | | | 0. | 0. | 0. |
| Laurence Denny | 1.00 | <u> </u> | \vdash | | - | | | | <u> </u> | |
| Chapter Vice President | 15.00 | x | | X | | | | ٥. | 0. | 0. |
| Ribert Shives | 13.00 | - | Н | | | | | | | |
| Chapter President | 15.00 | x | | х | | | | 0. | 0. | 0. |
| Darcy Manning | | | Н | | | | | | | |
| Secretary | 15.00 | x | | Х | | | | 0. | 0. | 0. |
| Scott Forsyth | | | | | | | | | | |
| Treasurer | 15.00 | х | | Х | | | | 0. | 0. | 0. |
| David Cohen | | | | | | | | | | |
| Vice President - Services | 10.00 | Х | ! | X | | | | 0. | 0. | 0. |
| Teigue Thomas | | | | | | | | | | |
| President | 10.00 | Х | | X | | | | 0. | 0. | 0. |
| Peter Ching | | | | | | | | | | |
| Secretary | 10.00 | X | | Х | | L | | 0. | 0. | 0. |
| William Harn | | | | | | | | _ | | |
| Immediate Past President | 10.00 | Х | | X | | | | 0. | 0. | 0. |
| Allison Malin | 1000 | | | | | | | | | |
| Treasurer | 10.00 | Х | | X | | _ | | 0. | 0. | 0. |
| Manisha Merchant | 1000 | ١,, | | 3,5 | İ | | | | _ | _ |
| Vice President - Programs | 10.00 | X | \vdash | X | <u> </u> | <u> </u> | _ | 0. | 0. | 0. |
| Deborah Deutschmann | F 00 | Ţ | | X | | | ŀ | 0. | 0. | 0. |
| Vice President | 5.00 | X | _ | <u> </u> | - | | <u> </u> | 0. | U • | |
| Rufus Beaty Treasurer | 5.00 | x | | X | 1 | | ĺ | 0. | 0. | 0. |
| Susan Steward | 3.00 | 1 | \vdash | ₽ | | \vdash | - | ļ | " | ļ |
| Secretary | 5.00 | x | | X | | | | 0. | 0. | 0. |
| Jeff Wheeler | 3.00 | ^ | | | \vdash | \vdash | \vdash | | | |
| President | 5.00 | X | | х | | | | 0. | 0. | 0. |
| · | | 1 = - | Щ. | | <u> </u> | Ц., | | + | | |

| VII Section A. Officers, Directors, Trus (A) | (B) | Ī | | | C) | | | (D) | (E) | (F) |
|--|---------|--|-----------------------|----------------|--------------|------------------------------|--|---------------------------------------|-----------------|--------------------------|
| Name and title | Average | | | Pos | | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | | | | ly) | compensation | compensation | amount of |
| • | per | | | | | | | from | from related | other |
| : | week | <u>_</u> | | | | loyee | | the | organizations | compensation |
| | | drect | | | | Гешр | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | | 8 or 0 | žį | | | satec | | (44-2/1099-141130) | | and related |
| | | trust | 重 | | yee | афш | | | | organizations |
| | | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | _ |
| | | E | IS. | Officer | Key | 훋 | Ē | | | |
| Kleinman | 1 00 | . . | | v | | | ŀ | 0. | 0. | _ |
| Savola | 1.00 | X | | X | | | _ | 0. | 0. | 0 |
| dent | 1 00 | ٠, | | х | | | | 0. | 0. | 0 |
| Robertson | 1.00 | X | | Δ | | | ┝ | 0. | 0. | <u> </u> |
| urer | 1.00 | x | | х | | | | 0. | 0. | 0 |
| Robertson | 1.00 | <u>├</u> | | ^ | | - | - | | 0. | 0 |
| President | 1.00 | x | | x | | | | 0. | 0. | 0 |
| a R. Trollinger | 1.00 | | \vdash | - | | | \vdash | 0. | | |
| President | 2.00 | x | | х | | | | 0. | 0. | 0 |
| hy E. Alcott | | | | - | | | \vdash | | | - |
| President | 2.00 | X | | х | | | | 0. | 0. | 0 |
| i Etienne | | | - | | | | \vdash | • | • | |
| iate Past President | 2.00 | X | | х | | | | 0. | 0. | 0 |
| B. Leckie | | | | | | | | | | |
| urer | 5.00 | X | | Х | | | l | 0. | 0. | 0 |
| Cubeta | | | | | | | | | | |
| ient | 5.00 | X | | Х | | | | 0. | 0. | 0 |
| opez | | | | | | | | | | |
| dent-Elect | 2.00 | X | | X | | | | 0. | 0. | 0 |
| rine S. Yates | | | | | | | | | | |
| President | 2.00 | X | | X | | | | 0. | 0. | 0 |
| el Shearn | | | | | | | | | | |
| President | 2.00 | X | | X | | | | 0. | 0. | 0 |
| S. Howard | | | | : | | | | | _ | |
| President | 2.00 | X | $oxed{oxed}$ | Х | | | | 0. | 0. | 0 |
| Martinez | 0 00 | | | | | | | | | |
| tary | 2.00 | X | | X | | | | 0. | 0. | 0 |
| el.H. Gibbs | 2 00 | ,, | | ,, | | | | | | _ |
| President Jurs | 2.00 | Х | | Х | | | <u> </u> | 0. | 0. | 0 |
| tary | 1 00 | x | | х | | | | 0. | 0. | ^ |
| Fuchs | 1.00 | ┢┻ | \vdash | ₽ | | | <u> </u> | U • | U • | 0 |
| President | 1.00 | x | | x | | | | 0. | 0. | 0 |
| v Conley | 1.00 | ┢ | Н | A | | | | · · · · · · · · · · · · · · · · · · · | 0. | |
| urer | 1.00 | X | | х | | | | 0. | 0. | 0 |
| Heindl | 1.00 | ^ ` | Н | ** | | | | 0. | • | - |
| dent | 5.00 | × | | x | | | | n. | n. | 0 |
| | | + | \vdash | | | \vdash | | · · · · · · | | |
| | 10.00 | x | | $ \mathbf{x} $ | | | | n . | n . | 0 |
| Goddard Eary Part VII, Section A, line 1c | 10.00 | | | X | | | | 0. | 0. | |

| Part VII Section A. Officers, Directors, Tru | | npic | yee | | | ugn | est | (D) | | (F) |
|--|-------------------------|--------------------------------|-----------------------|---------|---------------------|------------------------------|----------|--|--|---|
| (A) Name and title | (B) Average hours | (cl | neck | Pos | c) ition that | | ly) | Reportable compensation | (E) Reportable compensation | Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| Robert Maurer | | | | | | | | _ | | _ |
| Treasurer | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Kim Shaw-Elliott | | | | | | | ŀ | | | _ |
| Vice President | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Kathleen Molamphy | | | | | | | İ | _ | _ | _ |
| President | 10.00 | X | | X | | | | 0. | 0. | 0 |
| Michelle Marchant | | | | | | | | | _ | |
| Secretary | 2.00 | X | | X | Щ | | | 0. | 0. | 0 |
| Susan Ephron | F 00 | | | | | | | | | _ |
| President/Treasurer | 5.00 | X | | X | | | | 0. | 0. | 0 |
| Brad Toney | - 00 | ١ | | | | | | | • | _ |
| President Elect | 5.00 | X | | X | | | | 0. | 0. | 0 |
| Lauren Bruzzone | 1 00 | | | | | | | | | |
| Secretary | 1.00 | Х | | X | | | | 0. | 0. | 0 |
| Lewis Shaffer | 1 00 | ۱., | | 7.7 | | | | | | _ |
| 1st VP | 1.00 | Х | | X | | <u> </u> | ļ | 0. | 0. | 0 |
| Jannet Gurian President | 1.00 | x | | х | | | | 0. | 0. | 0 |
| Eric Cohen | 1.00 | ^ | H | Λ | | | - | 0. | 0. | |
| 2nd VP | 1.00 | x | | X | | | | 0. | 0. | 0 |
| Marc Pearlin | 1.00 | ^ | - | | \vdash | | ┢ | · · | 0. | |
| Treasurer & Immediate Past President | 1.00 | X | | X | | | | 0. | 0. | 0 |
| Connie Davies | 1.00 | | \vdash | | \vdash | | \vdash | | | |
| Secretary | 40.00 | x | | X | | | | 0. | 0. | c |
| Gina Donald | | | | | | | | • | | |
| Vice President | 40.00 | x | | х | | ļ | | 0. | 0. | l |
| Jeffrey Greenberg | | | | | | | <u> </u> | | | |
| Board of Directors | 40.00 | x | | | | | | 0. | 0. | l |
| Richard Torra | | | | | | | | | | |
| President | 40.00 | Х | | X | | | | 0. | 0. | l c |
| Max Laun | | | | | | | | | | |
| President | 2.00 | X | | X | | | | 0. | 0. | O |
| John Glicksman | | | | | | | Ī | | | |
| Vice President | 1.00 | Х | | X | | | L | 0. | 0. | 0 |
| Martin Ryan | | | | | | | | | | |
| Secretary | 1.00 | Х | | X | | | | 0. | 0. | C |
| Kevin Whyte | | | | | | | | | | |
| Treasurer | 1.00 | Х | <u> </u> | X | | <u> </u> | | 0. | 0. | C |
| James Frasher | | | | | | | | _ | _ | _ |
| President | 3.00 | X | | X | | | | 0. | 0. | 0 |

| Part VII Section A. Officers, Directo | (B) | ľ | | ((| | | | (D) | (E) | (F) |
|---------------------------------------|----------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|---------------|---------------------------------|---|---|
| Name and title | Average | | | Pos | rtion | | | Reportable | Reportable | Estimated |
| | hours per week | (cl | heck | c all 1 | that | | ly) | compensation from the | compensation from related organizations | amount of other compensation |
| | Week | Individual trustee or director | Institutional trustee | | oyee | Highest compensated employee | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| | | Individua | Institutio | Officer | Key employee | Highest o | Former | | | |
| Patricia Hanz | | F | | | | - | | | | |
| Past President | 2.00 | Х | | Х | | | | 0. | 0. | 0 |
| Athenee Lucas | | | | | | | | | | |
| Vice President | 3.00 | Х | | X | | | | 0. | 0. | 0 |
| Matthew Koch | | | | | | | | | - | |
| Treasurer | 3.00 | X | | Х | | | | 0. | 0. | 0 |
| Michael Rathburn | | | | | | | | | | |
| Secretary | 3.00 | X | | Х | | | | 0. | 0. | 0 |
| Robert Gans | | l | | | | | | | _ | _ |
| VP/External Relations | 15.00 | X | | Х | | | | 0. | 0. | C |
| Tamara Jack | | l | | | | | | | • | _ |
| Secretary | 5.00 | X | _ | Х | L | <u> </u> | _ | 0. | 0. | (|
| Carol Rick Gibbons | | l | | | | | | | • | _ |
| Treasurer | 8.00 | X | | Х | | | | 0. | 0. | (|
| David Kessler | 15 00 | | | | | | | | 0 | , |
| VP/Programming | 15.00 | Х | | X | | | | 0. | 0. | (|
| Stephen Dwyer | 20.00 | Į., | | ₩. | | | | 0. | 0. | C |
| President Michael Finn | 20.00 | X | _ | Х | | <u> </u> | - | 0. | 0. | |
| Michael Finn President-elect | 10.00 | x | | х | | | | 0. | 0. | (|
| Francoise Maon | 10.00 | ^ | \vdash | A | | <u> </u> | | | 0. | |
| Administrator | 10.00 | | | x | | | | 99,593. | 0. | (|
| Maria Graff | 10:00 | ┢ | ┢ | | | - | ├─ | 33,333. | | .` |
| Administrator | 5.00 | | | х | | | | 47,911. | 0. | (|
| Harriett Crockard | 3333 | <u> </u> | | | | \vdash | - | | | |
| Administrator | 4.00 | | | х | | | | 3,470. | 0. | (|
| Karen Rogers | | | | | | | | | | |
| Admınistrator | 10.00 | | | Х | | | | 6,000. | 0. | (|
| Bridget Brannon | | | | | | | | | | |
| Administrator | 10.00 | | | Х | | | | 12,814. | 0. | (|
| Stacey Stepek | | | | | | | | | | |
| Administrator | 6.00 | L | L | Х | L_ | L | L | 8,407. | 0. | (|
| Mindi Collom | | | | | | | | | | |
| Administrator | 1.00 | $oxed{oxed}$ | | X | | | | 0. | 0. | (|
| Marshall Schirtzer | | | | ۔ ا |] | | | | _ | |
| Administrator | 1.00 | <u> </u> | | X | <u> </u> | <u> </u> | <u> </u> | 16,177. | 0. | (|
| Julie Young | | 1 | | | | | | | _ | |
| Administrator | 6.00 | lacksquare | | Х | <u> </u> | | <u> </u> | 5,652. | 0. | (|
| Jane Nohr | | | 1 | | | | |] | _ | _ ا |
| Administrator | 30.00 | L_ | ! | X | | Ц | | 32,500. | 0. | (|

| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nple | уее | s, a | nd H | ligh | est | Compensated Employ | ees (continued) | |
|--|---------------|-------------------------------|-----------------------|------------------|--------------|------------------------------|----------|--------------------|----------------------------------|--------------------------|
| (A) | (B) | | | | | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | Ē | | | ŀ | ployee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | direct | | 1 | | шар | | (W-2/1099-MISC) | (***2/1099*****100) | organization |
| | | 0 90 | stee | | | ınsate | | (** 2 | | and related |
| | | frust | nal fr. | | oyee | эфшо | | | | organizations |
| | | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Богтег | | | |
| | | 골 | SI. | ŧ | Key | 물 | 횬 | | | |
| Lisa Carreras | 20 00 | | | . , | | | | 47 150 | 0 | 0 |
| Administrator | 20.00 | <u> </u> | | X | _ | _ | <u> </u> | 47,150. | 0. | 0. |
| Josh Duignan | 15 00 | | | ١., | | | | 20 056 | • | • |
| Administrator | 15.00 | <u> </u> | | X | _ | | <u> </u> | 28,856. | 0. | 0. |
| Ann Randall | | | | ۱,, | | | İ | 1 600 | | • |
| Administrator | 5.00 | <u> </u> | | X | \vdash | | <u> </u> | 1,698. | 0. | 0. |
| Kathleen Yarborough | 20 00 | | | | | | | ا م | 0 | • |
| Administrator | 20.00 | <u> </u> | . | X | _ | | | 0. | 0. | 0. |
| Christine Stewart | 35 00 | | | . , | | | | 05 066 | 0. | 0 |
| Administrator | 35.00 | <u> </u> | <u> </u> | Х | \vdash | | _ | 85,966. | 0. | 0. |
| Lisa Smith | 10 00 | | | . , | 1 | | | 0 000 | 0 | ^ |
| Administrator | 10.00 | <u> </u> | _ | Х | <u> </u> | | <u> </u> | 9,000. | 0. | 0. |
| Kathleen Yarborough | 35 00 | | | x | | | | 0 | 0. | ^ |
| Administrator Nerissa Lawford | 35.00 | <u> </u> | _ | Δ. | <u> </u> | | ┝ | 0. | 0. | 0. |
| | 20.00 | | | $ _{\mathbf{x}}$ | | | | F7 100 | 0. | 0. |
| Administrator Jodi Marchal | 20.00 | - | - | ^ | <u> </u> | <u> </u> | ⊢ | 57,199. | | |
| Administrator | 10.00 | | | $ _{\mathbf{X}}$ | | | | 10,080. | 0. | 0. |
| Cynthia Hammock | 10.00 | _ | - | <u> </u> | | | - | 10,000. | • | |
| Administrator | 2.00 | | | x | | | | 494. | 0. | 0. |
| Mitzy Sharp Futro | 2.00 | - | - | | - | | - | 373. | 0. | |
| Administrator | 11.00 | | | $ \mathbf{x} $ | | | | 22,000. | 0. | 0. |
| Joyce Mayo | 11.00 | | _ | | \vdash | | \vdash | 22,0001 | • | |
| Administrator | 7.00 | | | x | | | | 6,423. | 0. | 0. |
| Elizabeth Handlson | | \vdash | | | \vdash | | \vdash | 0,1201 | | |
| Administrator | 20.00 | | | x | | | | 21,648. | 0. | 0. |
| Becky Bickett | | \vdash | | ┢▔ | | | \vdash | , | | <u> </u> |
| Administrator | 18.00 | | | x | | | | 37,545. | 0. | 0. |
| Joanne Ray | | | | | T | | | | · | |
| Administrator | 5.00 | | | х | | | | 3,088. | 0. | 0. |
| Gail Girard | | | | | | | | | | |
| Administrator | 40.00 | | | х | | | | 105,210. | 0. | 0. |
| Nancy Schneider | | | | | | | | | - | |
| Administrator | 10.00 | | | Х | | | | 13,525. | 0. | 0. |
| Lan Power | | | | | | | | · | | |
| Administrator | 20.00 | | - | х | | | | 8,366. | 0. | 0. |
| Marvin Genzer | | T | | | | | | | | |
| Administrator | 5.00 | | | Х | ŀ | | | 0. | 0. | 0. |
| Wanda Terrell | | | | | | | | | | |
| Administrator | 3.00 | L | | Х | | L | | 2,128. | 0. | 0. |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

| Part VII Section A. Officers, Directors, T | rustees, Key Eı | mple I | oyee | s, a | nd I | High | <u>nest</u> | Compensated Employ | ees (continued) | |
|--|--|--------------------------------|-----------------------|-------------|---------------------|------------------------------|-------------|--|--|--|
| (A) Name and title | (B) Average hours per | (с | hecl | Pos | c) ition that | | oly) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W·2/1099·MISC) | compensation from the organization and related organizations |
| Jon Hellings | | | | | | | | | | |
| Administrator | 50.00 | | | Х | | | | 115,751. | 0. | 0, |
| Elizabeth St Marie | | | | | | | | | _ | _ |
| Administrator | 40.00 | | L | Х | | | | 88,855. | 0. | 0. |
| Kathleen Yarborough | | ŀ | | | | | | | _ | _ |
| Administrator | 20.00 | | <u> </u> | X | | L. | _ | 0. | 0. | 0. |
| Jody Rosen Atkins | 00.00 | | 1 | l | | | |] | | _ |
| Administrator | 20.00 | _ | | Х | _ | | <u> </u> | 39,000. | 0. | 0. |
| Amber Clark | 00.00 | | l | l | | | l | 20 240 | | |
| Administrator | 20.00 | _ | <u> </u> | X | _ | L | <u> </u> | 39,348. | 0. | 0. |
| Michelle Moeller | 1 | | | l | | | | 10 040 | • | |
| Administrator | 1.00 | <u> </u> | - | Х | <u> </u> | <u> </u> | <u> </u> | 10,948. | 0. | 0. |
| Kathleen Yarborough | 1 20 00 | | | ,, | | | | , | • | _ |
| Administrator Nerissa Lawford | 20.00 | _ | _ | X | _ | <u> </u> | ⊢ | 0. | 0. | 0. |
| Administrator | 20.00 | | | x | | | | 22 020 | 0. | _ |
| Lee M Cushman | 20.00 | - | _ | Λ | | - | ⊢ | 22,020. | 0. | 0. |
| Administrator | 50.00 | | | x | | | | 130,833. | 0. | 0. |
| Greta Kischbaugh | 30.00 | _ | ┢ | ^ | \vdash | ┝ | ⊢ | 130,033. | 0. | 0. |
| Administrator | 5.00 | | | X | | | l | 4,006. | 0. | 0. |
| Erin Santella | 1 3.00 | - | ┢ | | \vdash | | \vdash | 1,000. | | - 0. |
| Administrator | 5.00 | | | x | | | | 2,304. | 0. | 0. |
| Carrie Booher | 1 | ┢┈ | | | | | \vdash | -/ | | |
| Administrator | 15.00 | | | х | | | | 17,558. | 0. | 0. |
| Robin Hayutin | 1 | | \vdash | | <u> </u> | - | \vdash | | | |
| Administrator | 20.00 | | 1 | Х | | | | 10,732. | 0. | 0. |
| Frost Telegadas | | | | | | | | | | |
| Administrator | 10.00 | | | Х | | - | <u> </u> | 6,928. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | _ | - | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,181,183. | | |

| Pa | rt VII | Statement of Rever | nue | | | | | |
|--|----------|---|-------------------|---------------|------------------------|--|---|---|
| | | | | | (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 | 1 a | Federated campaigns | 1a | |] | | | |
| ga | b | Membership dues | 1b | | | • | | 1 |
| am am | С | Fundraising events | 1c | | | | | |
| <u>g'ē</u> | d | | 1d | | | | | |
| Siris | е | Government grants (contribut | · · - | | | | | |
| ig E | f | All other contributions, gifts, gran | 1 1 | | | 1 | |] |
| 음뒴 | | similar amounts not included abo | | | | | | |
| 등 | _ | Noncash contributions included in lines | 3 1a-1f \$ | | | | | |
| " | <u>n</u> | Total. Add lines 1a-1f | | Business Code | | | | |
| ایها | 2 a | Conferences/wor | kshops | 900099 | 5 272 119. | 5 272 119 | | |
| ا جُ | z a b | 5 1 | пыноры | 900099 | 5,272,119. 756,133. | 756.133. | | |
| Ser | c | O+1 | | 900099 | 724,929. | 724,929. | | |
| E S | q | | services | 900099 | 114,453. | | | |
| Program Service Revenue | e | | | | , | , | | |
| ا ته | f | All other program service reve | enue | | | | | |
| | g | Total. Add lines 2a-2f | | <u> </u> | 6,867,634. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| - 1 | | other similar amounts) | | > | 22,430. | | | 22,430. |
| l | 4 | Income from investment of ta | x-exempt bond p | proceeds | | | | |
| | 5 | Royalties | | <u> </u> | | | | |
| İ | | | (i) Real | (II) Personal | | | | |
| | 6 a | | | | _ | | | |
| | b | | | | | | | |
| | C | , , | | <u> </u> | | | | |
| | | Net rental income or (loss) | | <u> </u> | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (II) Other | - | | | |
| | | assets other than inventory | | | - | | | |
| | D | Less cost or other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | 1 | | | |
| | | Net gain or (loss) | | <u> </u> | • | - | | 1 |
| e l | | Gross income from fundraisin | • | | | | | |
| Other Revenu | | including \$ | of | | | | | |
| æ | | contributions reported on line | • | 1 | | | | |
| آو ا | | Part IV, line 18 | a | | - | | | |
| ਰੋ | | Less direct expenses | b | | | | - | |
| | | Net income or (loss) from fund Gross income from gaming ac | - | _ | - | | | - |
| | Эа | Part IV, line 19 | a a | | | | | |
| | b | Less direct expenses | b | | 1 | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | _ | | | | | |
| | | and allowances | а | | | | | |
| - 1 | b | Less: cost of goods sold | b | - | 1 | | | : |
| | | Net income or (loss) from sale | s of inventory | | | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | L | | | | ļ |
| | | Total. Add lines 11a-11d | | > | C 000 051 | 6 067 634 | | 00 400 |
| 03200 | 12 9 | Total revenue. See instructions. | | <u> </u> | 6,890,064. | 0,86/,634. | 0. | |
| 03200 12-21- | 10 | | | | | | | Form 990 (2010) |

Part IX | Statement of Functional Expenses

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

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|-----------------------|------------------------------|--|--|
| 1 | Grants and other assistance to governments and | | , | | |
| | organizations in the U.S. See Part IV, line 21 | 356,319. | | | |
| 2 | Grants and other assistance to individuals in | | <u> </u> | | |
| | the U.S. See Part IV, line 22 | 173,000. | | | |
| 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 | | <u> </u> | | — |
| 5 | Compensation of current officers, directors, | 4 455 500 | | | |
| | trustees, and key employees | 1,457,522. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | j | |
| _ | persons described in section 4958(c)(3)(B) | 95,400. | | | |
| 7 | Other salaries and wages | 95,400. | | | |
| 8 | Pension plan contributions (include section 401(k) | ļ | | | |
| 0 | and section 403(b) employer contributions) | | | | |
| 9 10 | Other employee benefits Payroll taxes | + | | | |
| 10 11 | Fees for services (non-employees) | | | | |
| | Management | 118,906. | | | |
| a b | Legal | 361. | | | |
| | Accounting | 26,245. | | | |
| | Lobbying | 20,2101 | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 52,617. | | | |
| 13 | Office expenses | 122,512. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 13,311. | | | |
| 17 | Travel | 118,730. | | | |
| 8 | Payments of travel or entertainment expenses | | | | • |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 282,156. | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 7,758. | | | |
| 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.) | | | | |
| а | Program expense | 2,189,684. | | | |
| b | Social and charity even | 818,330. | | | |
| С | Newsletters/Directories | 98,173. | | | |
| d | Miscellaneous | 80,776. | | | |
| е | Diversity | 74,752. | | | |
| f | All other expenses | 46,943. | | | |
| 5_ | Total functional expenses. Add lines 1 through 24f | 6,133,495. | | | |
| 26 | Joint costs. Check here 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 | | | | |

| | | | (A) Beginning of year | | (B) End of year |
|-----|--|------------------------------|--------------------------|----------|--------------------|
| 1 | Cash - non-interest-bearing | | 2,337,582. | 1 | 2,148,049 |
| 2 | Savings and temporary cash investments | | 3,709,130. | 2 | 4,655,232 |
| 3 | Pledges and grants receivable, net | | | 3 | |
| 4 | Accounts receivable, net | | | 4 | |
| 5 | Receivables from current and former officers, di | rectors, trustees, key | | | |
| | employees, and highest compensated employee | es 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 | | | |
| 1 | employers and sponsoring organizations of sect | • | | | |
| | employees' beneficiary organizations (see instru | | | 6 | |
| 7 | Notes and loans receivable, net | | | 7 | |
| 8 | Inventories for sale or use | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 9 | |
| 10a | Land, buildings, and equipment: cost or other | 1 1 | · | | |
| 1 | basis. Complete Part VI of Schedule D | 10a | | _ | |
| Ь | Less accumulated depreciation | 10b | | 10c | |
| 11 | Investments - publicly traded securities | | | 11 | |
| 12 | Investments - other securities See Part IV, line | | 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 equ | 6,046,712. | 16 | 6,803,28 | |
| 17 | Accounts payable and accrued expenses | | 17 | | |
| 18 | Grants payable | | | 18 | |
| 19 | Deferred revenue | | 19 | | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | | 21 | | |
| 22 | Payables to current and former officers, director | rs, trustees, key employees, | | | |
| | highest compensated employees, and disqualifi | ed persons. Complete Part II | | | _ |
| | of Schedule L | | | 22 | _ |
| 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| 25 | Other liabilities Complete Part X of Schedule D | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | |
| 1 | Organizations that follow SFAS 117, check he | ere 🕨 💹 and complete | | | |
| | lines 27 through 29, and lines 33 and 34. | | | | |
| 27 | Unrestricted net assets | | 6,046,712. | 27 | 6,803,28 |
| 28 | Temporarily restricted net assets | | | 28 | |
| 29 | Permanently restricted net assets | | | 29 | |
| | Organizations that do not follow SFAS 117, c | heck here 🕨 📖 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 ed | quipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated in | come, or other funds | | 32 | |
| 33 | Total net assets or fund balances | | 6,046,712. | 33 | 6,803,28 |
| 34 | Total liabilities and net assets/fund balances | | 6,046,712. | 34 | 6,803,28 |

Form **990** (2010)

| Form | 1990 (2010) Group Recurii | 24-133 | 1130 | Pag | ge 12 | |
|------|--|-------------|------|---------------------|--------------|--|
| Pa | rt 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 | 6,89 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,13 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 69. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,04 | <u>6,7</u> | 12. | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. | |
| 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 | 6,80 | <u>3,2</u> | 81. | |
| Pa | rt XIII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | <u> </u> | |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | <u> </u> | | Yes | No | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| b | | | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit. | 2b | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | o dadan, | 2c | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | | | | | |
| | separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | | | | <u> </u> | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audıt | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ııred audıt | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | | |
| | | | Form | 9 <mark>90</mark> (| (2010) | |

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

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

Open to Public

Employer identification number 52-1997796 Inspection X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Corporate Counsel General Information on Grants and Assistance Association of criteria used to award the grants or assistance? Group Return Name of the organization Part I

| | IV, line 21, for any | ■ pap | (h) Purpose of grant |
|--|---|---|---|
| | izations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | additional space is nee | thod of (a) Description of |
| | anization answered "\ | can be duplicated if | HRC section (d) Amount of (e) Amount of (f) Method of |
| ed States | Complete if the orga | han \$5,000. Part II | (e) Amount of |
| g the use of grant funds in the United States | e United States. | nt received more tl | (d) Amount of |
| itoring the use of gran | d Organizations in th | s box if no one recipie | (c) IRC section |
| ocedures for mon | Governments an | \$5,000. Check thi | (b) FIN |
| 2 Describe in Part IV the organization's procedures for monitoring the | Part II Grants and Other Assistance to Governments and Organiza | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed | 1 (a) Name and address of organization |
| 2 Des | Part II | | 1 (a) I |

≗ □

| 4 (a) Nome and address of agentiation | | box if no one recipient | t received more that | an \$5,000. Part II. | can be duplicated if a | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed | ▲ pep |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|---|---|
| (d) Marie and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WMACCA Corporate Scholars Fund/CFNCR - 1201 15th Street NW, Suite 420 - Washington, DC 20005 23 | 23-7343119 | 501(c)(3) | 102,000. | 0. | | | Contribution to this Scholarship Fund provides funding for annual Corporate Scholars |
| Pro Bono Partnership of Atlanta 999 Peachtree St NE, Ste 2300 Atlanta, GA 30309 | 20-2614676 | 501(c)(3) | 35,747. | 0. | | | Program support. |
| ation | | | | | | | |
| | 74-2347637 | 501(c)(3) | 28,750. | 0 | | | local bar and ACC, and in The contribution was |
| Neighborhood Legal Services Association - 928 Penn Avenue - Pittsburgh, PA 15233 | 25-1157129 | 501(c)(3) | 20,000. | 0 | | | designated for the 24th Annual Equal Justice Campaign, |
| Public Law Center 601 Civic Center Drive West Santa Ana, CA 92701 | 95-3709253 | 501(c)(3) | 15,000. | 0 | | | Pro bono work, |
| Philadelphia Bar Foundation 1101 Market Street, 11th Floor Philadelphia, PA 19107 23-1660797 501(c)(3) | 23-1660797 | 501(c)(3) | 10,000. | 0 | | | Diversity Program |

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

3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (h) descriptions

Schedule I (Form 990) (2010)

Association of Corporate Counsel Group Return

| Schedule I (Form 990) Group Return | urn Assistance to Go | to Governments and Organization | nizations in the Ur | nited States (Sche | edule I (Form 990), Par | | 52-1997796 Page 1 | |
|--|-------------------------|----------------------------------|--------------------------|---|---|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | • |
| Public Counsel 610 South Ardmore Avenue Los Angeles, CA 90005 | 23-7105149 | 501(c)(3) | 10,000. | .0 | | | Pro Bono, | |
| UCLA Law Fellow 385 Charles E. Young Drive Los Angeles, CA 90095 | 95-2250801 | 501(c)(3) | 10,000. | 0 | | | Contributing to helping diverse college students attend law school. | |
| Legal Services of Eastern Missouri 4232 Forest Park Avenue Saint Louis, MO 63108 | 43-0816805 | 501(c)(3) | 10,000. | •0 | | | Justice for All Ball. | |
| BARBRI of California 3280 Motor Ave Ste 200 Los Angeles, CA 90034 | Applied For | | 8,000. | 0. | | | Scholarship for Bar Review for law students. | |
| | | | | | | | | |
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| LHA | | | | | | | Schedule I (Form 990) | |

52-1997796

Schedule I (Form 990) (2010) Group Re

Part ≡

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. the and Grants are made based on application, Ö ö ö ö (d) Amount of non-cash assistance 000 72,000. 8,000 52,000, 22,000, (c) Amount of cash grant 12, (b) Number of recipients grant matches the budgetted amount. .. Member in Transition Intern Scholarship (a) Type of grant or assistance Line Summer Intern Program Recipients H, Part Diversity Scholarship Law student Intern Schedule I, Scholarship

Part II, line 1, Column (h):

Name of Organization or Government: WMACCA Corporate Scholars Fund/CFNCR

(h) Purpose of Grant or Assistance: Contribution to this Scholarship

Fund provides funding for annual Corporate Scholars Program scholarship

awards

| Counsel | |
|----------------|--------------|
| Corporate | |
| Association of | Group Return |

| 52-1997796 Page 2. | | (f) Description of non-cash assistance | , | | | | |
|----------------------------------|---|---|----------------------------|--|--|--|--|
| | () | (e) Method of valuation (book, FMV, appraisal, other) | | | | | |
| | I (Form 990), Part III | (d) Amount of non- cash assistance | 0. | | | | |
| corporate comiser | ed States (Schedule | (c) Amount of cash grant | 7,000. | | | | |
| COLDOLAC | tuals in the Unite | (b) Number of recipients | 5. | | | | |
| Schedule (Form 990) Group Return | Partilly Continuation of Grants and Other Assistance to Individ | (a) Type of grant or assistance | Law School Law Scholarship | | | | |

Schedule I (Form 990)

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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Openito Public 📆 alnspection 🐇

Name of the organization

Association of Corporate Counsel

Employer identification number

52-1997796 Group Return Form 990, Part VI, Section A, line 6: Each chapter has members who vote and elect their own governing body. Form 990, Part VI, Section A, line 7a: Each chapter has members who vote and elect their own governing body. Form 990, Part VI, Section A, line 7b: Some decisions such as elective officers are subject to approval by all the members. Form 990, Part VI, Section B, line 11: A copy of the 990 is made available to the ACC Board, and not the individual chapter Boards, before it is filed. Form 990, Part VI, Section B, line 12: Although many of the chapters included in the group return have these policies, we are unable to confirm that all of them do, thus we have answered "yes", as per the instructions. Form 990, Part VI, Section C, Line 18: A copy of the Form 990 is made available to the public upon request. Form 990, Part VI, Section C, Line 19: These documents are available upon request.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection OMB No 1545-0047

Employer identification number 52-1997796

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

Corporate Counsel

Association of

Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Ξ End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity organizations during the tax year.) Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) ٥ N × controlled entity? Yes Direct controlling entity PC CC Public charity status (if section 501(c)(3)) 509(A)(3) Exempt Code section District of Columbia 501(c)(3) ਉ Legal domicile (state or foreign country) Primary activity Diversity/education <u>@</u> The ACCA Foundation - 52-1358578 Name, address, and EIN of related organization 1025 Connecticut Ave., NW, #200 20036 Washington, DC

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

Association of Corporate Counsel Group Return

Schedule R (Form 990) 2010 Group Return

Schedule R (Form 990) 2010 Group Return

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

Page 2

52-1997796

| The state of organization of Related organization of related organization of related organization and stated organization of related organization of r | | General or Percentage managing ownership partner? | | | nore related | (h) Percentage ownership | | | rm 990) 2010 |
|--|----------------------|---|--|--|--------------------------------------|---|---|---|----------------------------|
| | | (i) (j) V-UBI Genera t in box managi partner chedrule partner m 1065) Yes N | | | it had one or n | (g) Share of end-of-year assets | | | Schedule R (Form 990) 2010 |
| | | ortion- amount 20 of So No K-1 (For | | | ne 34 because | (f) lare of total income | | |] w |
| | - | | | |), Part IV, I | | | _ | |
| | | (g) Share of end-of-yea assets | | | " to Form 99(| | | | |
| | | | | | ion answered "Yes | | | | |
| | | (e) unant income d, unrelated, from tax under is 512-514) | | | the organizat | (c) Legal domicile (state or foreign country) | | | |
| | | Predom (relate excluded section | | | Somplete If | tivity | : | | 34 |
| | | (d) Direct controlling entity | | | oration or Trust (Cyear) | (b) Primary ac | | | |
| | ١, | (c) Legal domicile (state or foreign country) | | | as a Corpo | | | | |
| | Sin Simos dinisions | (b) Primary activity | | | ganizations Taxable | Z.c | | | |
| | וויבמוטוס ווסמוסק מס | (a) Name, address, and EIN of related organization | | | Part W Identification of Related Org | (a) Name, address, and E of related organizatio | | | 032162 12-21-10 |

52-1997796 Page 3

Yes No

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Schedule R (Form 990) 2010 Group Return

| 5a, or 36.) | ın Parts II-IV? | | | | relationships and transaction thresholds. | (d) Method of determining amount involved | | |
|---|--|--|--|---|--|---|-----|-----|
| n 990, Part IV, line 34, 35, 3 | elated organizations listed | | | | his line, including covered | (c) Amount involved | | |
| wered "Yes" to Form | is with one or more r | | ızatıon(s) ızatıon(s) | | who must complete t | (b) Transaction type (a-r) | | |
| Part V . Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) | f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) | j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees | A Reimbursement paid to other organization for expenses A Reimbursement paid by other organization for expenses Q Other transfer of cash or property to other organization(s) | Cither transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | (a) Name of other organization | (1) | (2) |

Schedule R (Form 990) 2010

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Association of Corporate Counsel

52-1997796

Group Return

Schedule R (Form 990) 2010

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

| (e) | (4) | (2) | 6 | (6) | 9 | (0) | (4) |
|------------------------|------------------|----------|-------------------------------------|------------------|-------------------------|----------------------------------|----------------------|
| Name, address, and EIN | Primary activity | nicile | Are all partners | Share of end-of- | | Code V-UBI | |
| of entity | | | section 501(c)(3) organizations? | year assets | tionate allocations? | amount in box 20 of Schedule K-1 | managing partner? |
| | | country) | Yes No | | Yes No | (Form 1065) | - 1 |
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Schedule R (Form 990) 2010

Association of Corporate Counsel 52-1997796 Page 5 Group Return Schedule R (Form 990) 2010 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| | List of Affiliated cluded in Group Return | Statement 1 |
|---|--|-------------|
| Name of Organization | Organization's Address | Employer ID |
| Alabama Chapter - Association of Corporate Counsel | 2848 Brook Hollow Lane - Birmingham, AL 35243 | 63-0879339 |
| Arizona Chapter - Association of Corporate Counsel | 7725 North 2Nnd Avenue - Phoenix, AZ 85021 | 52-1988284 |
| Austin Chapter - Association of Corporate Counsel | 9813 Drip Rock Lane - Austin, TX 78730 | 20-1390930 |
| Baltimore Chapter - Association of Corporate Counsel | 7459 Candlewood Road, Suite A - Hanover, MD 21076 | 52-2110854 |
| Central & Western New York Chapter - Association of Corporate Counsel | 100 Clinton Avenue South - Rochester , NY 1460 | 52-1647448 |
| Central Florida - Association of Corporate Counsel | 136 Norris Place - Casselberry , FL 32707 | 59-3206819 |
| Central Ohio - Association of Corporate Counsel | 17 South High Street, Suite 200 - Columbus, OH 43215 | 31-1109599 |
| Central Pennsylvania - Association of Corporate Counsel | PO Box 67013 - Harrisburg, PA 17106 | 25-1712323 |
| Charlotte - Association of Corporate Counsel | 15713 Mayberry Place Lane - Huntersville, NC 28078 | 56-1614477 |
| Chicago - Association of Corporate Counsel | 20106 Soth Sycamore Drive - Frankfort , IL 60423 | 36-3309727 |
| Colorado Chapter - Association of Corporate Counsel | 1805 S Bellaire Street, Suite 480 - Denver, CO 80222 | 52-1311173 |
| Connecticut Chapter - Association of Corporate Counsel | 71 Cliffmore Road - West Hartford , CT 06107 | 52-1311170 |
| Dallas/Ft. Worth Chapter - Association of Corporate Counsel | 10401 Westoffice Drive - Houston, TX 77042 | 75-2446186 |

| • | | |
|---|--|------------|
| Association of Corporate Couns | sel Group R | 52-1997796 |
| Delaware Valley Area Chapter - Association of Corporate Counsel | PO Box 38 - Fairless Hills , PA 19030 | 23-2260506 |
| Georgia Chapter - Association of Corporate Counsel | PO Box 2008 - Carrollton , GA 30112 | 52-1590385 |
| Greater New York Chapter - Association of Corporate Counsel | 4626 Pin Oak Lane - Bellaire, TX 77401 | 13-3216389 |
| Houston Chapter - Association of Corporate Counsel | PO Box 59 - Bellaire, TX 77402 | 76-0100664 |
| Indiana Chapter - Association of Corporate Counsel | PO Box 59 - Bellaire, TX 77402 | 35-1682189 |
| Iowa Chapter - Association of Corporate Counsel | 1428 8TH Street - Des Moines , IA 50314 | 42-1443087 |
| Louisiana Chapter - Association of Corporate Counsel | 2550 Belle Chasse Highway - Gretna, LA 70053 | 52-1552387 |
| Michigan Chapter - Association of Corporate Counsel | 645 Griswold Street, Suite 1356 - Detroit, MI 48226 | 38-2490781 |
| Mid-America Chapter - Association of Corporate Counsel | 6721 North Saintn Clair Avenue - Kansas City , MO 64 | 36-3837247 |
| Minnesota Chapter - Association of Corporate Counsel | 13718 Ashcroft Bay - Savage, MN 55378 | 41-1560553 |
| Nevada Chapter - Association of Corporate Counsel | 37517 Vineyard Knoll Drive - Murrieta , CA 92562 | 56-2315279 |
| New Jersey Chapter - Association of Corporate Counsel | 15 Pierhead Drive - Barnegat, NJ 08005 | 22-2913688 |
| Northeast Ohio Chapter - Association of Corporate Counsel | 413 Oaknoll Drive - Amherst, OH 44001 | 34-1485148 |
| Northeast Chapter - Association of Corporate Counsel | Counsel - Northeast Chapter - Marblehead , MA 01945 | 52-1590085 |
| New Jersey Chapter - Association of Corporate Counsel | 15 Pierhead Drive - Barnegat , NJ 08005 | 22-2913688 |

| Association of Corporate Couns | 52-1997796 | |
|---|--|------------|
| Oregon Chapter - Association of Corporate Counsel | 6000 Meadows Road, Suite 200 - Lake Oswego , OR 97035 | 93-0994161 |
| Research Triangle Area Chapter - Association of Corporate Counsel | 1801 Varsity Drive - Raleigh, NC 27606 | 20-1640419 |
| Sacramento Chapter - Association of Corporate Counsel | 2200 River Plaza Drive - Sacramento, CA 95833 | 52-1590386 |
| St. Louis Chapter - Association of Corporate Counsel | 10401 Westoffice Drive - Houston, TX 77042 | 43-1471077 |
| San Diego Chapter - Association of Corporate Counsel | 4520 Hawley Boulevard, Apt 1 - San Diego, CA 92116 | 33-0589295 |
| San Francisco Bay Chapter - Association of Corporate Counsel | 274 Red Shores Parkway, Suite 335 - Redwood City, CA 94065 | 52-1311172 |
| Southwest Ohio Chapter - Association of Corporate Counsel | PO Box 484 - Goshen, OH 45122 | 52-1363221 |
| South Carolina Chapter - Association of Corporate Counsel | 10401 Westoffice Drive - Houston, TX 77042 | 52-0955741 |
| South/Central Texas Chapter - Association of Corporate Counsel | 217 Winchester Drive - Bergheim , TX 78004 | 74-2727745 |
| South Florida Chapter - Association of Corporate Counsel | 20423 SR 7, Suite F6-491 - Boca Raton , FL 33498 | 59-1905739 |
| Southern California Chapter - Association of Corporate Counsel | 777 S Figueroa Street, Suite 2400 - Los Angeles, CA 90017 | 95-1267965 |
| Tennessee Chapter - Association of Corporate Counsel | 6400 Poplaw Avenue - Memphis, TN 38197 | 58-1586056 |
| West Central Florida Chapter - Association of Corporate Counsel | 11101 Roosevelt Boulevard, North - Saint Petersburg , FL | 59-2753708 |
| Washington State Chapter - Association of Corporate Counsel | PO Box 59 - Bellaire, TX 77402 | 91-1918722 |

| Association | of | Corporate | Counsel | Group | R |
|-------------|-----|-----------|----------|-------|----|
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| Western Pennsylvania Chapter - Association of Corporate Counsel | 1539 Field Club Drive - Pittsburgh, PA 15237 | 25-1491713 |
|--|--|------------|
| Westchester NY/Southern CT Chapter- Association of Corporate Counsel | 235 Thunder Hill Drive - Stamford, CT 06902 | 06-0987451 |
| Wisconsin Chapter- Association of Corporate Counsel | W147N6910 Woodland Drive - Menomonee , WI 53051 | 39-1485189 |
| Washington Metropolitan Area Chapter- Association of Corporate Counsel | 6928 Race Horse Lane - Rockville, MD 20852 | 52-1198248 |
| North Florida Chapter- Association of Corporate Counsel | 264 Royal Tern Road North - Ponte Vedra , FL 32082 | 26-4559882 |

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

| If you a | are filing for an Automatic 3-Month Extension, complete | te only Pa | art I and check this box | | • | ► LX |
|--|--|---------------|---|-----------|----------------------|------------------|
| If you a | are filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of this | form). | | |
| Do not c | omplete Part II unless you have already been granted a | an automa | itic 3-month extension on a previously fi | led Fo | rm 8868. | |
| Electroni | ic filing (e-file). You can electronically file Form 8868 if y | you need a | a 3-month automatic extension of time t | o file (6 | 6 months for a corp | oration |
| required t | to file Form 990-T), or an additional (not automatic) 3-mol | nth extens | sion of time. You can electronically file F | orm 8 | 368 to request an e | extension |
| of time to | file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for Tran | sfers / | Associated With Co | ertain |
| | Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| | irs.gov/efile and click on e-file for Charities & Nonprofits | | • | | _ | |
| Part I | Automatic 3-Month Extension of Time | • Only su | bmit original (no copies needed) | | | |
| A corpora | ation required to file Form 990-T and requesting an autor | | | nplete | | |
| Part I only | - | | | - | • | • 🔲 |
| All other o | corporations (including 1120-C filers), partnerships, REM one tax returns | IICs, and t | rusts must use Form 7004 to request ar | exten | sion of time | |
| Type or | Name of exempt organization | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Emp | loyer identification | n number |
| print | Association of Corporate Co | ounse: | l | | | |
| | Group Return | | | 5 | 2-1997796 | |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O box, single 1025 Connecticut Avenue, NV | | | | | |
| return See instructions | City, town or post office, state, and ZIP code. For a followshington, DC 20036 | | | | | |
| | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 |
| Applicati | on | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 | | 01 | Form 990-T (corporation) | | <u> </u> | 07 |
| Form 990 | | 02 | Form 1041-A | | | 08 |
| Form 990 | | 03 | Form 4720 | | | 09 |
| Form 990 | | 04 | Form 5227 | | | 10 |
| | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | -T (trust other than above) | 06 | Form 8870 | | | 12 |
| | | | 1025 Connecticut Ave | nue | . NW. No. | 200 |
| • The bo | ooks are in the care of > - Washington , I | | | | | |
| | ione No ► (202) 293-4103 | | FAX No. ▶ | - | | |
| | organization does not have an office or place of business | s in the life | | | | |
| | s for a Group Return, enter the organization's four digit (| | | is is fo | r the whole group | check this |
| box ▶ [| . If it is for part of the group, check this box | | | | | |
| | quest an automatic 3-month (6 months for a corporation | | | | ord the extendion | 3 101 |
| | | | tion return for the organization named a | | The extension | |
| ıs fo | or the organization's return for: | · o.gaza | tion rotality of the organization mained t | | 7710 0/1101011 | |
| ▶[| calendar year or | | | | | |
| اً ﴿ | X tax year beginning OCT 1, 2010 | an | d ending SEP 30, 2011 | | | |
| | | , | | | <u> </u> | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c Change in accounting period | heck reas | on Initial return Fina | al retur | n | |
| | is application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | | |
| | refundable credits. See instructions. | | | 3a | \$ | <u> </u> |
| | us application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | | • |
| | mated tax payments made. Include any prior year overp | | · · · · · · · · · · · · · · · · · · · | 3b | \$ | <u> </u> |
| | ance due. Subtract line 3b from line 3a. Include your pa | - | · | | | ^ |
| | using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. |
| Caution. | If you are going to make an electronic fund withdrawal v | vith this Fo | orm 8868, see Form 8453-EO and Form | 8879- | EO for payment ins | structions |

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For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

| Form 8868 (Rev. 1-2011) | | | | | Page 2 |
|--|-------------------|---|----------|-----------------------|---------------------------------------|
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | | | | | |
| Note. Only complete Part II if you have already been granted an a | automatic | 3-month extension on a previously filed | l Form | 8868. | |
| If you are filing for an Automatic 3-Month Extension, comple | te only Pa | ert I (on page 1). | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original (no c | opies i | reeded). | |
| Name of exempt organization | | | | loyer identification | number |
| Hasociation of Corporate Cor | unsel | | ` | • | |
| Group Return | | | 5 | 2-1997796 | |
| Number, street, and room or suite no. If a P.O. box, street for 1025. Coppe actions and the property of the pr | ee instruc | tions. | | | |
| fling your TV25 COMMECCICAL AVEILAE, NW | | | | | |
| return. See City, town or post office, state, and ZIP code. For a fo | oreign add | fress, see instructions. | | | |
| Washington, DC 20036 | | · · · · · · · · · · · · · · · · · · · | | | |
| Fix all B | | | | | (- (|
| Enter the Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 1 |
| Anational | | | | | |
| Application | Return | Application | | | Return |
| Is For Form 990 | Code | is For | - | | Code |
| Form 990-BL | 01 | 5 | | | |
| Form 990-EZ | 02 | Form 1041-A | | | 08 |
| Form 990-PF | 03 | Form 4720 | | | 09 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 | | | 11 | | |
| STOP! Do not complete Part II if you were not already granted | | | ob file | d Form 8868 | 14 |
| The Organization | on - | 1025 Connecticut Ave | nue | . NW. No. | 200 |
| • The books are in the care of > - Washington, I | | | | ,, | |
| Telephone No. ▶ (202) 293-4103 | | FAX No. ▶ | | | |
| If the organization does not have an office or place of business | s in the Ur | sited States, about this have | | b | |
| If this is for a Group Return, enter the organization's four digit (| | | is is fo | r the whole group, cl | heck this |
| box X. If it is for part of the group, check this box | | ich a list with the names and EINs of all | | | |
| 4 I request an additional 3-month extension of time until | Augus | t 15, 2012 . | _ | | |
| 5 For calendar year, or other tax year beginning | OCT 1 | , 2010 , and ending | SEP | 30, 2011 | |
| 6 If the tax year entered in line 5 is for less than 12 months, c | heck reas | on: Initial return | Final r | etum | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | |
| Additional time needed to compile third party information necessary to | | | | | |
| file a complete and accurate a | retur | n. | | | |
| | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | inter the tentative tax, less any | | | ^ |
| nonrefundable credits. See instructions. | | | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | | |
| tax payments made. Include any prior year overpayment all | lowed as a | a credit and any amount paid | <u> </u> | _ | Λ |
| previously with Form 8868. | | | 8b_ | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your pa | | th this form, if required, by using | | | 0. |
| EFTPS (Electronic Federal Tax Payment System). See Instru | | d Verification | 8c | \$ | |
| | | nd Verification | a haal - | d muckagudadaa aad ba | sliaf |
| Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for | my accum;)rm, | म्बाप्रामु इट्सरपाल्ड साथ इक्षिलाएमाइ, साव रहे पा | こいせいし | a my knowicuge and th | ж. 61, |
| Signature Title | | | Date | ► S-8-12 | |
| - Title | V 44 | | 2016 | Form 8868 (Re | v 1.2011\ |
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