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DLN: 93493128000403

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2011 calendar year, or tax y	ear beginning 07-01-2011	and ending 06-30-20	12						
		C Name of organization	1			D Employer id	entification number				
_	fress ch	The Center for Americ	can and			75-60128	4 9				
_		Doing Business As				E Telephone n					
_	me chai					(972)244	-3400				
Init	ıal retui	Number and street (d	or P O box if mail is not delivere	ed to street address) Room/	suite	<b>G</b> Gross receipts					
Ter	mınated	5201 Democracy Driv	e			<b>u</b> dioss receipt	5 \$ 17,320,010				
_ Am	ended i	return Cıty or town, state or	country, and ZIP + 4								
— Apr	olication	Plano, TX 75024 pending									
			dua								
		MICHAEL J MAF	dress of principal officer		H(a) Is th	is a group retui	rn for □ Yes ▼ No				
		5201 DEMOCRA			annie	ices.	1 165 1 110				
		PLANO,TX 750	0243561		H(b) Are al	l affiliates inclu	ded?				
					If "N	o," attach a lıs	t (see instructions)				
<b>I</b> Ta	x-exem	pt status 🔽 501(c)(3) 🗍 5	01(c) ( ) ◀ (insert no )	4947(a)(1) or   527	H(c) Grou	ıp exemptıon n	umber 🟲				
j W	ebsite	: www CAILAW org									
V Farm		janization 🔽 Corporation 🗀 Trus	t C Assessation C Other b		l Vann of fa	mation 1947	M Ctata of local demonstra TV				
	rt I		at j Association j Other F		L fear of to	imation 1947	M State of legal domicile TX				
Pa		Summary									
Governance	7 	Briefly describe the organiza The Center is a nonprofit insenforcement officials in the Uprograms, ranging from 1/2 c	titution dedicated to impro Inited States and througho	oving the quality of just out the world The Cent	er annually pres	sents over 75 p					
š	_										
	2 (	Check this box 🚩 if the org	anızatıon dıscontınued ıts	operations or disposed	d of more than 2	5% of its net a	ssets				
න් ර	3 1	Number of voting members o	f the governing body (Part	VI, line 1a)	•	3	41				
ĕ	4 1	Number of independent votin	g members of the governir	ng body (Part VI, line 1	b)	. 4	40				
Activities &	5 7	Total number of individuals e	mployed in calendar year	2011 (Part V, line 2a)		5	31				
a a	6 7	Total number of volunteers (	6	75							
	<b>7</b> a 1	otal unrelated business rev	enue from Part VIII, colur	mn (C), line 12		7a	-8,121				
	Ь	Net unrelated business taxal	ble income from Form 990	-T, line 34		7b	-8,744				
					Prio	r Year	Current Year				
	8	Contributions and grants (	Part VIII. line 1h)			729,158	791,381				
\$	9	Program service revenue (			-	2,320,907 2,503,2					
Ravenue	10	Investment income (Part \	, =,			2,354,527	1,113,579				
歪	11	Other revenue (Part VIII,			•	269,441	296,569				
	12	Total revenue—add lines 8	ne l	203,111	2,0,307						
	**	12)				5,674,033	4,704,808				
	13	Grants and similar amount				26,573	34,619				
	14	Benefits paid to or for mem	nbers (Part IX, column (A)	, line 4)			0				
	15	Salaries, other compensat	alaries, other compensation, employee benefits (Part IX, column (A), lines								
&		5-10)				2,443,212	2,672,747				
क	16a	Professional fundraising fe	es (Part IX, column (A), lı	ne 11e)			0				
Expenses	Ь	Total fundraising expenses (Part	IX, column (D), line 25) ▶ 372,	511							
	17	Other expenses (Part IX, o	column (A), lines 11a-11d	d,11f-24e)		2,489,770	2,800,505				
	18	Total expenses Add lines	13-17 (must equal Part I	X, column (A), line 25)		4,959,555	5,507,871				
	19	Revenue less expenses S	ubtract line 18 from line 1	2		714,478	-803,063				
ው ያ		· · · · · · · · · · · · · · · · · · ·			Beginnin	of Current					
ည်း ကို						'ear	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 1	16)			37,065,613	35,277,167				
~ Z	21	Total liabilities (Part X, lin	e 26)			461,208	611,692				
žÏ.	22	Net assets or fund balance	es Subtract line 21 from li	ne 20		36,604,405	34,665,475				
Pai	rt II	Signature Block									
know		ties of perjury, I declare that I and belief, it is true, correct, a									
		*****				)13-05-08					
Sign		Signature of officer			Da	ate					
Here	e	STACY L CROWE Director of F	inance								
		Type or print name and title									
		Preparer's		Date	Check If		ayer identification number				
Paid		signature Thomas V Stephe	n	self- employed 🕨 🔽	(see instruction	S)					
	arer's					+					
Use (		ıf self-employed),				EIN Þ					
	,	address, and ZIP + 4 $\sqrt{3102}$	OAK LAWN STE 800LB101			Phone no 🕨 (	214) 824-2556				
		DALLA	S, TX 752194241			FINOTIC NO F (	ZIT) UZT-ZJJU				

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

Form	1990 (2011)				Page 2
Par	t III Statement of Prog Check if Schedule O co	ram Service Accomp			r
1	Briefly describe the organizat	ion's mission			
enfo	Center is a nonprofit institution rcement officials in the United Sing from 1/2 day to 2 months lo	dedicated to improving the tates and throughout the w	orld The Center annually	presents over 75 profession	
2	Did the organization undertake the prior Form 990 or 990-EZ		ervices during the year w	hich were not listed on	Yes 🔽 No
	If "Yes," describe these new s	ervices on Schedule O			
3	Did the organization cease conservices?		nt changes in how it cond		Yes 🔽 No
	If "Yes," describe these chang	es on Schedule O			
4	Describe the organization's prexpenses Section 501(c)(3) agrants and allocations to othe	and 501(c)(4) organization:	s and section 4947(a)(1)	trusts are required to report	
4a	(Code ) (Ex	penses \$ 4,481,521	ıncludıng grants of \$	34,619 ) (Revenue \$	2,503,279 )
	Tens of thousands of lawyers and la the Center has earned a reputation Programs are focused in specific into criminal defense, capital trial, actua	aw enforcement officers from all to for excellence in education. The erest areas law enforcement lea	50 states and over 125 countric Center offered more than 80 e dership, management and ethi	ducational programs with over 4,20	the Center Founded in 1947, 0 attendees during the year
4b	(Code ) (Ex	penses \$	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (De (Expenses \$	scribe in Schedule O) including grants o	f\$	) (Revenue \$	)
4e	Total program service expens	ses►\$ 4,481,52	1		

Part IV	Checklist	of Rea	uired	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0		1	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		110
Zu	Statements filed for the calendar year ending with or within the year covered by this			
	return		1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	LU	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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 or securities account)?	4a		No
b				110
	If "Yes," enter the name of the foreign country 🕨			
	222 m.s. actions for ming requirements for Form 12 F 20-22 T, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			 No
·	1	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
÷	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
-	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	<b>7</b> c		No
d	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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		NI =
L	required?	7g		No
п	Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess		1	
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
44				
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or shareholders			
D	sources against amounts due or received from them )			
4.2		40.		NI -
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		Νo
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand			
1./-	L. L.	1/1-		N o
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
D	ir res, has it med a form / 20 to report these payments / II IVO, provide an explanation in Schequie U	T4D	1	No

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ection B. Policies (This Section B requests information about policies not required by the Internal							
ке	venue Code.)		Yes	No				
102	Did the organization have local chanters, branches, or affiliates?	10a	163	No				
	<b>10a</b> Did the organization have local chapters, branches, or affiliates?							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No				
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization STACY L CROWE
  5201 Democracy Drive

PLANO,TX 750243561 (972)244-3400

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Title	(B) Average hours per week (describe	more than one box, unless person is both an officer and a director/trustee)  more than one box, compensation from the organization (W-organizations 2/1099-MISC)  compensation from the organization (W-2/1099-MISC)								(F) Estimated amount of other compensation from the organization and			
		hours for related organizations in Schedule O)	Individual trustaa or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reiati organiza	
See A	Additional Data Table													
												_		
												_		
												_		
							-	_						
												$\perp$		
												$\perp$		
1b	Sub-Total				•	•		<b>-</b>	•		•			
<u>c</u>	Total from continuation sheets	<u> </u>			•	•		<u> </u>		871,933				74,703
d 	Total (add lines 1b and 1c) .  Total number of individuals (incli	udına hut not lın		thos	• e lis	· ted	· ahove		n receive		an			74,703
_	\$100,000 of reportable compens						45010	,			• • • • • • • • • • • • • • • • • • • •			
													Yes	No
3	Did the organization list any form						employ	ee, c	or highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sch					_	•	٠.		• •		3		No
4	For any individual listed on line 1 organization and related organization and related organization of the second sec											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									anızatıon • • •	or individual for •	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
		(A) ne and business add	dress							Dec	(B) ription of services		(C)	
ITEE		ic and publicas du	u1C33							Desc	inputoti of activities	+	Compen	Jacion

( <b>A)</b> Name and business address	(B) Description of services	(C) Compensation
LIFE BLUE 825 MARKET STREETSUITE 200 ALLEN, TX 75013	WEBSITE DESIGN	181,625
ASCENSION TECHNOLOGY SOLUTIONS PO BOX 1355 ALEDO, TX 76008	DATABASE PROGRAMMERS	253,528
Total number of independent contractions (including but not limited to		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Pait v	<u> </u>	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>\$ \$</b>	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues	1b				
ಕ್≗	c	Fundraising events	. 1c				
कुंद							
<u>≅.</u> ਰ	d	Related organizations	1d				
હેં≣	e	Government grants (contributions)	<b>1e</b> 399,402				
<u>`</u> ⊇. <u>∞</u>	f	All other contributions, gifts, grants, an	d <b>1f</b> 391,979	į	į		
돌콜		sımılar amounts not ıncluded above					
물탕	g	Noncash contributions included	lın				
돌	١.	lines 1a-1f \$	- [	704 204			
ठँ व	h	Total. Add lines 1a-1f	· · · · · · •	791,381			
<b>0</b> 2			Business Code				
Ē	2a	TEXTBOOK/PROG MATERIAL	611710	102,903	102,903		
9 <u>4</u>	Ь	ROYALTIES ON PUBLICATIONS	611710	172,476	172,476		
Æ			_	·	·		
3	C	ON THE ROAD COURSES	611710	202,821	202,821		
ž.	d	MEMBERSHIP DUES AND ASSES	611710	896,735	896,735		
£	e	ADULT EDUCATION TUITION	611710	1,128,344	1,128,344		
Program Serwce Revenue	f	All other program service rever	ue				
š							
<u></u>	g	<b>Total.</b> Add lines 2a-2f		2,503,279			
	3	Investment income (including o	lividends, interest				
		and other similar amounts) $oldsymbol{.}$		788,963			788,963
	4	Income from investment of tax-exemp	ot bond proceeds 🕨	0			
	5	Royalties	• [	247,353			247,353
		(ı) Real	(II) Personal				
	6a	Gross rents 24,	021				
	Ь	Less rental					
		expenses Rental income 24,	021				
	C	or (loss)	021				
	d	Net rental income or (loss) .	🛌	24,021			24,021
		(ı) Securities	(II) O ther				
	7a	Gross amount 13,146,	424				
		from sales of assets other					
		than inventory					
	b	Less cost or 12,821, other basis and	808				
		sales expenses					
	C	Gain or (loss) 324,					
	d	Net gain or (loss)	<b>. ►</b>	324,616			324,616
ė	8a	Gross income from fundraising events (not including					
<u>₹</u>		\$ of contributions reported on line	10)				
ě		See Part IV, line 18					
ά			a				
Other Revenue	ь	Less direct expenses	. ь				
ᅙ	c	Net income or (loss) from fundr		o			
	9a	Gross income from gaming activ	ı İ				
		See Part IV, line 19	·==				
			a				
	ь	Less direct expenses	. b				
	c	Net income or (loss) from gamii	ng activities	o			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold	a b				
	c	Net income or (loss) from sales		o			
		Miscellaneous Revenue	Business Code				
	11a	REIMBURSED EXPENSES	900099	33,316			33,316
	ь		900099	-8,121		-8,121	•
		ORD INC PRIVATE EQUITY	_	0,121		5,121	
	C		_				
	d	All other revenue					
	e	Total. Add lines 11a-11d .	•	25,195			
	12	Total revenue. See Instructions	; ▶	4,704,808	2,503,279	-8,121	1,418,269

## Part IX Statement of Functional Expenses

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

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

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,619	34,619		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	751,471	361,935	226,659	162,877
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,310,689	1,147,396	89,496	73,797
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,863	64,512	15,122	11,229
9	Other employee benefits	315,948	233,802	47,392	34,754
10	Payroll taxes	203,776	159,929	24,723	19,124
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	4,477	3,358	1,119	
С	Accounting	20,163	15,122	5,041	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	81,800	4,090	77,710	
g	Other	224,751	204,796	19,955	
12	Advertising and promotion	275,697	274,363	746	588
13	Office expenses	328,082	287,920	22,213	17,949
14	Information technology	13,591	11,116	2,475	
15	Royalties	0			
16	Occupancy	103,761	84,738	10,470	8,553
17	Travel	84,835	64,168	20,667	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,027,015	1,019,592	7,423	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	437,569	357,330	44,174	36,065
23	Insurance	35,402	28,912	3,572	2,918
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	PTSHP PASS- THROUGH EXP	25,161		25,161	
b	IOC	30,588	30,588		
С	MISCELLANEOUS	38,416	28,725	6,316	3,375
d	BANK CHARGES	53,642	51,807	1,835	
e					
f	All other expenses	15,555	12,703	1,570	1,282
25	Total functional expenses. Add lines 1 through 24f	5,507,871	4,481,521	653,839	372,511
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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,000 1,000 1 1 2.180.400 3.073.219 2 2 3 3 0 486.894 4 503.490 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 Schedule L . . . . . 0 7 0 8 9 39,111 9 24.127 Prepaid expenses and deferred charges . . . . . . 10a 13,007,459 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 3,486,255 b Less accumulated depreciation . . . . 9,539,321 10c 9,521,204 0 11 11 23,644,102 20,602,704 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 Intangible assets . . . . . . . . . 1,174,785 15 1,551,423 15 37,065,613 35,277,167 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 403,768 551,608 17 17 Accounts payable and accrued expenses . 18 18 19 57,440 19 60,084 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . . 26 461,208 26 611,692 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 36,070,832 Unrestricted net assets . . . . 34,131,898 193,830 28 193,834 28 Temporarily restricted net assets . . . . . Fund 29 339,743 29 339,743 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 36.604.405 33 34.665.475 34 Total liabilities and net assets/fund balances . . . . . 37.065.613 34 35,277,167

Pal	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		4,7	704,80
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,507,87		
3	Revenue less expenses Subtract line 2 from line 1	3		-8	303,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,6	504,40
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,1	135,86
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		34,6	565,47
Par	TEXTI Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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As Filed Data -

DLN: 93493128000403

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

The C	ame of the organization ne Center for American and ternational Law								' '	dentificatio	n numbe	r
	rt I		n for Du	blic Charity Sta	tus (All or	nanizations	must comr	nlete this n	75-60128 art ) See in			
				te foundation becaus						isti uctions		
1	- J			on of churches, or a			-		,			
2	-		•	in <b>section 170(b)(1</b>			•	/(-/(-//-/-				
3	Ė			perative hospital se				n 170(b)(1)	(A)(iii).			
4	r	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6	$\sqcap$	A federa	al, state, or	local government o	government	tal unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	Γ	describe	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	eral publi	С
8	Γ	A comm	unity trust	described in <b>section</b>	170(b)(1)(	A)(vi) (Con	nplete Part II	)				
9	Γ			at normally receives								ss
		ıts supp	ort from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less s	section 511 t	tax) from bu	ısınesses	
		acquired by the organization after June 30, 1975 See section $509(a)(2)$ . (Complete Part III )										
10	$\Gamma$	An orga	nization or	ganized and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).			
11	Γ	one or m	nore public	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type I	atıons descr oortıng organ	ibed in secti ization and d	on 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 5		.Check
е	Γ	other th	an foundat 509(a)(2)	ox, I certify that the on managers and ot	her than one	or more pub	licly support	ed organızat	ions describe	ed in section	n 509(a)(	(1) or
f				received a written d	etermination	from the IR	S that it is a	Type I, Type	e II or Type I	II supportu	ng organi	zation,
g				2006, has the organ	ızatıon accep	oted any gift	or contribution	on from any	of the			,
		(i) a per	son who di	rectly or indirectly c	ontrols, eith	er alone or t	ogether with i	persons des	crıbed ın (ıı)		Yes	No
		and (III)	below, the	governing body of th	e the suppo	rted organiza	ation?			<b>11</b> g	(i)	
		(ii) a far	mily membe	er of a person descrı	bed in (i) abo	ove?				11g	(ii)	
				lled entity of a perso						11g(	(iii)	
h		Provide	the followi	ng information about	the support	ed organızat	ion(s)					
(i) Name suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your gove docume  Yes	e Ion In ted In rnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) organizati	e Ion In anized	A mo	vii) unt of port?
						+ ··-	<del></del>	ļ	<del></del>	<del></del>		

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test-					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test									
	Explanation									

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493128000403

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

tema	Il Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
	me of the organi			Employer identific	ation number	er
	e Center for Americar ernational Law	n and		75-6012849		
Pa			dvised Funds or Other Similar Fu		<b>s.</b> Comple	te if the
	organiz	ation answered "Yes" to Form 99		41.5		
1	Tatal number at	t and afware	(a) Donor advised funds	(b) Funds and	otner accou	nts
1 2	Total number at	ributions to (during year)				
2 3	33 3	ts from (during year)				
4	Aggregate value					
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	┌ No
6	Dıd the organız used only for cl	ation inform all grantees, donors, and	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar		┌ Yes	┌ No
Pa	rt III Consei	rvation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part I	V, line 7.	
<b>1</b> 2	Preservation Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing last day of the tax year	on or pleasure) $\Gamma$ Preservation of an	historically importai certified historic stru of a conservation	•	a
		ie iast au, si the tax year	[	Held at th	e End of the	Year
а	Total number o	f conservation easements		2a		
b	Total acreage r	estricted by conservation easements		2b		
С	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3 4	the taxable yea	servation easements modified, transfear •esemble =esemble = _	erred, released, extinguished, or terminate	d by the organization	n during	
5	Does the organ		g the periodic monitoring, inspection, hand	— Iling of violations, an	rd <b>┌ Yes</b>	☐ No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<u> </u>	
7	A mount of expe ► \$		ng, and enforcing conservation easements	during the year		
8		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Par	t IIII Örgani	izations Maintaining Collectio	ons of Art, Historical Treasures, ( 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd nancial statements that describes these it	h in furtherance of p		e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in s			
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets incl	uded in Form 990, Part X		<b>►</b> \$		43,897
2		cion received or held works of art, historics required to be reported under SFA	orıcal treasures, or other sımılar assets fo S 116 relatıng to these ıtems			
а	Revenues inclu	ided in Form 990. Part VIII. line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	toric	cal Tre	<u>easur</u>	es, or O	the	r Similar <i>i</i>	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he follo	_		-			ection	า	
а	Public exhibition		d	Г	Loan o	or exch	ange progr	ams				
b	Scholarly research		е	Γ	Other							
С	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	further	r the or	ganızatıon	's ex	empt purpos	e ın		
5	During the year, did the organization solicities	or receive donations	s of ar	rt. hıst	orical t	treasur	es or other	sım	ıılar			
	assets to be sold to raise funds rather than t	o be maintained as	part	of the	organız	zation's	collection	?			Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	Y" t	es" to Form	າ 990 	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions or	rother ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ble		г					
							-	_		Amou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						F	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?	•						Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	1										
Pai	tt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y			Years Back	+ • •	Three Years Ba	ck (e	Four Y	ears Back
1a	Beginning of year balance	339,743		•	339,743		339,74	3				
b	Contributions							-				
С	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	339,743			339,743		339,74	3				
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 100 000 %											
c	Term endowment ▶											
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and ad	lmınıstered	lfor	the			
	organization by								_		Yes	No
	(i) unrelated organizations									Ba(i)		No
	(ii) related organizations								🔼	Ba(ii)		No
	If "Yes" to 3a(II), are the related organization							•		3b		No
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	70, Pa							Т		
	Description of property				Cost or o		( <b>b)</b> Cost or of basis (othe		(c) Accumula depreciatio		( <b>d</b> ) Bo	ok value
<b>1a</b> l	and						1,206	,737				1,206,737
b i	Buildings						9,240	,559	1,758	,869		7,481,690
<b>c</b> l	easehold improvements											
d i	Equipment						1,856	,162	1,391	,968		464,194
е (	Other						704	,001	335	,418		368,583
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line .	10(c).)							9,521,204
	•	· · · · · · · · · · · · · · · · · · ·	. ,							e D (F		90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		of valuation year market value
		Cost of end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	20,602,704		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation
	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	II.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value

201	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,704,808
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,507,871
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-803,063
4	Net unrealized gains (losses) on investments	4	-1,130,281
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,586
9	Total adjustments (net) Add lines 4 - 8	9	-1,135,867
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,938,930
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,543,780
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-1,140,393
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,684,173
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	20,635
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,704,808
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	5,482,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,482,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	25,161
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	5,507,871
Pai	rt XIV Supplemental Information		

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	PARTNERSHIP K-1 PASSTHROUGH INCOME \$25161
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	PARTNERSHIP K-1 PASSTHROUGH INCOME \$20635
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	PARTNERSHIP PASSTHROUGH EXPENSES \$25161 PARTNERSHIP DISTRIBUTION (OTHER THAN RETURN OF CAP) \$ -10112 PARTNERSHIP PASSTHROUGH INCOME \$ -20635
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	THE CENTER'S PERMANENT ENDOWMENT FUNDS OF \$339,743 ARE RESTRICTED TO LAW ENFORCEMENT INSTITUTE ACTIVITIES, INTERNATIONAL LEGAL ACTIVITIES, COSPONSORED ACTIVITIES, AND ACTIVITIES OF THE CENTER
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	COLLECTION ITEMS CONSIST OF HISTORICAL ARTIFACTS AND RECORDS FROM THE NUREMBURG TRIAL AT THE CONCLUSION OF WORLD WAR II

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**Schools** 

▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493128000403

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization The Center for American and

**Employer identification number** 

International Law 75-6012849 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No\_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		THE CENTER FOR AMERICAN AND INTERNATIONAL LAW PUBLISHES ITS NONDISCRIMINATORY POLICY IN ITS MARKETING MATERIALS AND BROCHURES

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493128000403

OMB No 1545-0047

Open to Public

**Inspection** 

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification

	ie of the organization					employer identi	i ication number
	Center for American and rnational Law					75-6012849	
	rt I General Informatio "Yes" to Form 990, Pa			the United States. C	omplete		ation answered
1	For grantmakers. Does the			ds to substantiate the	amount	of the grants o	r
	assistance, the grantees' eli	gibility for the	grants or ass	istance, and the select	cion crite	rıa used to awa	rd
	the grants or assistance? .						✓ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	e of grant	funds outside th	e			
3	Activites per Region (Use Part	V if additional s	space is needed	)			
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , rfundraising, program services investments, grants to recipients located in the region)	program spe	sety listed in (d) is a service, describe scific type of se(s) in region	(f) Total expenditures for region/investments in region
	SANTIAGO, CHILE	0	0	EDUCATIONAL PROGRAM	ARBITR <i>A</i> PRO GRA		22,84
	MEXICO CITY , MEXICO	0	0	EDUCATIONAL PROGRAM	ENERGY	PROGRAM	11,19
	Sub-total						34,03
	Total from continuation sheets	I	I	1	1		

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	grant or (b) Region (c) Number of recipients			(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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## Part IV Foreign Forms

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

Schedule F (Form 990) 2011

#### **Additional Data**

**Software ID:** 11000144

Software Version: 2011v1.5

**EIN:** 75-6012849

Name: The Center for American and

International Law

Schedule F (Form 990) 2011

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493128000403

**Inspection** 

Internal Revenue Service Name of the organization Employer identification number The Center for American and 75-6012849 International Law Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . .

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organ	nızatıon answered "\	Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	-			

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION, MATERIALS, & REFRESHMENTS	13	5,380			
(2) CASH GRANTS & ALLOCATIONS	4	29,239			
David TV Complemental Informati	in Commission that			Dant I has 2 and some other	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description		THE CENTER EXERCISES A POLICY WHEREBY THE CENTER SEEKS OUT WORTHY, BONA FIDE EDUCATIONAL
of How Grants are Used		CAUSES SUBJECT TO REVIEW BEFORE ADOPTION OF THE PROGRAM AS AN ACCEPTABLE PROJECT

Schedule I (Form 990) 2011

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DLN: 93493128000403

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization The Center for American and International Law

**Employer identification number** 

75-6012849

Pa	Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive				,,	
	officers, directors, trustees, and the CLO/Livecutive	Directo	or, regarding the items thetked in line 14.	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	∇ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs :	section 53 4958-4(a)(3)? If "Yes," describe	_		
				8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		No

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

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	(iii) Other	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior
		compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) MICHAEL J MARCHAND	(ı) (ıı)	203,266			22,000	4,318	229,584	
(2) MARK P SMITH	(ı) (ıı)	174,282			15,882	3,664	193,828	
(3) DAVID B WINN	(ı) (ıı)	156,292			12,500	2,084	170,876	
	_							

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Line 1a	1a Relevant information in regards to	Part 1, Line 1A - Each year the President's travel budget is included as part of the Center's Operating Budget and is approved by the Board of Trustees at the annual May meeting Usually one or two trips are included in this budget - ACCLEA and ABA, at less than \$10,000 per year Additionally, immaterial health club dues are paid for the President on a monthly basis. Again this benefit was included in his contract upon hire and was approved by the Board Part I, Line 1B - Each reimbursement paid is in accordance with the Center's written travel policy. Each quarter, the President's executive assistant provides the President's expenses to the Chair of the Executive Committee for final sign off.

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493128000403

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OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization The Center for American and International Law **Employer identification number** 

75-6012849

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE CENTER MAKES ITS CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST ARTICLES OF INCORPORATION, BY-LAWS, AND OTHER GOVERNING DOCUMENTS ARE NOT NORMALLY PROVIDED
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE CENTER'S COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ESTABLISHES AND REVIEWS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE CENTER VIA AN ANNUAL REVIEW, APPLYING ALL ELEMENTS NOTED IN THE LINE'S QUERY
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE CENTER'S BOARD MEMBERS COMPLETE AND SIGN AN ACKNOWLEDGEMENT THAT THE CONFLICT OF INTEREST POLICY HAS BEEN RECEIVED AND REVIEWED THE POLICY ASKS EACH BOARD MEMBER TO DISCLOSE ANY MATERIAL FINANCIAL INTEREST ONLY INDEPENDENT PARTIES ARE INCLUDED IN THE VOTING PROCESS
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE CENTER'S PRESIDENT REVIEWS A DRAFT OF THE FORM 990 AND PRESENTS A FINAL DRAFT TO THE EXECUTIVE COMMITTEE FOR SIGN-OFF THE FINAL RETURN FILED WITH THE IRS IS PROVIDED TO ALL BOARD MEMBERS 30-45 DAYS AFTER FILING

**Software ID:** 11000144 **Software Version:** 2011v1.5

**EIN:** 75-6012849

Name: The Center for American and

International Law

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

(A) Name and Title	(B) Average hours	Posi	() tion ( that a	C <b>)</b> (che	cka			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ELIZABETH LANG-MIERS Trustee	50	Х						0	0	0
CHARLES SCHWARTZ Trustee	50	Х						0	0	0
SYLVIA KERRIGAN Trustee	50	Х						0	0	0
RICK PLAEGER Trustee	50	Х						0	0	0
BETSY D WHITAKER	50	Х						0	0	0
Trustee CURTIS FRASIER Trustee	50	Х						0	0	0
WILLIAM K SUTER Trustee	50	Х						0	0	0
JACK BALAGIA JR Trustee	50	Х						0	0	0
R GERALD STOREY III Trustee	50	Х						0	0	0
W ANTHONY STEWART Trustee	50	Х						0	0	0
KENNETH L STEWART Trustee	50	Х						0	0	0
BARRY SORRELS Trustee	50	Х						0	0	0
WILLIAM DAWSON Trustee	50	Х						0	0	0
OLIVER B REVELL Trustee	50	Х						0	0	0
THOMAS R PHILLIPS Trustee	50	Х						0	0	0
HOMER E MOYER JR Trustee	50	Х						0	0	0
ALAN CRAIN Trustee	50	Х						0	0	0
CHARLES W MATTHEWS Trustee	50	Х						0	0	0
BARRY F MCNEIL Trustee	50	Х						0	0	0
ANNE H MCNAMARA Trustee	50	Х						0	0	0
JOANNE ALEXANDER Trustee	50	Х						0	0	0
SAM A LINDSAY Trustee	50	Х						0	0	0
JACK M KINNEBREW Trustee	50	Х						0	0	0
DEE J KELLY JR Trustee	50	Х						0	0	0
HARRIET E MIERS Trustee	50	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) Average hours		(i ition that a			ıll		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROBERT W JORDAN Trustee	50	×						0	0	0
DARRELL E JORDAN Trustee	50	Х						0	0	0
JOHN WANDER										
Trustee	50	Х						0	0	0
PATRICK E HIGGINBOTHAM	50	Х						0	0	0
Trustee		- ''								
DALE WAINWRIGHT Trustee	50	Х						0	0	0
LEE ROSENTHAL	50	Х						0	0	0
Trustee	30								-	,
ANTON MAURER Trustee	50	Х						0	0	0
GEORGE MANNING										
Trustee	50	X						0	0	0
VERONICA LEWIS Trustee	50	X						0	0	0
GREGORY JOSEPH								0	0	0
Trustee	50	Х						0	0	0
NINA CORTELL Trustee	50	Х						0	0	О
JOAN A LUKEY	50	×						0	0	0
Trustee								_		
GEORGE C CHAPMAN Trustee	50	X						0	0	0
W MIKE BAGGETT	50	Х						0	0	0
Trustee								_		
MARK D CHRISTIANSEN Trustee	50	Х						0	0	0
SUSAN L KARAMANIAN Trustee	50	Х						0	0	0
ANN BRUDER	50	Х						0	0	0
Trustee DOAK BISHOP										
Trustee	50	X						0	0	0
BARRY BARNETT Trustee	50	Х						0	0	0
DAVID J BECK	50	X						0	0	0
Trustee	50		<u> </u>					0	0	
DONALD ABUNZA Trustee	50	х						О	0	0
JOHN EICHMAN	50	Х						0	0	0
Trustee			<u> </u>		_					
MICHAEL J MARCHAND President	50 00	Х		Х				203,266	0	26,318
DAN PRIMOZIC ASSOC DIRECTOR	50 00			х				109,718	0	5,466
NEIL MOORE	50 00			Х				121,910	0	2,455

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

<b>(A)</b> Name and Title	(B) A verage hours	Average Position (check all						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
STACY L CROWE Director OF FIN	40 00			х				106,465	0	6,334	
DAVID B WINN Vice President	50 00			х				156,292	0	14,584	
MARK P SMITH Vice President	50 00			х				174,282	0	19,546	