## DLN: 93493192021760

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Return of Organization Exempt From Income Tax** 

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service		-in00-01-2019 and andin09-3	21 2010					
		pplicable:	C Name of organization	ning 09-01-2018 , and ending 08-3	31-2019	D Employer id	 lentificatio	n number		
		change	ASAE RESEARCH FOUNDATION F/K/A ASAE FOUNDATION			52-130048				
	me cha	-	Doing business as				,			
☐ Initial return ☐ Final return/terminated			being basiness as							
		return		ail is not delivered to street address) Room/st	uite	E Telephone nu	mber			
□Ар	plicatio	on pending	1575 I STREET NW			(202) 326-9	<b>∌</b> 550			
			City or town, state or province, count WASHINGTON, DC 20005	try, and ZIP or foreign postal code						
			·			<b>G</b> Gross receipt	:s \$ 18,664,	,121		
			F Name and address of principal SUSAN ROBERTSON	officer:		Is this a group return				
			1575 I STREET NW			subordinates? Are all subordinates	_	□Yes ☑No		
T Ta	y-even	npt status:	WASHINGTON, DC 20005		┧ `´	included?		☐ Yes ☐No		
			<b>№</b> 501(c)(3)	insert no.)		If "No," attach a list.	•	uctions)		
J W	ebsit	e:► WW	/W.ASAECENTER.ORG		"(c)	Group exemption nur	nber ▶			
V			Corporation Trust Assoc	disking D others	L Year o	f formation: 1983 M :	State of leg	al domicile: DC		
K Forr	n or or	ganization	Corporation L Trust L Assoc	ciation    Other			J			
Pa	art I	Sum	mary		ı					
			scribe the organization's mission or							
				ISED ON ADVANCING KNOWLEDGE IN A ATION CAN UNDERTAKE ON ITS OWN, I						
e O	v	NHO WILI	LEAD THE PROFESSION OF ASSO	CIATION MANAGEMENT INTO THE FUT						
Ĕ	<u>I</u>	NNOVATI	VE.							
E	-									
Activities & Governance	-									
্ >ধ				continued its operations or disposed of r	more than	n 25% of its net asset				
ès.	l		of voting members of the governing	• • • • • •			3	11		
Ě	l		•	the governing body (Part VI, line 1b)			4	11		
<del>-</del>	l			endar year 2018 (Part V, line 2a)			6	0		
4	l		•	essary)			7a	46		
	l			VIII, column (C), line 12		• •	7a 7b	-561		
	Ь	Net unrei	ated business taxable income from	Form 990-T, line 34	· · ·	Prior Year		-1,811 rent Year		
		Contribut	ions and grants (Part VIII, line 1h)				Curi			
₫.			• • • • • • • • • • • • • • • • • • • •			708,114		803,336		
Ravenue	l	-	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li			1,664,610		2,541,702		
æ	l		venue (Part VIII, column (A), lines 5	· · · · · · · · · · · · · · · · · · ·		118,658		187,564		
	l			st equal Part VIII, column (A), line 12)		2,491,382		3,532,602		
	_		nd similar amounts paid (Part IX, co	· · · · · · · · · · · · · · · · · · ·		56,794		25,817		
	l		, , ,	lumn (A), line 4)		0		25,017		
s o	l		, ,	nefits (Part IX, column (A), lines 5–10)		0		1,194,110		
Expenses	l			nn (A), line 11e)		24,840 16,2				
D G	Ι.		raising expenses (Part IX, column (D), li							
Δ	l		penses (Part IX, column (A), lines 1	·		2,484,013		1,758,696		
	l		enses. Add lines 13–17 (must equa			2,565,647		2,994,918		
	ı			m line 12		-74,265		537,684		
8 8					Begi	nning of Current Year	En	d of Year		
Net Assets or Fund Balances										
Bala	l		ets (Part X, line 16)			28,167,463		27,353,869		
₹ 2	l		ilities (Part X, line 26)			6,331,493		7,495,52		
			s or fund balances. Subtract line 2	1 from line 20		21,835,970		19,858,348		
	ırt II		ature Block	ned this return, including accompanying	a cchodul	as and statements ar	ad to the l	host of my		
				Declaration of preparer (other than offi						
any k	nowle	edge.								
		*****	*			2020-07-10				
Sign		Signati	ure of officer			Date				
Here		SUSAN	ROBERTSON PRESIDENT AND CEO							
			r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date	Check I if PTIN	97829			
Paid self-employed					self-employed					
					Firm's EIN ► 42-0714	1325				
Use	On	ly  =	irm's address ▶ 2021 L STREET NW 400			Phone no. (202) 293-	2200			
			WASHINGTON, DC 200	36						
May t	he IR	S discuss	this return with the preparer show				✓ Yes [			

orm	990 (2018)				Page 2
Par	t III Statement of Program	m Service Accomplis	hments		
	Check if Schedule O conta	ns a response or note to a	any line in this Part III		🗹
L	Briefly describe the organization's				
ESE/ HE F	ARCH IN AREAS THAT NO ONE ASS	SOCIATION CAN UNDERTA NDS OF THE ASSOCIATIO	KE ON ITS OWN AND H IN COMMUNITY, THE FO	CIATION MANAGEMENT AND LEADER ELPING ASSOCIATIONS BECOME MO UNDATION MAINTAINS A RIGOROUS LEADERS.	ORE INNOVATIVE. WITH
	Did the organization undertake ar	ny significant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe these new servi	ces on Schedule O.			
:	Did the organization cease condu		changes in how it condu	cts, any program	
	services?		=		☐ Yes 🗹 No
1	Describe the organization's progra	am service accomplishmer organizations are required	to report the amount of	argest program services, as measur f grants and allocations to others, th	
la	(Code: ) (Exper	ses \$ 1,939,246	including grants of \$	25,817 ) (Revenue \$	)
	-				
ŀЬ	(Code: ) (Exper	ises \$	including grants of \$	) (Revenue \$	)
·c	(Code: )(Exper	ses \$	including grants of \$	) (Revenue \$	)
·d	Other program services (Describe (Expenses \$	in Schedule O.)	\$	) (Revenue \$	)
ما	Total program service expense	es ▶ 1,939,2	46		

Pa	tiv Checklist of Required Schedules			rage 3
	enecknist of Respired Constants		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 2	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	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		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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
		F	orm <b>99</b>	0 (2018)

				Page
વા	Checklist of Required Schedules (continued)			
	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	Yes	No
а	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 25a	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
•	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
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
:	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
•	If 'Yes' to line 35a, 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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
eli	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	· ·		Yes	No

**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?

**1**c

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

a Gross income from members or shareholders . . . . . . .

Section 501(c)(29) qualified nonprofit health insurance issuers.

11 Section 501(c)(12) organizations. Enter:

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

	1 990 (2018)			Page <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	"No" resp	onse to	lines 🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year lab	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	11		
2				No
3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person?	sion 3		No
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		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or m	ore 🔚		
	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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	s, <b>10b</b>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ne <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 t conflicts?	o 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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 independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemple.			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  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 during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  HEIDI ELLIS ROBEY 1575 I STREET NW WASHINGTON, DC 20005 (202) 626-2723			
	PHEIDI ELLIS ROBET 13/3 I STREET NW WASHINGTON, DC 20003 (202) 020-2/23			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) (C) (D) (E) Name and Title Reportable Reportable Estimated Average Position (do not check more hours per compensation compensation amount of other than one box, unless week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Highest co employee Officer Former Individual Key emplo organizations MISC) MISC) related director. below dotted organizations line)

		rustee	l Trustee		( <del>9</del> -9)	npensated				
(1) PATRICIA V BLAKE FASAE CAE	1.00									
CHAIR	2.00	Х		X				0	0	0
(2) STEPHEN J CALDEIRA SECRETARY-TREASURER	1.00	Х		х				0	0	0
(3) DEBRA S BENAVRAM FASAE CAE BOARD MEMBER	1.00	х						0	0	0
(4) HEIDI BIGGS BROCK BOARD MEMBER	1.00							0	0	0
(5) MICHAEL DOMINGUEZ CHSE BOARD MEMBER	1.00	Х						0	0	0
(6) STEVEN C ECHARD IOM CAE BOARD MEMBER	2.00	X						0	0	0
(7) SHERI L JACOBS FASAE CAE BOARD MEMBER	2.00	Х						0	0	0
(8) MATT LOEB CGEIT FASAE CAE BOARD MEMBER	2.00	Х						0	0	0
(9) THOMAS J NOONAN BOARD MEMBER	2.00	Х						0	0	0
	1.00			1	1		1 7			

1.00 (10) LYNDA J PATTERSON FASAE CAE 0 ...... BOARD MEMBER 2.00 1.00 (11) SAL MARTINO FASAE CAE Х 0 0 BOARD MEMBER 2.00 1.00 (12) JOHN GRAHAM IV Х 0 1,244,533 PRESIDENT & CEO, ASAE 36.50 4.75 (13) HEIDI ROBEY ..... Х 29,962 206,584 CHIEF FINANCIAL OFFICER 32.75 5.75 (14) SUSAN ROBERTSON Х 88,819 490.438 PRESIDENT & CEO, ASAE FOUNDATION 31.75 3.25 (15) ROBERT SKELTON Х 21,859 230,356 CHIEF ADMINISTRATIVE OFFICER, ASAE 34.25 3.50 (16) REGINALD HENRY . . . . . . . . 26,084 253,392 CHIEF INFORMATION OFFICER, ASAE 34.00 1.50 (17) JOHN ROBERT EDWARD LEE IV Х 8.835 212.034 CHIEF MKTING & COMMUN. OFFICER, ASAE 36.00

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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 (list any hours for related	than one box, unless person const is both an officer and a from director/trustee) organization					son a	(D) Reportable compensation from the organization (W-	from related - organizations	Estim amount comper from	F) nated of other nsation the ation and
	organizations below dotted line)	lividual trustee director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1035-11136/	MISC)	rela	ated zations
(18) AMY LEDOUX				'	x	'	'	7,67	75 184,205	5	22,896
SR. VP, MEETING & EXPOSITIONS, ASAE (19) SHARON MOSS	36.00 33.75		$\vdash$	<del> </del> '	$\vdash$	<del></del>	$\vdash$		+	+	
CHIEF RESEARCH OFFICER, ASAE	3.75	5		<u> </u>	Х	<u> </u>	<u></u>	171,42	19,047	7	31,280
(20) KEITH SKILLMAN  VP, PUBLICATIONS & KNOWLEDGE, ASAE	18.75 18.75			'		х		68,43	68,437	7	44,676
(21) DEBORAH HANGER SR. DIRECTOR, DATABASE ADMIN, ASAE	3.50 34.00	0				х		11,85	58 115,180	2	40,886
(22) PAMELA TROOP DIR, MTGS OPS & SPEC. EVENTS, ASAE	1.50 36.00			'		х		4,98	37 119,661	119,668 45,5	
(23) LARRY COVERT	3.50	)				х		11,31	14 109,898	8	18,769
SR. DIRECTOR, IT, ASAE (24) SOURI JAHANMIR	34.00 4.75	5	+	<del> </del>	+	<del></del>	$\vdash$	-	+		
DIR. OF FINANCE, REV & COL, ASAE				<u>_</u> '	!	Х	Ľ	14,97	72 103,225	5	16,966
	'				<u></u>	L'	<u></u>			<u></u>	
	'	Γ		[ _ '	[ _'	Ĺ _'	[ _'		Τ	Τ _	
1b Sub-Total					<b>&gt;</b>	<u>-</u>	_				
d Total (add lines 1b and 1c)	•				<u> </u>	<u>-</u>	_	466,225	3,356,997		836,345
Total number of individuals (including but of reportable compensation from the organization)	ıt not limited to t				/e) w	vho re	ceive	ed more than \$10	0,000		
							<u> </u>			Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	,	,	, ,		,		_		' '	3	No
4 For any individual listed on line 1a, is the organization and related organizations gr individual											
<ul> <li>Did any person listed on line 1a receive of services rendered to the organization? If '</li> </ul>									vidual for	1 1 1 1 1 1	No
Section B. Independent Contractors			_	_	_		_			,	INO
1 Complete this table for your five highest	compensated in									nsation	
from the organization. Report compensat	(A)	ndar ye	ar en	aing	WIT	1 OF W	Itniri		(B)		C)
								Compe	140,569		
1214 W ABINGDON DRIVE ALEXANDRIA, VA 22314											
				<u> </u>	_		<u> </u>				
										+	
2 Total number of independent contractors (in compensation from the organization ▶ 1	ncluding but not	t limited	d to t	hose	iliste	ed abc	ove)	who received mo	re than \$100,000 o		
										Form QC	20 (2018)

Part	VIII Statement of Revenue						
	Check if Schedule O contains a	response o	r note to any	y line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
ints ints	<b>b</b> Membership dues	1b					
Gra mo	c Fundraising events	1c	220,531				
fs A	d Related organizations	1d	131,205				
<u>i</u> :	e Government grants (contributions)	1e					
ons Sis	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f	451,600				
Contributions, Gifts, Grants and Other Similar Amounts	above L  g Noncash contributions included in lines 1a - 1f:\$		431,000				
ಲಿ ಕ	h Total. Add lines 1a-1f		. •	803,336			
жe	2a		Busines	s Code			
Service Revenue							
e R	b —						
ervi	d —	<del></del>					
S	e ————————————————————————————————————	_					
Program	<b>f</b> All other program service revenue.						
4	<b>9 Total.</b> Add lines 2a-2f						
	<b>3</b> Investment income (including divide similar amounts)			841,16	64	-561	841,725
	4 Income from investment of tax-exer	mpt bond pr	oceeds	<b>&gt;</b>			
	<b>5</b> Royalties		) Personal	3,03	1		3,031
	6a Gross rents	("	) reisoliai				
	<b>b</b> Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		· •				
	(i) Securiti  7a Gross amount from sales of assets other than inventory	es ( 17,141	(ii) Other				
	b Less: cost or other basis and 15,0: sales expenses	16,603					
		00,538					
	d Net gain or (loss)		<b>&gt;</b>	1,700,53	8		1,700,538
Other Revenue	8a Gross income from fundraising everage (not including \$ 220,531 contributions reported on line 1c). See Part IV, line 18		299,449	9			
Re	<b>b</b> Less: direct expenses	b	114,916				404.533
ther	c Net income or (loss) from fundraisi  9a Gross income from gaming activitie		· · •	184,53	13		184,533
Ö	See Part IV, line 19						
	<b>b</b> Less: direct expenses	a b					
	c Net income or (loss) from gaming		• •				
	10aGross sales of inventory, less returns and allowances	a					
	<b>b</b> Less: cost of goods sold <b>c</b> Net income or (loss) from sales of	b inventory .	. •				
	Miscellaneous Revenue		siness Code				
	11a						
	с						
	d All other revenue						
	e Total. Add lines 11a-11d		. •				
	12 Total revenue. See Instructions.			3,532,60	12	0 -561	2,729,827
					•		Form <b>990</b> (2018)

Forr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	elete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,817	25,817	<u> </u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	414,990	245,584	93,479	75,927
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	626,451	370,268	141,102	115,081
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	152,669	92,059	34,429	26,181
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal				
•	Accounting				
C	Lobbying				
•	Professional fundraising services. See Part IV, line 17	16,295			16,295
f	Investment management fees	93,866	60,794	33,072	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	546,830	546,678		152
12	Advertising and promotion	64,555	14,638		49,917
13	Office expenses	25,413	4,216	3,270	17,927
14	Information technology				
	Royalties				_
16	Occupancy				
17	Travel	46,973	19,778		27,195
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	24,328	9,137	4,265	10,926
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a OVERHEAD ALLOCATION	918,231	524,879	180,692	212,660
	b TEMPORARY SERVICES	18,117	16,969		1,148

10,523

7,792

2,068

2,994,918

c MISCELLANEOUS

e All other expenses

d AWARDS & SPONSORSHIPS

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ► ☐ if following SOP 98-2 (ASC 958-720).

7,054

1,318

1,939,246

57

3,467

7,510

500

564,886

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225

250

490,786

Cash-non-interest-bearing .

Accounts receivable, net

Part II of Schedule L . . .

Inventories for sale or use .

b Less: accumulated depreciation

Grants payable . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Notes and loans receivable, net

Prepaid expenses and deferred charges

basis. Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets. See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

**10a** Land, buildings, and equipment; cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments—program-related. See Part IV, line 11

Savings and temporary cash investments . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

Pledges and grants receivable, net . . .

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2

3

`	Balance Bricet				
	Check if Schedule O contains a response or note to any line in this Part IX				
		$\overline{}$		 	

10a

10b

Beginning of year		End of year
	1	
121,461	2	584,681

4

5

6

8

9

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **11** 

117.659

6.927

26,644,602

27.353.869 382,686

7.112.835

7.495.521

19.717.296

19,858,348

27,353,869

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141,052

	1	
121,461	2	
	3	

141.460

8.632

27.895.910

28.167.463

65.970

1.624

6.263.899

6.331.493

21.696.115

21.835.970

28,167,463

139.855

0 10c

265,363

265,363

Liabilities

Assets

11

12

13

14

15

16

17

18

19

20

21

22

23

24

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,532,602
2	Total expenses (must equal Part IX, column (A), line 25)	2			,994,918
3	Revenue less expenses. Subtract line 2 from line 1	3			537,684
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,835,970
5	Net unrealized gains (losses) on investments	5			,515,306
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		19,	,858,348
Pa	tXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

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**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

## Additional Data

Software ID:

Software Version: **EIN:** 52-1300485

Name: ASAE RESEARCH FOUNDATION

F/K/A ASAE FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

RESEARCH - THE FOUNDATION'S RESEARCH DEPARTMENT ADVANCES KNOWLEDGE IN NON-PROFIT MANAGEMENT BY PROVIDING RESOURCES THAT WILL HELP LEADERS FOCUS ON CRITICAL FACTORS TO ENHANCE THEIR ORGANIZATIONS. THE FOUNDATION IMPLEMENTS AND FACILITATES THE APPLICATION OF RESEARCH FINDINGS BY EXECUTIVES AND BOARDS THROUGH RIGOROUSLY DESIGNED SECONDARY, QUALITATIVE AND QUANTITATIVE METHODS. THOUGHT PROVOKING RESEARCH HAS BEEN PRODUCED ON MEMBERSHIP, VOLUNTEERISM, FUNDRAISING, AND THE ECONOMY.

efile	GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493192021760		
SCI	1ED	ULE A	Public	Charity Statu	s and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 990			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization o	<b>I</b>	2018		
		the Treasury	► Go to	www.irs.gov/Form	990 for the late	est information	•	Open to Public Inspection		
Name	of th	<del>ue Service</del> <b>ne organiza</b> RCH FOUNDATI					Employer identific	ation number		
F/K/A	ASAE F	OUNDATION					52-1300485			
	t I		for Public Charity Stat a private foundation because				See instructions.			
1			•	•	· '	,	(A)(i).			
2		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)								
3			or a cooperative hospital ser		,	, ,				
4			esearch organization operat	-			•	nter the hospital's		
_		name, city,	and state:		·			·		
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6			tate, or local government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).			
7	<b>✓</b>		ation that normally receives ( <b>'0(b)(1)(A)(vi)</b> . (Complete		s support from a	governmental u	ınit or from the gener	al public described in		
8		A communi	ty trust described in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
.0		from activition	ation that normally receives: ties related to its exempt fur income and unrelated busin See <b>section 509(a)(2).</b> (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
L1		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).			
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See section 509(a			
а		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ation vested in the sar						
C			unctionally integrated. A					ted with, its		
d		Type III n	organization(s) (see instruct on-functionally integrate integrated. The organizatio	<b>d.</b> A supporting organ n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported organ	1. 1. 1.		
e		Check this	<ul> <li>You must complete Parties</li> <li>box if the organization receit</li> <li>or Type III non-functionally</li> </ul>	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations		-		<u> </u>			
g			ing information about the su	<u> </u>	Υ'			T		
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	ation in your governing document? monetary support (see instructions)		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
			,							
Total		vork Reduc	tion Act Notice, see the I	 	Cat. No. 11285	I SE	 Schedule A (Form 9	 90 or 990-F7\ 2015		

Part II

Page 2

Section A. Public Support Calendar year **(b)** 2015 (c) 2016 (d) 2017 (a) 2014 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 3,976,563 1,026,525 883,510 708,114 803,336 7,398,048 membership fees received. (Do not include any "unusual grant.") . . 2 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... 1,026,525 3,976,563 883,510 708,114 803,336 Total. Add lines 1 through 3

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

7,398,048 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 3,513,391 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 3.884.657 line 4. Section B. Total Support

Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 1,026,525 3,976,563 883.510 708,114 803.336 7,398,048 Amounts from line 4. . Gross income from interest, dividends, payments received on 1,569,201 1,100,363 1,000,212 804,216 844,195 5,318,187 securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. . Other income. Do not include gain 10

or loss from the sale of capital 117,557 29,295 146,852 assets (Explain in Part VI.). . Total support. Add lines 7 through 11 12,863,087 12 1,773,126 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . . 14 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

30.200 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 29.760 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2018

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3		
₽}	Supporting Organizations (continued)					
			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<u> </u>				
	governing body of a supported organization:	11a				
b	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2		ĺ		
S	Section C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
_	Section D. All Type III Supporting Organizations		<u> </u>			
	,,, = === ==,, =======================		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.					
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):				
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00				
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's					
	involvement.	2b		<u> </u>		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_		

Sched	dule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Chack have if the surrent year is the organization's first as a non-functionally in	toarst.	ad Type III supporting or	raprization (coo

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** ASAE FOUNDATION WAS ESTABLISHED TO ADVANCE KNOWLEDGE IN ASSOCIATION MANAGEMENT BY CONDUCTING RESEARCH IN AREAS THAT NO ONE ASSOCIATION CAN UNDERTAKE ON ITS OWN, DEVELOPING EXISTING AND NEW PROFESSIONALS WHO WILL LEAD THE PROFESSION OF ASSOCIATION MANAGEMENT INTO THE FUTURE. AND HELPING ASSOCIATIONS BECOME MORE INNOVATIVE, THE FOUNDATION'S RESEARCH DEPARTMENT ADVANCES KNOWI EDGE IN NON-PROFIT MANAGEMENT BY PROVIDING RESOURCES THAT HELP LEADERS FOCUS ON CRITICAL FACTORS TO ENHANCE THEIR ORGANIZATIONS. THE FOUNDATION IMPLEMENTS AND FACILITATES THE APPLICATION OF RESEARCH FINDINGS BY EXECUTIVES AND BOARDS THROUGH RIGOROUSLY DESIGNED SECONDARY, QUALITATIVE AND QUANTITATIVE METHODS. THE FOUNDATION ACTIVELY SEEKS TO EXPAND ITS BASE OF CONTRIBUTIONS AND THE ACTIVITIES OF THE FOUNDATION DO NOT DIRECTLY BENEFIT A NARROW POPULATION OF CONTRIBUTORS, BUT THE GENERAL PUBLIC. 990 Schedule A, Supplemental Information Explanation

Return Reference

EXPLANATION OF OTHER

SCHEDULE A, PART II, LINE 10,

INCOME:

PASS-THROUGH PARTNERSHIP INCOME - 2015 AMOUNT: \$ 117,557. 2016 AMOUNT: \$ 29,295.

**SCHEDULE D** 

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493192021760 OMB No. 1545-0047

	► Go to <u>www.irs.g</u>	ov/Form990 for th	e latest informa	ation.		Ins	spection
					Emp	oloyer identification	number
					52-1	.300485	
rt I Organi	zations Maintaining Donor Advis	sed Funds or Otl	ner Similar Fu	nds or	Acc	ounts.	
Comple	te if the organization answered "Ye						
	, ,	(a) Donor	advised funds			(b)Funds and other	accounts
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
Aggregate value of contributions to (during year)							
	` ', '	<del> </del>					
33 3	,						
		•					Yes 🗌 No
							Yes 🗌 No
rt III Conser	vation Easements. Complete if th	e organization an	swered "Yes" o	n Form	990	, Part IV, line 7.	
Purpose(s) of co	onservation easements held by the organ	nization (check all th	at apply).				
☐ Preservation	on of land for public use (e.g., recreation	or education)	Preservation	n of an l	nistor	ically important land a	area
☐ Protection	of natural habitat		☐ Preservation	n of a ce	ertifie	d historic structure	
_							
	' '	gualified conservation	n contribution in	the form	n of a	concervation	
		quaimeu conservatio	ii contribution iii	the form	II OI Ą	Held at the End of	of the Year
Total number of	conservation easements				2a [		
Total acreage re	stricted by conservation easements				2b		
Number of conse	ervation easements on a certified historic	c structure included	n (a)		2c		
		red after 7/25/06, a	nd not on a histor	ric	2d		
	<u>=</u>				1		
	ervation easements modified, transferre	d, released, extingui	shed, or terminat	ed by ti	ne org	ganization during the	
· —							
						_	
Does the organi	zation have a written policy regarding th	ie periodic monitorin	g, inspection, har	ndling of	f viola	_	
							∐ No
Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enfor	cing cor	nserva	ation easements durir	ig the year
	<del></del>						
	nses incurred in monitoring, inspecting,	nandling of Violation	s, and enforcing o	conserv	ation	easements during the	e year
	envation accoment reported on line 2(d)	above esticity the re	auiromonta of coa	ation 17	0/6\/	4\(D\(i\	
			•		U(II)(·	, , , , ,	□ No
In Part XIII des	scribe how the organization reports cons	ervation easements	in its revenue and	d avnan	ca cta		□ <b>110</b>
balance sheet, a	and include, if applicable, the text of the	footnote to the orga					
			· <del>-</del>	041			
				r Otne	er Sii	milar Assets.	
If the organizati	ion elected, as permitted under SFAS 11	6 (ASC 958), not to	report in its rever				
					rther	ance of public service	,
•					ent an	nd balance sheet work	s of art.
historical treasu	ires, or other similar assets held for publ						
_							
i)Assets included	in Form 990, Part X					. 🕨 \$	
					cial g	ain, provide the	
Revenue include	$_{ m ed}$ on Form 990, Part VIII, line $1$					. ▶\$	
Assets included	in Form 990, Part X					. <b>&gt;</b> \$	
	me of the organic RESEARCH FOUNDATION ASAE FOUNDATION Comple  Total number at Aggregate value Aggregate value Aggregate value Aggregate value Did the organization's publication of the organization's publication of the organization's publication of the organization's publication of the organization of the	me of the organization  is RESEARCH FOUNDATION  A ASAE FOUNDATION  Total number at end of year	Total number at end of year.    Capted   Capted	Total number of conservation easements. Complete lift be organization of the organization of the organization answered "Yes" on Form 990, Part IV, line 6.  Total number at end of year.  Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in do organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funcharitable purposes and not for the benefit of the donor or donor advisor, or for any other puprivate benefit?  THI Conservation Easements. Complete if the organization answered "Yes" or Purpose(s) of conservation easements beld by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation preservation of pen space Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year.  Total number of conservation easements on a certified historic structure included in (a).  Number of conservation easements included in (c) acquired after 7/25/06, and not on a histor structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminal tax year   Does the organization have a written policy regarding the periodic monitoring, inspection, has and enforcement of the conservation easements in holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easement reported on line 2(d) above satisfy the requirements of sea and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization should rea	Receive Service	New coling   Program   P	Agreeque value of conservation assements held by the organization of particular for public use (e.g., recreation or education)   Preservation of an interval of passement or flat by the organization in the State of Compercy of the tax year.   Preservation of passements in the State of the organization and the state of conservation easements.   2a

Par	t IIII	Organizations Ma	aintaining Coll	ections of Art, I	Histor	ical T	reas	ures, or	Other	Similar A	ssets (	continue	ed)	
3	Using items	the organization's acquicked (check all that apply):	uisition, accession	, and other records	, check	any of	the f	ollowing t	hat are a	significant	use of its	collecti	on	
а		Public exhibition			d		Loar	n or excha	ange prog	ırams				
b		Scholarly research			e		Oth	er						
С		Preservation for future	generations											
4	Provid Part >	de a description of the o	organization's coll	ections and explain	how th	ey furtl	ner th	ne organiz	ation's ex	empt purpo	ose in			
5		g the year, did the orga s to be sold to raise fun									□ Ye	s [	] No	ı
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			rm 990	), Part	IV,	line 9, or	reporte	ed an amo	unt on F	Form 99	90, P	art
1a		e organization an agent led on Form 990, Part )									☐ Ye	es 🗆	] No	ı
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	ollowing	table:		[		Þ	mount			
C	Begin	ning balance							1c					
d	Addit	ions during the year .						[	<b>1</b> d					
е	Distri	butions during the year	·						1e					
f	Endin	g balance							1f					
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, line	21, for	escrov	or c	ustodial a	ccount lia	bility?	□ Ye	s [	] No	ı
b		s," explain the arrange								•	_			
Pa	rt V	Endowment Fund												
				(a)Current year		rior yea			ears back			(e)Four	years	back
<b>1</b> a	Beginn	ing of year balance .		13,901,941		13,24	1,825	1	2,299,469	12	,068,388		12,92	21,122
b	Contrib	outions							150		55,000			
c	Net inv	estment earnings, gain	ns, and losses	13,387		1,20	1,202		1,559,776		833,620		-4:	14,594
d	Grants	or scholarships												_
е		expenditures for facilitie	es	576,458		544	1,086		614,570		657,539		43	38,140
f	Admini	strative expenses .												
g	End of	year balance		13,338,870		13,90	1,941	1	3,244,825	12	,299,469		12,06	58,388
2	Provid	de the estimated percer	ntage of the curre	nt year end balance	e (line 1	g, colu	mn (a	a)) held a	s:					
а	Board	d designated or quasi-e	ndowment ► 1	.00.000 %										
b	Perm	anent endowment 🕨												
С	Temp	orarily restricted endov												
	The p	ercentages on lines 2a,	, 2b, and 2c shoul	d equal 100%.										
3a		nere endowment funds	not in the possess	sion of the organiza	tion tha	t are h	eld a	nd admini	stered fo	r the				
	-	nization by:											es	No
		related organizations			•	•		• • •				a(i) a(ii)	+	No No
b		elated organizations . s" on 3a(ii), are the rel			on Sche	• • • edule R	? .					3b	+	
4		ibe in Part XIII the inte	-	·										
Pa	rt VI	Land, Buildings,												
		Complete if the org			rm 990	), Part	IV,	line 11a.	See For	m 990, Pa	rt X, lir	ne 10.		
	Descri	ption of property	(a) Cost or oth (investme		t or other	basis (	other)	(c) Acc	umulated d	lepreciation	(	( <b>d)</b> Book	value	
<b>1</b> a	Land							1						
b	Buildin	gs												
c	Leaseh	old improvements						1						
d	Equipm	nent				20	55,363	3		265,363				0
Tota	ı. Add	lines 1a through 1e.(Co	olumn (d) must ed	ual Form 990, Part	X, colu	mn (B)	, line	10(c).)		<b>&gt;</b>				0

See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)		(b) Book	(c) Method of valuation: Cost or end-of-year market value	
		value	Cost of the of year market value	
) Financial derivatives  ) Closely-held equity interests  Other				
	_			
)				
)				
)				
)				
)				
ral. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Int VIII Investments—Program Related.	•			
Complete if the organization answered 'Yes' on Fo		rt IV, line k value	11c. See Form 990, Part X, line 13.  (c) Method of valuation:	
	(5) 500		Cost or end-of-year market value	
)				
)				
)				
)				
)				
)				
)				
)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>•</b>			
Other Assets. Complete if the organization answered  (a) Description		990, Part I	(b) Book	< valu
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ar				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  (a) Description of liability		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  E TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  The TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  E TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  E TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  TE TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization are See Form 990, Part X, line 25.  (a) Description of liability  Description of See Form 990, Part X, line 25.  (b) Federal income taxes  DE TO AFFILIATES		s' on Form	990, Part IV, line 11e or 11f.	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.		s' on Form	990, Part IV, line 11e or 11f.	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization are See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  DE TO AFFILIATES  (a) Description of liability		s' on Form	990, Part IV, line 11e or 11f.	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . .

Page 4

1,099,140

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

1

2

### 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 3,532,602 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1 3,076,762

2b Prior year adjustments . . . . . 2c C 2d 114,916 d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e 114,916 е 3 Subtract line 2e from line 1 . . . . . . . . . . . 3

2a

2,961,846 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b . . . 33.072 4b b Add lines **4a** and **4b** . . . . . . . . . . . . 4c 33,072

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 2.994.918 Supplemental Information

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

Return Reference Explanation

	Page <b>5</b>
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

# Additional Data

Software ID: Software Version:

> **EIN:** 52-1300485 Name: ASAE RESEARCH FOUNDATION

F/K/A ASAE FOUNDATION

E BOARD WILL APPROVE THE SPENDING GUIDANCE AND BUDGET TOGETHER AS PART OF THE ANNUAL BUDGE T APPROVAL PROCESS. IT IS ANTICIPATED THAT THE ANNUAL RECOMMENDATION WOULD FALL IN THE RAN

Supplemental Information	
Return Reference	Explanation
DARTY LINE 4.	THIS IS A BOARD DESIGNATED FUND. THE CORDUS OF WHICH IS TO REMAIN INT.

GE OF 3-6%, WITH AN EXPECTATION OF 4-4.5%.

THIS IS A BOARD-DESIGNATED FUND, THE CORPUS OF WHICH IS TO REMAIN INTACT, AND THE INVESTME PART V, LINE 4: NT INCOME USED FOR RESEARCH BENEFITING THE ASSOCIATION COMMUNITY AND FOR PROJECTS FOSTERIN G INNOVATION IN EDUCATION ON BEHALF OF THE ASSOCIATION COMMUNITY. THE GUIDELINES FOR THE S. PENDING OF ENDOWMENT FUNDS IN ANY BUDGET YEAR SHALL BE RECOMMENDED BY THE INVESTMENT **ADVIS** OR AND PRESENTED TO THE INVESTMENT SUBCOMMITTEE FOR DISCUSSION BASED ON PORTFOLIO RETURNS AS OF DECEMBER 31ST FOR THE THREE YEARS PRIOR TO THE UPCOMING BUDGET YEAR. THE RECOMMENDAT ION WILL BE MADE PRIOR TO PREPARATION OF THE BUDGET. WHICH WILL BE PROPOSED BASED ON THE A NTICIPATED PROGRAM OF WORK FOR THE UPCOMING YEAR AND THE RECOMMENDED SPENDING GUIDANCE. TH

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSE 114,916.						

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSE 114,916.						

SCHEDULE G

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

**Open to Public** 

DLN: 93493192021760 OMB No. 1545-0047

Internal Revenue Service

licensing.

(Form 990 or 990-EZ)

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

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** ASAE RESEARCH FOUNDATION F/K/A ASAE FOUNDATION 52-1300485 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations ✓ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? No Yes DEVELOPMENT THE SHERIDAN GROUP INC ASSESSMENT & 1100 N GLEBE RD SUITE 1010 ACTION PLAN No 0 16,295 -16,295 CONSULTING ARLINGTON, VA 22201 -16,295

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

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

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
11	Does the organization conduct gam	ing activities with nonmembe	rs?		Yes	Пио	
12	Is the organization a grantor, benef formed to administer charitable gan		a member of a partnership or other entity		Yes		
13	Indicate the percentage of gaming a	activity conducted in:					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ►						
	Address ►						
15a			om the organization receives gaming		· 🗌 Yes	□No	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party:						
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						
Pai	t IV Supplemental Informa	<b>ition.</b> Provide the explana	itions required by Part I, line 2b, columnications. Also provide any additional infor				 s.
	Return Reference		Explanation				

DLN: 93493192021760 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** ASAE RESEARCH FOUNDATION 52-1300485 F/K/A ASAE FOUNDATION 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 1 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient

(d) Amount of cash

that received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) IRC section

(b) EIN

(a) Name and address of

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

THE FOUNDATION REQUIRES FINAL PROJECT REPORT FROM AWARD RECIPIENTS. THE FOUNDATION KEEPS RECORDS OF ALL AWARD ACCEPTANCE FORMS.

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

PART I, LINE 2:

**Explanation** 

## Additional Data

112 SOUTH ALFRED STREET ALEXANDRIA, VA 22314

CARDIOLOGY FOUNDATION 2400 N STREET NW WASHINGTON, DC 20037

AMERICAN COLLEGE OF

Software ID: Software Version: **EIN:** 52-1300485 Name: ASAE RESEARCH FOUNDATION F/K/A ASAE FOUNDATION Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or government assistance other) AMERICAN ASSOCIATION FOR 02-0385503 501(C)(6) 7,699

6,500

(h) Purpose of grant

or assistance

PROJECT SUPPORT

PROJECT SUPPORT

# THERAPY INC.

MARRIAGE AND FAMILY

501(C)(3)

13-5641985

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 53-0259954 501(C)(3) 8.598 NATIONAL ASSOCIATION OF IPROJECT SUPPORT COLLEGE AND UNIVERSITY BUSINESS OFFICERS 1110 VERMONT AVE NW SUITE

800

WASHINGTON, DC 20005

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	:a -	DLN: 934	19319	2021	760	
Schedule J (Form 990)		С	ompensat	ion Information	00	1B No.	1545-0	0047	
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.						2018 Open to Public	
•	tment of the Treasury al Revenue Service	∕ ► Go to <u>www.irs.g</u>	<i>ov/Form990</i> for	r instructions and the latest inforr	nation.		to Pul ectio		
	ne of the organiz	ation			Employer identificat				
	E RESEARCH FOUNI 'A ASAE FOUNDATIO				52-1300485				
Pa	rt I Questi	ons Regarding Compens	ation		32 1300-103				
	Ç						Yes	No	
1a				f the following to or for a person liste ny relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	r companions	님	Payments for business use of perso					
	_	nification and gross-up paymen	its $\square$	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)				
b		exes in line 1a are checked, did all of the expenses described ab		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	<b>1</b> b			
2				or allowing expenses incurred by all		2			
	directors, truste	ees, officers, including the CEO/	Executive Directo	or, regarding the items checked in line	e 1a?				
3	organization's C	CEO/Executive Director. Check a	all that apply. Do	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain it					
	☐ Compens	ation committee		Written employment contract					
		lent compensation consultant		Compensation survey or study					
		of other organizations		Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	rance payment or change-of-co	ntrol payment? .			4a		No	
b				lified retirement plan?		4b	Yes		
С	Participate in, o	or receive payment from, an equ	uity-based compe	nsation arrangement?		4c		No	
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III.				
	Only E01(a)(3	2) E01(a)(4) and E01(a)(20	) organizations	must complete lines E-0					
5		3), 501(c)(4), and 501(c)(29 ed on Form 990 Part VII. Secti	-	the organization pay or accrue any					
•		contingent on the revenues of:	orryt, mie za, ara	the organization pay of accrac any					
а	The organizatio	n?				5a	Yes		
b	Any related org	anization?				5b	Yes		
	If "Yes," on line	e 5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Secti contingent on the net earnings o		the organization pay or accrue any					
а	The organizatio	n?				6a	Yes		
b	Any related org	anization?				6b	Yes		
	If "Yes," on line	e 6a or 6b, describe in Part III.							
7				the organization provide any nonfixe art III		7	Yes		
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No	
9				presumption procedure described in		9		110	
Ear D	Danarwark Badı	uction Act Notice, see the In	etructions for E	orm 900 Cat No F	50053T Schedule 1	/Eorn	000)	2018	

For each individual whose compensation must be reported on 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.

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		( <b>B</b> ) Breakdown of W-2 and/or 1099-MISC compensation			and other	( <b>D</b> ) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table								
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	1							

Page 3

Schedule J (Form 990) 2018

FOUNDATION'S EXECUTIVE COMPENSATION PROGRAM: -- TOTAL ANNUAL CASH COMPENSATION (CONSISTING OF BASE PAY AND A VARIABLE, AT-RISK INCENTIVE) IS POSITIONED AT 85% - 115% OF THE 75TH PERCENTILE OF DEVELOPED MARKET RATES; -- THE MIX OF TOTAL COMPENSATION ELEMENTS WILL REFLECT COMPETITIVE MARKET REQUIREMENTS AND STRATEGIC BUSINESS NEEDS; -- COMPENSATION IS LINKED TO BOTH QUALITATIVE AND BEHAVIORAL EXPECTATIONS, AND KEY OPERATIONAL AND STRATEGIC METRICS; AND -- COMPENSATION WILL BE DIFFERENTIATED ON THE FOLLOWING BASIS: BASE PAY -ON RELATIVE RESPONSIBILITY; ANNUAL INCENTIVES - ON PERFORMANCE; AND SUPPLEMENTAL BENEFITS - ON LONG-TERM PERFORMANCE. BASE PAY --DETERMINED BY INDIVIDUAL PERFORMANCE AND COMPARISONS TO SIMILAR POSITIONS IN INDIVIDUAL MEMBERSHIP AND GENERAL NON-PROFIT ORGANIZATIONS. PAY IS ESTABLISHED BASED ON JOB RESPONSIBILITY, LEVEL OF EXPERIENCE, INDIVIDUAL CONTRIBUTION TO THE BUSINESS, ANALYSES OF COMPETITIVE INDUSTRY PRACTICE AND VARIOUS OTHER QUALITATIVE AND QUANTITATIVE PERFORMANCE FACTORS.

Return Reference	Explanation	
PART I, LINE 4B	JOHN GRAHAM IV SERP CONTRIBUTION: \$300,000 (VIA RELATED ORGANIZATION ASAE)	

Return Reference	Explanation
	THE FOUNDATION'S CEO IS ALSO CEO OF THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, A RELATED SECTION 501(C)(6) ORGANIZATION. THE CEO'S COMPENSATION, ACCORDINGLY, IS DETERMINED THROUGH A PROCESS CONDUCTED BY ASAE. THAT PROCESS IS AS FOLLOWS: THE CEO'S ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARABLE GROUP AS DESCRIBED IN THE ANSWER (ON ASAE'S FORM 990) TO PART VI, QUESTION 15. THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH ASAE AND THE FOUNDATION. THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP, AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS. ANNUAL INCENTIVE PAY IS NOT DETERMINED AS A SPECIFIC PERCENTAGE OF REVENUES; RATHER, REVENUES ARE UTILIZED AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE.

Return Reference	Explanation
	THE FOUNDATION'S CEO IS ALSO CEO OF THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, A RELATED SECTION 501(C)(6) ORGANIZATION. THE CEO'S CONTINGENT COMPENSATION, ACCORDINGLY, IS DETERMINED THROUGH A PROCESS CONDUCTED BY ASAE. THAT PROCESS IS AS FOLLOWS: THE CEO'S TARGET ANNUAL INCENTIVE AMOUNT IS DETERMINED BASED ON THE MARKET PRACTICES OF THE COMPARABLE GROUP AS DESCRIBED IN THE ANSWER (ON ASAE'S FORM 990) TO PART VI, QUESTION 15. THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS OF BOTH ASAE AND THE FOUNDATION. THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECTORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP, AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS. ANNUAL INCENTIVE PAY IS NOT DETERMINED AS A SPECIFIC PERCENTAGE OF NET EARNINGS; RATHER, NET EARNINGS ARE UTILIZED AS MERELY ONE FACTOR WITH REGARD TO OVERALL PERFORMANCE.

Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	THE CEO HAS DISCRETION TO PROVIDE STAFF WITH BONUSES BASED ON THE OVERALL ORGANIZATIONAL PERFORMANCE. THIS IS A COMBINATION OF METRICS FOR THE ORGANIZATION. THERE MAY BE ADDITIONAL PERFORMANCE BONUSES GRANTED BASED ON SPECIFIC ACHIEVEMENT OF GOALS FOR A DEPARTMENT AND/OR INDIVIDUAL.

I (Form 990) 2018

#### **Additional Data**

112,458

115,412

4,809

2,375

2,582

108

(ii)

PAMELA TROOP

DIR, MTGS OPS & SPEC. EVENTS, ASAE

#### Software ID: Software Version: **EIN:** 52-1300485 Name: ASAE RESEARCH FOUNDATION F/K/A ASAE FOUNDATION Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in benefits (B)(i)-(D)other deferred column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation JOHN GRAHAM IV (i) PRESIDENT & CEO, ASAE 844,768 206,400 21,748 1,634,492 193,365 368,21 HEIDI ROBEY 24,962 2,005 2,995 3,357 34,372 1,053 CHIEF FINANCIAL OFFICER 172,106 13,825 23,147 7,259 236,990 20,653 SUSAN ROBERTSON 68,680 16,325 3,814 4,968 5,116 98,903 PRESIDENT & CEO, ASAE **FOUNDATION** 379,235 90,145 21,058 27,433 28,25 546,122 ROBERT SKELTON 19.863 1,237 759 2,519 3,066 27,444 CHIEF ADMINISTRATIVE OFFICER, ASAE (ii) 209,329 13,033 7,994 26,546 32,313 289,215 REGINALD HENRY (i) 24,142 1,661 281 2,748 2,815 31,647 CHIEF INFORMATION OFFICER, ASAE 234,522 2,731 16,139 26,69 27,343 307,426 JOHN ROBERT EDWARD LEE (i) 8,225 528 1,004 82 357 10,196 CHIEF MKTING & COMMUN. 197,408 12,662 1,964 24,093 8,566 244,693 OFFICER, ASAE AMY LEDOUX 7,149 8,791 483 43 916 200 SR. VP. MEETING & EXPOSITIONS, ASAE 171,571 (ii) 11,597 1,037 21,980 4,80 210.986 SHARON MOSS 146,463 14,952 203,636 10,008 19,612 12,601 CHIEF RESEARCH OFFICER, ASAE (ii) 16,274 2,179 22,626 1,112 1,661 1,400 KEITH SKILLMAN (i) 66,539 563 1,335 8,261 15,046 91,744 VP, PUBLICATIONS & KNOWLEDGE, ASAE 66,539 563 8,261 1,335 15,046 91,744 DEBORAH HANGER 11,577 245 36 1,507 2,574 15,939 SR. DIRECTOR, DATABASE ADMIN, ASAE

347

1,674

70

14,641

15,796

658

25,000

29,73

1,239

154,821

165,195

6,884

efile GRAPHIC print - DO NOT PROCESS								93493192021760	
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  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.  Solve Www.irs.gov/Form990 for the latest information.						OMB No. 1545-0047  2018  Open to Public Inspection			
Name Bether of game 2 ation ASAE RESEARCH FOUNDATION F/K/A ASAE FOUNDATION  990 Schedule O, Supplemental Information						fication number			
Return Reference					Expl	anation			
FORM 990, PART VI, SECTION A, LINE 1	ASAE FOUNDATION HAS AN EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE OFFICERS OF THE FOUNDATION AND THE CHAIR OF THE BOARD OF ASAE. IT MAY ACT IN THE PLACE OF THE BOARD OF DIRECTORS WHEN AUTHORITY IS DESIGNATED BY THE BOARD OR IN EMERGENCY MATTERS WHERE EXECUTIVE COMMITTEE ACTION IS TEMPORARY AND SUBJECT TO RATIFICATION BY THE BOARD.								

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	FOUNDATION DIRECTORS OTHER THAN EX-OFFICIO DIRECTORS ARE NOMINATED BY THE LEADERSHIP COMMITTEE
PART VI,	OF THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES (ASAE) AND ELECTED BY THE BOARD OF DIRECTORS OF
SECTION A,	ASAE.
LINE 7A	

Explanation

Return Explanation

FORM 990, PART VI, SECUTION A, LINE 7B

BY THE CEO AND FILED APPROPRIATELY.

Return Reference

11010101100	
FORM 990,	THE 990 RETURNS ARE PREPARED BY THE 3RD PARTY PREPARER WORKING WITH THE CFO AND DIRECTOR OF
PART VI,	FINANCE. ONCE THE CFO IS COMFORTABLE WITH THE COMPLETENESS AND ACCURACY OF THE DOCUMENT, IT IS
SECTION B,	PROVIDED TO THE CEO FOR REVIEW AND IS UPLOADED INTO A SECURE RESTRICTED SOFTWARE APPLICATION
LINE 11B	THAT IS USED TO DISTRIBUTE BOARD MATERIALS FOR A PERIOD OF NOT LESS THAN 5 DAYS PRIOR TO FILING.
	BOARD MEMBERS ARE NOTIFIED THAT THIS DOCUMENT IS AVAILABLE, FOR HOW LONG AND WHEN THE RETURN
	WILL BE FILED. THE RETURN WILL BE FILED AS PRESENTED IF NO FURTHER ADJUSTMENTS ARE WARRANTED. THE

**Explanation** 

BOARD WILL RECEIVE NOTIFICATION OF ANY ADDITIONAL CHANGES PRIOR TO FILING. THE RETURN IS THEN SIGNED

990	Schedule	ο,	Supp	lemental	Infori	mation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER AND EXECUTIVE STAFF MEMBER IS REQUIRED TO ANNUALLY COMPLETE AND SUBMIT A DISCLOSURE FORM DETAILING ANY SUCH 'OTHER INTERESTS.' THE INDIVIDUAL ALSO MUST UPDATE THE DISCLOSURE FORM IF ANY MATERIAL CHANGES OR ADDITIONS TO THE SUBMITTED INFORMATION ARISE D URING THE COURSE OF THE YEAR. A CHECKLIST IS MAINTAINED AND FOLLOW UP IS DONE UNTIL ALL FO RMS ARE RETURNED. ONCE ALL FORMS ARE RECEIVED, THE CEO REVIEWS THE DISCLOSURES. ANY AFFIRM ATIVE RESPONSE DEEMED UNUSUAL OR WHICH MAY APPEAR TO CONSTITUTE AN ACTUAL, POTENTIAL OR AP PARENT CONFLICT OF INTEREST IS REFERRED TO THE AUDIT COMMITTEE FOR DETERMINATION. THE AUDIT COMMITTEE MAY SEEK THE GUIDANCE OF COUNSEL AND MAKE SUCH DETERMINATION WITHOUT THE PRESE NCE OF THE INDIVIDUAL WHOSE INVOLVEMENT IN SUCH TRANSACTION OR RELATIONSHIP IS UNDER CONSI DERATION. THE AUDIT COMMITTEE MAY CONCLUDE THAT THIS DETERMINATION SHOULD BE MADE BY THE FULL BOARD OF DIRECTORS OF ASAE, THE FOUNDATION, OR ABSI, AND THE MATTER SHALL BE REFERRED TO THE APPROPRIATE BOARD (WITH OR WITHOUT A RECOMMENDATION FROM THE AUDIT COMMITTEE) FOR I TS CONSIDERATION, DELIBERATION AND RESOLUTION, WITH THE ASSISTANCE OF LEGAL COUNSEL AND WITHOUT THE PRESENCE OF THE INDIVIDUAL WHOSE INVOLVEMENT IN SUCH TRANSACTION OR RELATIONSHIP IS UNDER CONSIDERATION, THE APPROPRIATE BOARD SHALL HAVE FINAL AUTHORITY OVER THE RESOLUT ION OF ALL CONFLICT OF INTEREST MATTERS INVOLVING THE MEMBERS OF SUCH BOARD. IF THE AUDIT COMMITTEE BELIEVES THAT A PARTICULAR RELATIONSHIP OR TRANSACTION MAY REPRESENT AN ACTUAL, POTENTIAL OR APPARENT CONFLICT OF INTEREST, IT SHALL FIRST REQUEST ADDITIONAL INFORMATION FROM THE INDIVIDUAL IN QUESTION DETAILING THE NATURE OF THE RELATIONSHIP OR TRANSACTION. WHEN EVALUATING WHETHER A PARTICULAR TRANSACTION OR RELATIONSHIP OR TRANSACTION MAY REPRESENT AN ACTUAL, POTENTIAL OR PAPARENT CONFLICT OF INTEREST, IT SHALL FIRST REQUEST ADDITIONAL INFORMATION FROM THE INDIVIDUAL IN QUESTION DETAILING THE NATURE OF THE RELATIONSHIP OR TRANSACTION. WHEN EVALUATING WHETHER A PARTICULAR TRANSACT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TENTIAL OR APPARENT CONFLICT AS UNLIKELY TO AFFECT THE INDIVIDUAL'S ABILITY TO ACT IN THE BEST INTERESTS OF THE ORGANIZATION; (2) DETERMINE THAT THE INDIVIDUAL SHOULD BE RECUSED FROM ALL DELIBERATIONS AND DECISION-MAKING RELATED TO THE PARTICULAR TRANSACTION WHICH GIVES RISE TO THE ACTUAL, POTENTIAL OR APPARENT CONFLICT. THIS RESOLUTION SHOULD APPLY PARTICUL ARLY WHEN THE TRANSACTION OR RELATIONSHIP IS ONE THAT PRESENTS A CONFLICT ONLY WITH RESPEC T TO ONE OR TWO DISCRETE PROGRAMS OR ACTIVITIES. FOR EXAMPLE, IF AN INDIVIDUAL BOARD MEMBE R ALSO WORKS FOR A COMPANY THAT PRODUCES AN EDUCATIONAL PROGRAM THAT COMPETES WITH ONE OR TWO DISCRETE PROGRAMS OF ASAE, THE FOUNDATION, OR ABSI, THE AUDIT COMMITTEE OR RELEVANT BO ARD MAY DETERMINE THAT THE BOARD MEMBER SHOULD BE RECUSED FROM ALL DELIBERATIONS AND VOTIN G RELATED TO SUCH PROGRAM(S) (BOTH AT THE OUTSET AND ON AN ONGOING BASIS), BUT THAT THE BO ARD MEMBER NEED NOT RESIGN HIS/HER SEAT ON THE BOARD. (3) DETERMINE THAT THE INDIVIDUAL MU ST RESIGN FROM HIS/HER SERVICE TO ASAE, THE FOUNDATION, OR ABSI BECAUSE THE ACTUAL, POTENT IAL OR APPARENT CONFLICT IS SO PERVASIVE THAT THE INDIVIDUAL WOULD SELDOM, IF EVER, LIKELY BE ABLE TO ACT IN THE BEST INTEREST OF THE ORGANIZATION, FOR EXAMPLE, IF AN INDIVIDUAL B OARD MEMBER ALSO WORKS FOR A COMPANY THAT PRODUCES EDUCATIONAL PROGRAMS THAT COMPETE WITH MOST OF THE EDUCATIONAL PROGRAMS OF THE FOUNDATION, FOR EXAMPLE, IF AN INDIVIDUAL B OARD MEMBER ALSO WORKS FOR A COMPANY THAT PRODUCES EDUCATIONAL PROGRAMS THAT COMPETE WITH MOST OF THE EDUCATIONAL PROGRAMS OF THE FOUNDATION, BOARD. (4) THE SPECI AL PROCEDURE BELOW IS APPLICABLE TO ALL INSTANCES IN WHICH A INDIVIDUAL OR THE INDIVIDUAL SCAVES IN A LEADERSHIP, EMPLOYMENT OR OWNERSHIP CAPACITY, OR A MEMBER OF THE INDIVIDUAL'S FAMILY) SEEKS TO PROVIDE GOODS OR SERVICES TO ASAE, THE FOUNDATION, OR ABSI AS A PAID VENDOR, OR SEEKS TO RECEIVE A SIGNIFICANT GRANT OR CONTRACT FROM ONE OF THE THERE ORGANIZATIONS. (A) THE INDIVIDUAL MUST DISCLOSE TO THE APPLICABLE CHAIRMAN IN ADVANCE OF ANY

# Return Reference Explanation FORM 990, PATION OF THE INDIVIDUAL) THAT THE TRANSACTION IS FAIR AND IN THE BEST INTERESTS OF ASAE. THE

PART VI,
SECTION B,
LINE 12C

FOUNDATION, OR ABSI BASED ON ALL OF THE FACTS AND CIRCUMSTANCES, AND SUCH DETERMINATIO N

(INCLUDING THE FACT THAT IT WAS MADE IN THE ABSENCE OF THE INDIVIDUAL) SHALL BE DOCUMENT ED AS PART

OF THE RELEVANT MEETING MINUTES (ALL COMPETING BIDS RECEIVED SHALL BE RETAINED AS WELL); AND (E) IF

SELECTED. THE INDIVIDUAL MAY NOT PARTICIPATE IN ANY PROCESS BY WHICH HIS/HER PERFORMANCE AS A

VENDOR / GRANT OR CONTRACT RECIPIENT IS EVALUATED.

Return Reference	Explanation
PART VI, SECTION B, LINE 15A	THE FOUNDATION IS STAFFED BY ASAE EMPLOYEES. ASAE'S COMPENSATION POLICY IS DEFINED IN ITS BOARD POLICY MANUAL, AND CONSISTS OF THE FOLLOWING: PRESIDENT & CEO PERFORMANCE EVALUATION AND COMPENSATION: THIS RESPONSIBILITY IS VESTED WITH THE ASAE BOARD OF DIRECTORS. THE ASA E BOARD OF DIRECTORS IS CHARGED WITH ENSURING THAT THE ANNUAL EVALUATION IS CONDUCTED AND COMPENSATION ESTABLISHED. A COMPENSATION COMMITTEE CONSISTING OF THE IMMEDIATE PAST CHAIRM AN OF THE BOARD, CHAIRMAN OF THE PRESIDENT AND CEO'S ANNUAL OBJECTIVES ARE APPROVED BY THE ASAE BOARD OF DIRECTORS. IN ADDITION, THE PRESIDENT AND CEO'S ANNUAL OBJECTIVES ARE APPROVED BY THE ASAE BOARD OF DIRECTORS. IT IS THESSE AGREED UPON OBJECTIVES THAT ARE USED TO EVALUATE PERFORMANCE EACH YEAR. CEO COMPENSATION PHILOSOP HY THE COMPENSATION PACKAGE, VIEWED AS A WHOLE, SHOULD PROMOTE PERFORMANCE-BASED RESULTS LINKED TO THE ACHIEVEMENT OF ASAE & THE FOUNDATION'S MISSION AND STRATEGIC GOALS. THE COMPENSATION PROGRAM SHOULD ENCOURAGE AN ENTREPPRENEURIAL AND MEMBER SERVICE ENVIRONMENT IN COLL ABORATION WITH THE VOLUNTEER LEADERSHIP TO DETERMINE, GUIDE, AND OVERSEE THE EXECUTION OF ASAE & THE FOUNDATION'S STRATEGIC GOALS AND MISSION, GIVEN THE UNIQUE SET OF SKILLS NEEDED TO ACCOMPLISH THE MISSION AND GOALS SET FORTH ABOVE, THE TOTAL COMPENSATION — DIRECT AND INDIRECT — SHOULD BE TARGETED ABOVE THE MARKET MEDIAN, YET BE DEMONSTRABLY REASONABLE RE LATIVE TO THE TOTAL COMPENSATION OFFERED BY ORGANIZATIONS COMPARABLE TO ASAE & THE FOUNDATION ES TO BE ALIGNED WITH ASAE'S STRATEGIC DIRECTION AND FINANCIAL LIMITS AND CONTINUES TO BE BOTH REASONABLE AND COMPENSATION AND SUPPLEMENTAL BENEFITS) FOR HIGHLY TO ENSURE THAT IT CONTINUE STO BE BLIGNED WITH ASAE'S STRATEGIC DIRECTION AND FINANCIAL LIMITS AND CONTINUES TO BE BOTH REASONABLE AND COMPENSATION AND SUPPLEMENTAL BENEFITS) FOR HIGHLY COMPENSATION COMPENSATION COMPENSATION COMPENSATION BOTH REGIONAL AND NATIONAL THESE ORGANIZATIONS ARE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	TO BOTH QUALITATIVE AND BEHAVIORAL EXPECTATIONS, AND KEY OPERATIONAL AND STRATEGIC METRICS; AND COMPENSATION WILL BE DIFFERENTIATED ON THE FOLLOWING BASIS: BASE PAY - ON RELATIVE RESPONSIBILITY; ANNUAL INCENTIVES - ON PERFORMANCE; AND SUPPLEMENTAL BENEFITS - ON LONG-TERM PERFORMANCE. BASE PAY DETERMINED BY INDIVIDUAL PERFORMANCE AND COMPARISONS TO SIMI LAR POSITIONS IN INDIVIDUAL MEMBERSHIP AND GENERAL NON-PROFIT ORGANIZATIONS. PAY IS ESTABL ISHED BASED ON JOB RESPONSIBILITY, LEVEL OF EXPERIENCE, INDIVIDUAL CONTRIBUTION TO THE BUS INESS, ANALYSES OF COMPETITIVE INDUSTRY PRACTICE AND VARIOUS OTHER QUALITATIVE AND QUANTIT ATIVE PERFORMANCE FACTORS. ANNUAL INCENTIVE THE TARGET ANNUAL INCENTIVE AMOUNT IS DETER MINED BASED ON THE MARKET PRACTICES OF THE COMPARATOR GROUP AS DESCRIBED ABOVE. THE ANNUAL INCENTIVE AWARD IS BASED ON THE ACHIEVEMENT OF PREDETERMINED FINANCIAL, STRATEGIC, BUSINESS, AND INDIVIDUAL GOALS. THE PRIMARY QUANTITATIVE FACTORS REVIEWED BY THE BOARD OF DIRECT ORS INCLUDE AS FINANCIAL MEASURES NET INCOME, REVENUE, TOTAL MEMBERSHIP AND ACHIEVEMENT OF OTHER BOARD PRIORITIES AS DEFINED EACH YEAR BY THE BOARD OF DIRECTORS. AMONG THE QUALITAT IVE FACTORS EVALUATED BY THE BOARD OF DIRECTORS ARE PROGRESS IN THE ACHIEVEMENT OF THE ORG ANIZATION'S SHORT-TERM AND LONG-TERM BUSINESS GOALS, MEMBER SATISFACTION, AND THE EFFECTIVE MANAGEMENT OF ASSE & THE FOUNDATION AND ITS HUMAN RESOURCES. SUPPLEMENTAL BENEFITS - UN DER THE SUPPLEMENTAL BENEFITS PLAN, THE BOARD OF DIRECTORS GRANTS DEFERRED SALARY AND SUPP LEMENTAL INCOME ARRANGEMENTS, BENEFITS AND PERGUISITES SUBJECT TO INDIVIDUAL LONG-TERM PER FORMANCE. THESE AWARDS AND SUPPLEMENTAL BENEFITS AND PERGUISITES SUBJECT TO ONDIVIDUAL LONG-TERM PER FORMANCE. THESE AWARDS AND SUPPLEMENTAL BENEFITS AND PERGUISITES SUBJECT TO CLOSELY ALIGN EXECUTIVE INTERESTS WITH THE LONGER-TERM INTERESTS OF STAKEHOLDERS AND TO RETAIN THE SKILLS CRI TICAL TO THE FUTURE SUCCESS OF ASAE & THE FOUNDATION.

Return

Reference

FORM 990,	ZATIONAL NEEDS. EACH GRADE HAS A MINIMUM, WHICH IS THE LOWEST RECOMMENDED SALARY TO BE OFF ERED
PART VI,	$\mid$ TO AN INDIVIDUAL WHO MEETS THE MINIMUM QUALIFICATIONS OF THE POSITION; A MIDPOINT, RE PRESENTING THE $\mid$
SECTION B,	SALARY AT WHICH A FULLY QUALIFIED AND EXPERIENCED STAFF MEMBER WHO SATISFAC TORILY PERFORMS ALL
LINE 15A	THE SPECIFICATIONS OF A POSITION IS PAID WITHIN THE MARKETPLACE; AND A MAXIMUM, WHICH IS THE UPPER
	LIMIT OF THE SALARY RANGE. A THIRD PARTY IS ENGAGED PERIODICA LLY TO REVIEW THE COMPENSATION
	PACKAGE OF THE EXECUTIVE STAFF AND/OR FULL STAFF RELATIVE T O BASE COMPENSATION, BONUS AND
	NOCENTIVE PROGRAMS COMPARATIVE TO MARKET SALARY BUDGET AND GUIDELINES - ASAE'S ANNUAL SALARY 📗
	BUDGET IS DEVELOPED ANNUALLY IN ORDER TO ALLOCATE MO NIES NEEDED TO MAINTAIN STAFF MEMBER
	SALARIES AT COMPETITIVE LEVELS, SUBJECT TO BUDGETARY LIMITATIONS. AN ANNUAL MERIT POOL IS DEVELOPED 📗
I	AND APPROVED AS PART OF THE BUDGET CYCLE. THE CHIEF ADMINISTRATIVE OFFICER IS RESPONSIBLE FOR THE.

ADMINISTRATION OF THE PROGRAM, AND ALL INCREASES ARE SUBJECT TO THE APPROVAL OF THE CEO.

**Explanation** 

Return Explanation
Reference

FORM 990,	SOME GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE - FOUNDATION BYLAWS, STRATEGIC
PART VI,	FRAMEWORK - WHAT WE DO AND OUR PROMISE, CODE OF CONDUCT AND BOARD CONTACT INFORMATION. THE
SECTION C,	CONFLICT OF INTEREST POLICY IS CURRENTLY NOT POSTED, BUT PROVIDED AS A SAMPLE DOCUMENT UPON
LINE 19	REQUEST, PUBLIC INSPECTION COPIES OF THE 990 ARE PROVIDED UPON REQUEST.

Return Explanation

	Reference	
ľ	FORM 990,	RESEARCH: PROGRAM SERVICE EXPENSES 546,678. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING
	PART IX,	EXPENSES 0. TOTAL EXPENSES 546,678. DEVELOPMENT ADMINISTRATION: PROGRAM SERVICE EXPENSES 0.
ı	LINE 11G	MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 152. TOTAL EXPENSES 152.

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

#### **Related Organizations and Unrelated Partnerships**

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047
2018

DLN: 93493192021760

Open to Public Inspection

Name of the organization
ASAE RESEARCH FOUNDATION
F/K/A ASAE FOUNDATION

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

F/K/A ASAE FOUNDATION							52-1	300485				
Part I Identification of Disregarded Entities Complete	on Form	990, Part	IV, line	33.								
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ivity	Legal dom or foreign	<b>(c)</b> gal domicile (state foreign country)		l) ncome	(e) End-of-year assets		ets Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year		te if the orga	nization	answered	"Yes" on F	orm 990	), Part I\	/, line 34 l	because	it had one or r	nore	
(a) Name, address, and EIN of related organization	Primar	( <b>b)</b> y activity	Legal don	c) nicile (state n country)	(d) Exempt Cod	e section	Public ch (if section	(e) parity status n 501(c)(3))	Dir	(f) ect controlling entity	Section (13) co ent	ntrolled ity?
(1)AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES 1575 I ST NW WASHINGTON, DC 20005	AND VOICE O	ORGANIZATION F THE I PROFESSION		DC	501(C)(6)						Yes	No No
53-0026940 (2)AM SOCIETY OF ASSN EXECUTIVES POLITICAL ACTION COMMITTEE 1575 EYE ST NW	POLITICAL AC	TION	DC		527					N SOCIETY OF TION EXECUTIVES		No
WASHINGTON, DC 20005 52-1746813												
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t. No. 5013	5Y				Sch	edule R (Form	990) 20	018

Part III Identification of Related Organizat one or more related organizations treat				e if the o	ganization	answ	ered "Ye	s" on Form	990,	Part I\	V, line 34 b	ecaus	se it l	had	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi income(re unrelat excluded tax und sections 514)	nant elated, ed, from der 512-	<b>(f)</b> Share of total income	(g) Share of e end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in boy 20 of Schedule K-1 (Form 1065)	partner?		( <b>k</b> Percei owne	ntage
									Yes	No		Yes	No		
Part IV Identification of Related Organizat	ions Tavable as a Co	ornoration	or True	+ Comple	o if the or	ganiza	ation and	worod "Yos	" on E	orm O	00 Part IV	lino	34		
because it had one or more related org							ition ans	wered res	01111	01111 9	90, Fait IV,	IIIIe	J+		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) .egal micile or foreign untry)	Dir	(d) ect controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce	n) ntage rship	(1	ection ! 13) con entit	512(b) trolled ty?
(1)ASAE BUSINESS SERVICES INC  1575 EYE STREET NW WASHINGTON, DC 20005	INSURANCE AND OTHER SERVICES		DC	N/A		С								Yes	No No
52-1066386 (2)ASAE INSURANCE COMPANY	INSURANCE AND OTHER		DC	N/A		C									No
1575 EYE STREET NW WASHINGTON, DC 20005 03-0335958	SERVICES			N/ F											

(1)AM SOCIETY OF ASSN EXECUTIVES

(2)AM SOCIETY OF ASSN EXECUTIVES

(3)AM SOCIETY OF ASSN EXECUTIVES

(4) ASAE BUSINESS SERVICES INC

(5) ASAE BUSINESS SERVICES INC

Sale of assets to related organization(s). .

Part V

Page 3

Transactions With Related O	rganizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(b)

Transaction type (a-s)

Amount involved

5,327

114,010

891,198

20,000

21,347

COST

Name of related organization

Yes

Yes

1a

**1**b

1c

**1**d

1e

1f

**1**g

1k

11

1m

1n

**1**p Yes

**1**a Yes

1r

**1**s Yes

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

CONTRIBUTION & CHARITABLE MATCH

OVERHEAD REIMBURSEMENT

EXPENSE REIMBURSEMENT

CONTRIBUTION

No

Yes

No No

No

No No

No

No

No

No

No

Nο

No

No

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
							-			Schedul	e R (Form	990	0) 2018

chedule R (Fo	rm 990) 2018	Page	je <b>5</b>					
Part VII	Supplemental Information							
	Provide additional information for responses to questions on Schedule R (see instructions).							
Return Reference		Explanation						