#### COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Legislative hearing on H.R. 1399, a bill to reauthorize the Hydrographic Services Improvement Act Thursday, June 13, 2013

For Witnesses Representing Organizations:

1. Name:

Richard "Dick" W. McDonald, CP, PLS

2. Name of Organization(s) You are Representing at the Hearing:

Management Association for Private Photogrammetric Surveyors (MAPPS)

3. Business Address:



4. Business Email Address:



5. Business Phone Number:



#### Witnesses Representing Organizations

Mr. Richard McDonald, Director of Federal Services, T3 Global Strategies, Inc. and President, MAPPS

#### Subcommittee on FWO&IA Oversight hearing – Thursday, June 13, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

#### **MAPPS** President

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

MAPPS has received no Federal money (grants, contracts, etc.).

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were

filed for each of the organization(s).

NONE.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NONE.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

SEE ATTACHED FORMS.

	Forms 990 / 990-	-EZ Return Sumn	nary	
For calendar year 2	2011, or tax year beginning	, and	ending	
	NT ASSOCIATION MMETRIC SURVEY(		52-08545	73
Net Asset / Fund Balance at Beginr	ning of Year			81,039
Revenue         Contributions         Program service revenue         Investment income         Capital gain / loss         Special events:         Gross revenue         Direct expenses         Direct expenses         Other income         Total revenue         Forgram services         Management and general         Fundraising         Total expenses         Excess / (deficit)         Other changes	lance at End of Year	0 0	869,575 839,939	29,636
Reconciliation of Re Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	evenue	Less: Donated serv Prior year adj Losses Other Plus: Investment ex Other	ustments	-
Assets Liabilities Net assets	Beginning 648,116 567,077 81,039 Miscellaneous Ir Amended return	_	Differences	<u>536</u>
	Return / extended due date Failure to file penalty _	08/15/12		

Form	990
Departme	ent of the Treasury

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

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

Inte	mal Revenue Service	The organization may have to use a copy of this return to satisfy state reporting require	ements.	Inspection		
A	For the 2011 c	alendar year, or tax year beginning , and ending				
В	Check if applicable:	C Name of organization MANAGEMENT ASSOCIATION FOR PRIVATE	D Emplo	yer identification number		
	Address change	PHOTOGRAMMETRIC SURVEYORS				
7		Doing Business As	52·	-0854573		
_	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Teleph	one number		
	Initial return	1856 OLD RESTON AVENUE 205	703	3-787-6665		
	Terminated	City or town, state or country, and ZIP + 4				
٦	Amended return	RESTON VA 20190	G Gross rec	eipts \$ 869, 575		
4		F Name and address of principal officer	a croco rea			
	Application pending	JOHN M. PALATIELLO	roup return for	affiliates? Yes X No		
		1856 OLD RESTON AVENUE STE 205	filiates includer	Yes No		
		TOSC OLD REDICK AVERCE DIE 200		(see instructions)		
-						
1	Tax-exempt status					
1 1			.967			
	Form of organization:			M State of legal domicile: VA		
F	~~~~	Immary				
	1	scribe the organization's mission or most significant activities:				
e	TRAD:	E ASSOCIATION				
an	Water Later	AND A TRACTOR DEPENDENCE AND A REAL REAL PROPERTY OF A DEPENDENCE				
Activities & Governance		Statistics in a filler of a filler filler in the second second second				
Š	2 Check this	is box ▶ if the organization discontinued its operations or disposed of more than 25% of its net asset				
8	3 Number o	of voting members of the governing body (Part VI, line 1a)	3	9		
es	4 Number o	of independent voting members of the governing body (Part VI, line 1b)	4	9		
viti	5 Total num	nber of individuals employed in calendar year 2011 (Part V, line 2a)	5	0		
<b>\cti</b>	6 Total num	nber of volunteers (estimate if necessary)	6	0		
۹		elated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrela	ated business taxable income from Form 990-T, line 34	7b	0		
		Prior Ye		Current Year		
Ð	8 Contributi	ions and grants (Part VIII, line 1h)	0	0		
Revenue	9 Program	service revenue (Part VIII, line 2g)	7,580	869,535		
eve	10 Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	125			
œ	11 Other reve		4,290	0		
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line-12) 86	1,995	869,575		
-		nd similar amounts paid (Part IX, column (A), lines 1–3)	0	0		
		paid to or for members (Part IX, column (A), line 4)	0	0		
0	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0		
se	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	0	0		
Expenses	h Total fund	draising expenses (Part IX, column (D), line 25) ► 0				
Ä	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e) 84	2,258	839,939		
			2,258			
		chocs / ad intes to // (mast equal / art //, colaint (r/) inte to)	9,737	29,636		
5	g revenue	Beginning of Cu		End of Year		
ets c	20 Total asse	ets (Part X, line 16) 64	8,116	715,221		
Ass	21 Total liabi	ilities (Part X, line 26) 56	7,077	604,546		
Net Assets or	22 Net asset		1,039			
		gnature Block				
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my kno	owledge and belief, it is		
tr	rue, correct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	e.			
-						

Sign	Signatur	e of officer	ſ								Date			
Here	JO	HN N	A PALATI	ELLO		EXECUTIVE DIRECTOR								
	Type or	print name	and title											
	Print/Type prepa	rer's name	•		Preparer	r's signature			Date		Check	ıf	PTIN	
Paid	DH SCARBOR	ROUGH,	CPA		(CR	制制的利息	sugaled by d h	SCANEDARDAN	的7.02	6/12	self-employ	yed	P001748	74
Preparer	Firm's name	•	GEORGEN	SCAR	BOROUG	H ASS	SOCIATES,	PC		Firm's I	EIN 🕨	26	-1776	5766
Use Only			243 CHUI	RCH S	TNWS	TE 10	00E							
	Firm's address	•	VIENNA,	VA	22180-	4437				Phone	no	703	-319-	3990
May the IR	S discuss this	return v	with the preparer	shown at	ove? (see in	nstructions	S)						X Yes	No
			Mating and the										Form 9	90 (2011)

982 07/10/2012

OMB No. 1545-0047

Open to Public

2011

	MANAGEMENT ASSOC	IATION FOR PRIVATE	52-0854573	Page
	-	s a response to any question in	this Part III	X
	ribe the organization's mission:			
TRADE A	SSOCIATION			
		rogram services during the year which	were not listed on the	
	990 or 990-EZ?			Yes X No
	scribe these new services on Sched	ule O. e significant changes in how it conducts	any program	
services?	anzaitan adaba contaboling, or mark			Yes X No
If "Yes," des	scribe these changes on Schedule (	).		
		complishments for each of its three larg		
		inizations and section 4947(a)(1) trusts		
grants and a	anocations to others, the total experi	ses, and revenue, if any, for each progr	am service reported.	
LAW, GO AFFECTI	NCES, MEETINGS & V'T ACTIVITIES &	14,628 including grants of \$ SEMINARS TO EDUCATE BUSINESS AND PROFES F PHOTOGRAMMETRY, M	SIONAL ISSUES	
A second local lines	· · · · · · · · · · · · · · · · · · ·			
<b>b</b> (Code:	)(Expenses \$	including grants of \$	) (Revenue \$	
			hear and a second second second as a second s	
				territoria de la constancia de la constanc
47 August 199			2121272	
				2 C - C - C - C - V
	· · · · · · · · · · · · · · · · · · ·			
1 0 T				
c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
	and a first state			
1.5				17 (F. 1817) - 181
	2 1.46 I.H. V.	988-681 million millionari 201 million		
			1254/1455 - 1180 - 1191 - 119 Vi	
d Other progra	m services, (Describe in Schedule	O.)		
(Expenses S		uding grants of \$	) (Revenue \$	)
4e Total progra	am service expenses 🕨	839,939		

Page 3

## Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		v	
	Part III	5	X	
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	h i	x
	complete Schedule D, Part III	0		-
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		x
	complete Schedule D, Part IV	3		
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		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		20.121000	
а		11a		x
ь	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
~	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The second s			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	·	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	M		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI, XII, and XIII	12a		X
b	i i i i i i i i i i i i i i i i i i i			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	v
	If "Yes," complete Schedule G, Part III	19		
20a		20a		X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

#### Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

_ <b>P</b>	art IV Checklist of Required Schedules (continued)			
		r	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	_25b		_
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	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		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1000		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	10.000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	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		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
	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		
	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		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- 57		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2011)

Form	n 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		P	age 5
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u>v</u> 1	
4.1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	rt	Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       0         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		0.94.2900
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
<b>c</b> -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
οu	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.05		
	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
h s	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year [12b]	120		
b 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ŭ	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

#### Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Part VI Gover

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

X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	i i		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			535
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVENUE			
RE	or gan had to the second se	03-78	7-6	996

#### Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

ployees, and

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related	bo	x, unle ficer ai	Pos check ess pe	rson i irecto	than one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	organizalions in Schedule O)	Individual trustee or director	nstitutional trustee	θĻ	Key employee	Highest compensated employee	θſ			organizations
(1) TIM STAGG										
SECRETARY	3.00	X		X				0	0	0
(2) RICHARD MCDONALD								_		
PRESIDENT	3.00	X		Х			_	0	0	0
(3) ROBERT J HICKEY										
PRESIDENT-ELECT	3.00	X		X				0	0	0
(4) MIKE TULLY										
DIRECTOR	2.00	X						0	0	0
(5) SCOTT PERKINS										
DIRECTOR	2.00	X						0	0	0
(6) BRIAN R RABER										
DIRECTOR	0.00	X						0	0	0
(7) ERIC ANDELIN							1			
DIRECTOR	2.00	X						0	0	0
(8) CLAIRE KIEDROWSK										
DIRECTOR	2.00	X						0	0	0
(9) MARK SAFRAN										
TREASURER	3.00	X		X				0	0	0
(10)										
(11)										1
(12)										
(13)										
(14)										

	n 990 (2011) MANAGEMEN		_		_	_		_				Pa	ige 8	
Part VII Section A. Officers, (A) Name and title		, Directors, Trus (B) Average hours per week (describe hours for	(d bo of	o not o x, unle ficer a	Pos check ess pe nd a d	C) ition more rson i irecto	than o s both r/truste	ne an ee)	(D) Reportable compensation from the organization	(E) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organiza and rela organiza	aled		
(15)														
(16)														
(17)														
(18)	an a dan sa a ada													
(19)	22													
(20)	[													
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (inc					istor			who received more than \$1	20.000 in				
	reportable compensation from t	-			0301							No.		
3 4	Did the organization list any <b>for</b> employee on line 1a? If "Yes," o For any individual listed on line organization and related organiz	complete Schedu 1a, is the sum of	le J f repo	or su ortabl	uch ir le co	ndivi mpe	dual ensati	ion a	and other compensation from		3	Yes	No X	
5	individual Did any person listed on line 1a for services rendered to the org									tividual	4		x	
	tion B. Independent Contracto	ors									3		A	
1	Complete this table for your five compensation from the organiza	ation. Report con							year ending with or within the	he organization's tax year.		(C)		
(A) Name and business address									Descript	(B) ion of services	Co	(C) mpensatio	on	
				-									_	
									1, 11 <u>-</u>					
			_											

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization > 0	

## Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE Part VIII Statement of Revenue 52-0854573

Part VIII	Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a	Federated campaigns	1a					
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
U D	С	Fundraising events	1c				56 <sup>2</sup>	
ifts	d	Related organizations	1d					
O ile	e	Government grants (contributions)	1e					
Sir	f	All other contributions, gifts, grants,						
her		and similar amounts not included above	1f				1000	
of	g	Noncash contributions included in lines 1a-	<u></u>					
non	9 h	Total. Add lines 1a-1f	-11. Ψ					
e		Total. Add mies Ta-11		Busn. Code				
Sug	2a	CONFERENCES & MEETI	NOG	Busit. Code	463,454			463,454
Ş	za b	MEMBERSHIP	INGB		401,151			401,151
e e	U O				4,930			4,930
Ž	c	MISC REVENUE			1/550			
n Se	d							
Jran	e							
Ĕ		All other program service rever	nue		869,535			
-	2	Total. Add lines 2a-2f	and a sector to the	ad result	009,000	and the second second second		
	3	Investment income (including of	aividends, inter	est,	40			40
		and other similar amounts)						
- 1	4	Income from investment of tax	-exempt bond	proceeds 🕨				
- 1	5	Royalties						
		(i) Real		ii) Personal				
	6a	Gross rents					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	d	Net rental income or (loss) Gross amount from		engen er 🕨				
	7a	sales of assets (i) Securities	i	(ii) Other				
		olher than inventory						
- 1	b	Less: cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)						
8	8a	Gross income from fundraising even	nts			1		
enue		(not including \$			1000			
evel		of contributions reported on line 1c)	20					
Other Rev		See Part IV, line 18	a					
the	b	Less: direct expenses	b					
0	с	Net income or (loss) from fund	raising events					
	9a	Gross income from gaming activitie	s.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	•				
- 1	10a	Gross sales of inventory, less						
- 3		returns and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sales	s of inventory	•				
		Miscellaneous Revenue		Busn. Code				
1	11a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instruction	ns.		869,575	0	0	869,575

Form 990 (2011)

#### Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

451,885

4,500

3,194

270,555

19,045

16,175

15,834

10,636

839,939

8,000

0

40,115

Check if Schedule O contains a response to any question in this Part IX (A) (B) Do not include amounts reported on lines 6b, Tolal expenses Management and Program service general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments,

- organizations, and individuals outside the U.S. See Part IV, lines 15 and 16
- 4 Benefits paid to or for members
- 5 Compensation of current officers, directors, trustees, and key employees
- 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
- 7 Other salaries and wages
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- 9 Other employee benefits 10 Payroll taxes
- Fees for services (non-employees): 11
- а Management
- Legal b
- С Accounting
- d Lobbying
- е Professional fundraising services. See Part IV, line 17
- Investment management fees f
- Other g
- 12 Advertising and promotion
- 13 Office expenses
- Information technology 14
- 15 Royalties
- Occupancy 16
- 17 Travel
- 18 Payments of travel or entertainment expenses for any federal, state, or local public officials
- 19 Conferences, conventions, and meetings
- 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.) WEB SERVICES а
- CREDIT CARD FEES ь
- **OFFICE SUPPLIES & EXPENSE** С
- DUES & MEMBERSHIPS d
- е All other expenses Total functional expenses. Add lines 1 through 24e 25
- 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)

0

0

Page 10

(D)

Fundraising

expenses

(C)

## Form 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE Part X Balance Sheet 52-0854573

-	 			_
¥	Ba	lance	Sh	PP

Part	X Balance Sheet	(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	336,932	2	396,698
3	Piedges and grants receivable, net		3	
4	Accounts receivable, net	277,796	4	258,410
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
v)	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
₹  8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	33,388	9	60,113
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	648,116	16	715,221
17	Accounts payable and accrued expenses	6,903	17	13,571
18	Grants payable		18	
19	Deferred revenue	560,174	19	590,975
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
vn 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons.	1		
abi	Complete Part II of Schedule L		22	
ב <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	567,077	26	604,546
	Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete			
Net Assets or Fund Balances 65 85 65 65 87 100 65 65 65 65 65 65 65 65 65 65 65 65 65	lines 27 through 29, and lines 33 and 34.	01 030	07	110 675
27	Unrestricted net assets	81,039		110,675
82 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117, check here ▶ 📃 and			
8	complete lines 30 through 34.		20	
by 30	Capital stock or trust principal, or current funds		30	
¥ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
12 Se	Retained earnings, endowment, accumulated income, or other funds	81,039	32 33	110,675
33	Total net assets or fund balances	648,116		715,221
34	Total liabilities and net assets/fund balances	040,110	<u> </u>	Form <b>990</b> (2011

Form 990 (2011)

Forr	n 990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573			Page 12
	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
		ĩ ∞ lĩ	0.00	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,575
2	Total expenses (must equal Part IX, column (A), line 25)	2		,939
3	Revenue less expenses. Subtract line 2 from line 1	3		,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81	,039
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	6	110	,675
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_	_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X
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	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
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		3b	

Form 990 (2011)

OMB No 1545-0047

**Open to Public** 

Inspection

1	Political	Campaign	and	Lobbying	Activities
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(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE C

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

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only,

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	ne of organization MANAGEMENT ASSOCIATIO			Employer identification	
	PHOTOGRAMMETRIC SURVE	YORS		52-08545	
	rt I-A Complete if the organization is exem			JZI Olganization	
1	Provide a description of the organization's direct and indirect	political campaign activities in i	Part IV	▶ \$	
2	Political expenditures			· · · · ·	
3	Volunteer hours			1 - 14 (19) - 4 (1	
Pa	rt I-B Complete if the organization is exemp	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organizati	on under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization r			▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.			E04(-)(0)	
Pa	rt I-C Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	for section 527 exempt function	n	<b>.</b> .	
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contributed	to other organizations for sect	lion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter	here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification num	ber (EIN) of all section 527 pol	itical organizations t	to which the filing	
	organization made payments. For each organization listed, e	nter the amount paid from the f	iling organization's	funds. Also enter	
	the amount of political contributions received that were prom	ptly and directly delivered to a s	separate political or	ganization, such	
	as a separate segregated fund or a political action committee	e (PAC). If additional space is n			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization. If none, enter -0-
(1)					
(2)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Sch	edule C (Form 990 or 990-EZ) 2011 MANA	GEMENT ASSOCIATION FOR PRIVAT	TE <u>52-</u> 085457	3 Page 2
Ρ	art II-A Complete if the organ	nization is exempt under section 501(c)(3) a	nd filed Form 5768 (e	election under
	section 501(h)).			
Α	Check 🕨 🗌 if the filing organization	tion belongs to an affiliated group (and list in F	Part IV each affiliated g	roup member's
	name, address, Ell	N, expenses, and share of excess lobbying exp	enditures).	
в	Check ►    if the filing organiza	ation checked box A and "limited control" provis	sions apply.	
	Limits on L	obbying Expenditures	(a) Filing	(b) Affiliated
_	(The term "expenditures	" means amounts paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence p	public opinion (grass roots lobbying)		
	b Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
	c Total lobbying expenditures (add lines 1a	and 1b)		
	d Other exempt purpose expenditures			
	e Total exempt purpose expenditures (add	lines 1c and 1d)		
	f Lobbying nontaxable amount. Enter the a	mount from the following table in both		
	columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		A March 1985
	Nol over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but nol over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
_	Over \$17,000,000	\$1,000,000		
1	g Grassroots nontaxable amount (enter 25	% of line 1f)		
I	h Subtract line 1g from line 1a, If zero or les	ss, enter -0-		
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-		
	j If there is an amount other than zero on e	ither line 1h or line 1i, did the organization file Form 4720		

#### reporting section 4911 tax for this year?

Yes No

### 4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) Total			
2a Lobbying nontaxable amount			_					
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2011

	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573
Schedule C (Form 990 or 990-EZ) 201	MANAGEMENT	APPOCTATION	T.OK	LUTANTO	52 0051575

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

	(election under section 501(n)).	(	a)		(b)		-
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		Yes	No		Amou	nt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?			<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
j	Total. Add lines 1c through 1i			-			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			4			
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L	<u>E</u>			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(0)(5),	orse	cuon			
-	501(c)(6).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			f	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	10 1 4 M			3		x
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	01(c)(5), o" OR (b)	if Pa	rt III-A,			1 - 1
1	Dues, assessments and similar amounts from members		1		4(	JT.	151
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		100				
	political expenses for which the section 527(f) tax was paid).			4		10	115
а	Current year		2a	+		10,	115
b	Carryover from last year		2b		4	10	115
c	Total		20				115
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			10,	115
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4	8			
_	and political expenditure next year?		5				
5	Taxable amount of lobbying and political expenditures (see instructions)						
	t IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; ar	d Part IL-R	line			-	
		ar arch b,					
1 Al	so, complete this part for any additional information.						

Schedule C (Form 990	the second s			ATION FC	R PRIVATE	52-0854573	Page 4
Part IV	Supplement	al Information	(continued)				
4- MINT - 1113							2

Schedule C (Form 990 or 990-EZ) 2011

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

MANAGEMENT ASSOCIATION FOR PRIVATE Name of the organization PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52-0854573

## FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT EVENTS AND LEGISLATION IMPACTING BUSINESS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES, INC.

- ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990, PART VI, LINE 11B DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION **REQUESTOR SHOULD SEND A** A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. A COPY WILL BE SENT WITHIN 30 WRITTEN REQUEST TO THE ASSOCIATION OFFICE. DAYS FOLLOWING RECEIPT OF REQUEST.

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

982 Management A 52-0854573 FYE: 12/31/2011	ssociation for Private Federal Statements	7/10/2012						
	Taxable Interest on Investments							
Descript								
Descript	tion Unrelated Exclusion Postal Acquired after	US Obs (\$ or %)						

7/10/2012	Fund Raising	
   	s Management & General	
tements	e - All Other Expenses Program Service	\$ 4,500 3,093 1,543 1,500 \$ 10,636
Federal Sta	Form 990, Part IX, Line 24e - All Other Expenses Total Program Expenses Service	\$ 4,500 3,093 1,543 1,500 \$ 10,636
982 Management Association for Private 52-0854573 FYE: 12/31/2011	Description	STATE LEGISLATION BOARD LIABILITY INSURANCE MISC LEGAL DEFENSE FUND TOTAL TOTAL

.

	Forms 990 / 990-E	Z Return Summ	ary	
For calendar year 2	2010. or tax year beginning	, and e	nding	
	NT ASSOCIATION F MMETRIC SURVEYOR		52-0854573	
Net Asset / Fund Balance at Beginn	ing of Year			61,052
Direct expenses Net income Other income Total revenue Exponses Program services Management and general Fundraising Total expenses			361,995 342,258	19,737
Excess / (deficit) Other changes Net Asset / Fund Ba	lance at End of Year		_	250 81,039
Reconciliation of Re Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return		Total expenses per Less: Donated servic Prior year adju Losses Other Plus: Investment exp Other	stments	842,258
Assets Liabilities Net assets	Beginning 593,534 532,482 61,052 Miscellaneous Info Amended return Return / extended due date Failure to file penalty	Balance Sheet Ending 648,116 567,077 81,039 rmation <u>11/15/11</u>	Differences	7

	Form 990-T Retu	rn Summar	У	
For calendar year 2010, or tax	year beginning	, and	ending	
MANAGEMENT AS: PHOTOGRAMMETR		PRIVATE	52-08545	573
Income				
Gross profit				
Capital gain / loss				
Unrelated debt-financed income				
All other income	4,2	90	4 200	
Total income			4,290	
Deductions				
Officer compensation				
Salaries		50		
All other deductions	1,2	50		
Net operating loss	1.0	00		
Specific deduction	1,0	00	2,250	
Total deductions			4,250	2,040
Unrelated business taxable incom	e			2,040
Taxes / Credits / Payments	2	06		
Regular tax		00		
Proxy tax				
Alternative minimum tax			306	
Tax			300	
Foreign tax credit				
Other credits				
General business credits				
Prior year minimum tax credit				
Total nonrefundable credits				
Other taxes Total tax			306	
Estimated tax payments				
Paid with extension				
Tax withheld				
Other credits / payments	·			
Estimated tax penalty				
Overpayment applied to next year's tax				
Payments / penalty / application				
Net tax due		S		306
Additions to Tax				
Interest on late payments		4		
Failure to file penalty				
Failure to pay penalty		6		
Total additions				10
Balance due				316
Refund				20.00 m
Next Year's Estimates		Miecollan	eous Information	
1st quarter		ended return		
2nd quarter	Det	urn / extended du	ie date 11/1	5/11
3rd quarter				
4th quarter				
Total				
Lotal				

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Intornal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.



Depar Intern:	tment of the Treasury al Revenue Service	► The	organization may have	e to use a copy of this return	to satisfy state	reporting require	ments	Inspection		
	or the 2010 calendar yea			, and ending			2010			
	neck if applicative: C Name of organization MANAGEMENT ASSOCIATION FOR PRIVATE						D Emplo	yer identification number		
	Iress change PHOTOGRAMMETRIC SURVEYORS									
-		Business As					52-	0854573		
	Numbe	er and street (or I	P.O. box if mail is not deliv	vered to street address)		Room/suite		one number		
j In	rist roturn		STON AVENUE			205	703	-787-6665		
T(	erminated City or	town, state or co	ountry, and ZIP + 4					0.61 0.05		
A	mended return RES	TON		VA 20190			G Gross rect	ipts \$ 861,995		
A		and address of p				H(a) is this a g	roup returns for a	If ates? Yes X No		
1	JOH		ALATIELLO							
			RESTON AVEN			H(b) Are all a		st. (see instructions)		
	RES	STON		VA 20190	1		o, attaon an	sr. (ace manuciona)		
			501(c) ( 6) ┥ (in	nsert no.) 4947(a)(1) or	527	Marco co				
V	Website: MAPPS	.ORG	1740.014			H(c) Group o				
¢ F	form of organization: Co	orporation 1	rust X Association	Other 🕨	L '	lear of formation: 1	967	M State of legal domicrie: VA		
Pa	art I Summar	y								
	1 Briefly describe the	e organization'	's mission or most sign	ificant activities:	SHORE LEADER		0.0000000000000000000000000000000000000	CONTRACTOR & F. 12717		
1	TRADE ASS	•								
5	3		**************************************		<ul> <li>(1,1,4)</li> </ul>					
l ar		5 R.S	1 - 1 - 1	nan at as the				anna) a n n n n		
Ver		(The search	anivation dispositious	its operations or disposed of	more than 25%	of its net asset	s.			
ŝ	2 Check this box	in the orga	anization discontinued	HS uperations or disposed of	more than 20 A		3	9		
Activities & Governance			e governing body (Par				4	9		
lies		-	-	ing body (Part VI, line 1b)		2011/01/01	5	0		
ti vit				2010 (Part V, line 2a)		12.24 - 17				
Aci				NIGERIAR (19900) (1983) -				4,290		
			a from Part VIII. colum	n (C), line 12			7a			
_	b Net unrelated busi	iness taxable i				APR 1 1990 1990 1990				
		11000		-T. line 34			7b	2,040		
			ncome from Form 990	-T, line 34		Prior Ye	7b			
¥		grants (Part V	(III, line 1h)	-T, line 34		Prior Ye	ar 7b	2,040 Current Year		
enue	9 Program service r	grants (Part V evenue (Part \	ncome from Form 990 /III, line 1h) /III. line 2g)	-T, line 34		Prior Ye	7b ar 2,752	2,040 Current Year 857,580		
Sevenue	<ul><li>9 Program service r</li><li>10 Investment incom</li></ul>	grants (Part V revenue (Part \ e (Part VIII, co	/III, line 1h) /III, line 2g) Jumn (A), lines 3, 4, an	- <u>T, line 34</u>		Prior Ye	ar 7b	2,040 Current Year 857,580 125		
Revenue	<ul><li>9 Program service r</li><li>10 Investment incom</li><li>11 Other revenue (Pa</li></ul>	grants (Part V revenue (Part V le (Part VIII, co art VIII, columr	/III, line 1h) /III, line 2g) Jumn (A), lines 3, 4, ar h (A), lines 5, 6d, 8c, 9d	<u>-T, line 34</u> nd 7d) c, 10c, and 11e)		Prior Ye	7b ar 2,752 315	2,040 Current Year 857,580 125 4,290		
Revenue	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> </ul>	grants (Part V evenue (Part V e (Part VIII, co art VIII, columr dd lines 8 throi	Ancome from Form 990 (III, line 1h) (III, line 2g) (III, line 2g) (A), lines 3, 4, an (A), lines 5, 6d, 8c, 90 (ugh 11 (must equal Pa	- <u>T, line 34</u> nd 7d) c, 10c, and 11e) rt VIII, column (A), line 12)		Prior Ye	7b ar 2,752	2,040 Current Year 857,580 125 4,290		
Revenue	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ar</li> <li>13 Grants and similar</li> </ul>	grants (Part V evenue (Part V e (Part VIII, co art VIII, columr dd lines 8 throu r amounts paic	Ancome from Form 990 (III, line 1h) (III, line 2g) Jumn (A), lines 3, 4, an (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa d (Part IX, column (A).	- <u>T, line 34</u> nd 7d) c, 10c, and 11e) <u>irt VIII, column (A), line 12)</u> lines 13)		Prior Ye	7b ar 2,752 315	2,040 Current Year 857,580 125 4,290		
Revenue	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, columr dd lines 8 throu r amounts paic r for members	Ancome from Form 990 (III, line 1h) (III, line 2g) (Jumn (A), lines 3, 4, and (A), lines 5, 6d, 8c, 9d (and 11 (must equal Pa (Part IX, column (A), li (Part IX, column (A), li	-T, line 34 		Prior Ye	7b ar 2,752 315	2,040 Current Year 857,580 125 4,290		
	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Sataries, other con</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, columr dd lines 8 throu r amounts paic r for members mpensation, ei	Ancome from Form 990 (III, line 1h) VIII, line 2g) Jumn (A), lines 3, 4, ar h (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa d (Part IX, column (A), li mployee benefits (Part	-T, line 34 		Prior Ye	7b ar 2,752 315	2,040 Current Year 857,580 125 4,290		
	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Sataries, other con</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, columr dd lines 8 throu r amounts paic r for members mpensation, ei	Ancome from Form 990 (III, line 1h) (III, line 2g) (Jumn (A), lines 3, 4, and (A), lines 5, 6d, 8c, 9d (and 11 (must equal Pa (Part IX, column (A), li (Part IX, column (A), li	-T, line 34 		Prior Ye	7b ar 2,752 315	2,040 Current Year 857,580 125 4,290		
	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ar</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundre</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, column dd lines 8 throu r amounts paic r for members mpensation, er raising fees (P	Ancome from Form 990 (III, line 1h) VIII, line 2g) Jumn (A), lines 3, 4, ar h (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa d (Part IX, column (A), li mployee benefits (Part	-T, line 34 		Prior Ye 82 82	7b ar 2,752 315 3,067	2,040 Current Year 857,580 125 4,290 861,995		
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xpenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundra</li> <li>b Total fundraising a</li> <li>17 Other expenses (f</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, column dd lines 8 throu r amounts paic r for members mpensation, er raising fees (Par expenses (Par Part IX, column	Ancome from Form 990 (III, line 1h) VIII. line 2g) Jumn (A), lines 3, 4, and h (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pactor) d (Part IX, column (A), line (Part IX, column (A), line t IX, column (A), line 2	-T, line 34 		Prior Ye 82 82 82 76 76	7b ar 2,752 315 3,067 6,904 6,904	2,040 Current Year 857,580 125 4,290 861,995 861,995 842,258 842,258		
Expenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ar</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundre</li> <li>b Total fundraising e</li> <li>17 Other expenses (f</li> <li>18 Total expenses A</li> </ul>	grants (Part V revenue (Part V re (Part VIII, co art VIII, column dd lines 8 throu r amounts paic r for members mpensation, er raising fees (Par expenses (Par Part IX, column Add lines 13–17	Ancome from Form 990 (III, line 1h) (III, line 2g) Jumn (A), lines 3, 4, and (A), lines 5, 6d, 8c, 90 Ugh 11 (must equal Part (Part IX, column (A), line (Part IX, column (A), line trix, column (A), line trix, column (D), line 2 n (A), lines 11a–11d, 1 7 (must equal Part IX, o	-T, line 34 		Prior Ye 82 82 82 76 76 55	7b ar 2,752 315 3,067 6,904 6,904 6,904 6,163	2,040 Current Year 857,580 125 4,290 861,995 861,995 842,258 842,258 842,258 19,737		
Expenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundra</li> <li>b Total fundraising a</li> <li>17 Other expenses (f</li> </ul>	grants (Part V revenue (Part V re (Part VIII, co art VIII, column dd lines 8 throu r amounts paic r for members mpensation, er raising fees (Par expenses (Par Part IX, column Add lines 13–17	Ancome from Form 990 (III, line 1h) (III, line 2g) Jumn (A), lines 3, 4, and (A), lines 5, 6d, 8c, 90 Ugh 11 (must equal Part (Part IX, column (A), line (Part IX, column (A), line trix, column (A), line trix, column (D), line 2 n (A), lines 11a–11d, 1 7 (must equal Part IX, o	-T, line 34 		Prior Ye 82 82 82 76 76 5 Beginning of Ct	7b ar 2,752 315 3,067 6,904 6,904 6,904 6,163 rrrent Year	2,040 Current Year 857,580 125 4,290 861,995 861,995 861,995 842,258 842,258 842,258 19,737 End of Year		
Expenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ar</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundre</li> <li>b Total fundraising e</li> <li>17 Other expenses (f</li> <li>18 Total expenses A</li> </ul>	grants (Part V revenue (Part V le (Part VIII, co art VIII, columr dd lines 8 throu r amounts paid r for members mpensation, er raising fees (Par expenses (Par Part IX, columr add lines 13–17 penses, Subtra	Ancome from Form 990 (III, line 1h) VIII, line 2g) Jolumn (A), lines 3, 4, and n (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa- d (Part IX, column (A), line (Part IX, column (A), line t IX, column (A), line 2 n (A), lines 11a–11d, 1 7 (must equal Part IX, of the time 18 from line 12	-T, line 34 		Prior Ye 82 82 82 76 76 76 55 Beginning of Ct	7b ar 2,752 315 3,067 6,904 6,904 6,163 rrrent Year 3,534	2,040 Current Year 857,580 125 4,290 861,995 861,995 842,258 842,258 842,258 19,737 End of Year 648,116		
Expenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other cor</li> <li>16a Professional fundr</li> <li>b Total fundraising ad</li> <li>17 Other expenses (F</li> <li>18 Total expenses A</li> <li>19 Revenue less exp</li> </ul>	grants (Part V revenue (Part V le (Part VIII, co art VIII, column dd lines 8 throu r amounts paid r for members mpensation, er raising fees (Pan Part IX, column Add lines 13–17 benses, Subtra t X, line 16)	Ancome from Form 990 (III, line 1h) VIII, line 2g) Jolumn (A), lines 3, 4, and n (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa- d (Part IX, column (A), line (Part IX, column (A), line t IX, column (A), line 2 n (A), lines 11a–11d, 1 7 (must equal Part IX, of the time 18 from line 12	-T, line 34 		Prior Ye 82 82 82 76 76 76 55 Beginning of Ct 59 53	7b ar 2,752 315 3,067 6,904 6,904 6,163 rrrent Year 3,534 2,482	2,040 Current Year 857,580 125 4,290 861,995 861,995 861,995 861,995 861,995 567,077		
xpenses	<ul> <li>9 Program service r</li> <li>10 Investment incom</li> <li>11 Other revenue (Pa</li> <li>12 Total revenue – ad</li> <li>13 Grants and similar</li> <li>14 Benefits paid to or</li> <li>15 Salaries, other coir</li> <li>16a Professional fundraising e</li> <li>17 Other expenses (Fa</li> <li>18 Total expenses A</li> <li>19 Revenue less exp</li> <li>20 Total assets (Part</li> <li>21 Total liabilities (Part</li> </ul>	grants (Part V revenue (Part V e (Part VIII, co art VIII, column dd lines 8 throu r amounts paic r for members mpensation, er raising fees (Pan Part IX, column Add lines 13–17 benses Subtra t X, line 16) art X, line 26)	Ancome from Form 990 (III, line 1h) VIII, line 2g) Jolumn (A), lines 3, 4, and n (A), lines 5, 6d, 8c, 9c ugh 11 (must equal Pa- d (Part IX, column (A), line (Part IX, column (A), line t IX, column (A), line 2 n (A), lines 11a–11d, 1 7 (must equal Part IX, of the time 18 from line 12	-T, line 34 		Prior Ye 82 82 82 76 76 76 55 Beginning of Ct 59 53	7b ar 2,752 315 3,067 6,904 6,904 6,163 rrrent Year 3,534	2,040 Current Year 857,580 125 4,290 861,995 861,995 842,258 842,258 842,258 19,737 End of Year 648,116		

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

Sign Here		A PALATIEL	LO	EX	CECUTIVE	DIREC	Date <b>TOR</b>	
	Type or print nar	me and title						
	Print/Type preparer's na	ame		Preparer's signature		Date	Check if	PTIN
Paid	DH SCARBOROUGH,	CPA				04/30/12	self-employed	P00174974
Preparer	Firm's name	GEORGEN S	CARBOI	ROUGH ASSOCIATES, H	2C	Firm's	EIN > 21	5-1776766
Use Only		243 CHURC VIENNA, V		NW STE 100E 180-4437		Phone	ano. 70:	3-319-3990
May the IR				(see instructions)				X Yes No
2	work Reduction Act I							Form <b>990</b> (2010)

	Statement of Program Serv	vice Accomplishments		
		ns a response to any question in this Pa	t III	X
	lescribe the organization's mission			
TRADE	ASSOCIATION			
8.000	1			
8 0 1	• • • • • • • • • • • • • • • • • • •	(1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	(1,2,3,3,4) = (2,2,3,3,3,4,3,4,3,5,3,3,4,3,5,3,4,3,5,3,4,3,5,3,4,3,5,3,4,3,5,3,4,3,5,3,4,3,5,3,5	
Did the	organization undertake any elevificant	program services during the year which were not liste	d on the	
	rm 000 or 000 E72			Yes X N
	describe these new services on Sched	and the spectrum of the second state of the spectrum of the spectrum of the second state of the spectrum of th	annonite manageme services for	103 24 14
		e significant changes in how it conducts, any program	1	
services	0 Q			Yes X N
If "Yes,"	describe these changes on Schedule	0.	AAAAA	
Describ	e the exempt purpose achievements fo	r each of the organization's three largest program se	rvices by expenses. Section	
501(c)(3	3) and 501(c)(4) organizations and sect	ion 4947(a)(1) trusts are required to report the amou	nt of grants and allocations to	
others,	the total expenses, and revenue, if any,	, for each program service reported,		
		391,858 including grants of \$	) (Revenue \$	
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# Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IV Checklist of Required Schedules

Page 3

1.6	Checklist of Required Concusios		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
1	complete Schodule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-	v	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		x
_	complete Schedule D, Part I	0		- 44
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
2	X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D. Part V	10	(*)	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI,			
	VII, VIII, IX, or X as applicable.	2002	1.1	100
а	Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes,"			77
	complete Schedule D, Part VI	<u>11a</u>		X
b	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	116	-	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		x
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	<u> </u>
d		11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	46		x
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	1	
17	Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? if "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	1		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	205	1	

Form 990 (2010)

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Page 4

# Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
0.0	on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			47
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
с С	Did the organization ministrain an escrow account other than a refunding escrow at any time during the year	24b		
v	to defease any tax exampt honds?	24-		
d	Did the exception pet as a first set of a set of the se	24c 24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	- 6	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		n nabi	102
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			10
24	sections 301 7701-2 and 301 7701-32 if "Yes, complete Schedule R, Part I	33		<u>X</u>
34	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			v
35	IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		X
a	Did the organization receive any payment from or engage in any transaction with a	35		<u>A</u>
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R.		- 1	
36	Part V, line 2 Yes X No 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2010)

Form	990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		F	Page 5
	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			1000
b	Enter the number of Forms W-zO included in the Tal Enter Port in tot applicable	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	1c	1.2.2.3	10.00
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		3	
	Statements, nied for the calendar year choing with or within the year obtailed by the retern	2b		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		ASSEN
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)	3a	x	1.22
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O	35	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.		
		4a		x
b	account)? If "Yes," enter the name of the foreign country: ▶	1		
Q	It "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	16 We will be the set of the stand the set of the Court 0000 TO	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible?	6a		x
b	If 'Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
ç	Did the organization sell, exchange, or otherwise dispose of tangible personal properly for which it was			
-	required to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	S.	1.37	
а	Did the organization make any taxable distributions under section 4966?	9a	_	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1.8	100
а	Initiation fees and capital contributions included on Part VIII, line 12	ju.	1.0	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 25 · ·	1.	
11	Section 501(c)(12) organizations. Enter:	2.11		1.1
а	Gross income from members or shareholders	-33	1	÷
b	Gross income from other sources (Do not net amounts due or paid to other sources	150	1.00	10x -
	against amounts due or received from them.)	dirit.	24	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in tieu of Form 1041?	12a		110000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b	-		1 3.20
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0	1.1.1.1	1.23
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which	2.00		
	the organization is licensed to issue qualified health plans           13b	- 2010		
C d d =	Enter the amount of reserves on hand	4 4 -		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	00	
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Form 990 (2010) MANAGEMENT ASSOCIATION FC	OR PRIVATE	52-0854	1573
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI	X		
Section A.	. Governing Body and Management		
		Yos	No

					Yes	No
1a	Enter the number of voling members of the governing body at the end of the tax year	1a	9	120	2773	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		- 57	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct		0000.0000000		_	
-	supervision of officers, directors or trustees, or key employees to a management company or other person?			3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2.5.5	165312239	4		X
5		1.12	01111	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	1.40	2012 J. ST	6	X	
0 7a			egene inter	0	•	
Fel	Does the organization have members, stockholders, or other persons who may elect one or more members					v
b	of the governing body?		N. 1995 72	7a		X
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	15	2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	7b		A
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			1.33		1.1
	the year by the following			3	v	12.81
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?	1111 (III)	4.4.4.4.4	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal F	(evenue (	Jode.		
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	1446	concerns	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such					
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		0.000	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				-22	
	form?	ALC: N		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Victorales		885 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	agenese.	on onto in	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	-		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."					
	describe in Schedule O how this is done	-	11111111 X	12c		
13	Does the organization have a written whistleblower policy?	manan	201212	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			0.5.4		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			. 1	2001	
a	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				19 J	1.26
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			2	a	a vegi
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			2	G. (* 1	
	organization's exempt status with respect to such arrangements?		annan e	16b		
Sec	ion C. Disclosure					

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website X Upon request
 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20	State the name, physica	al address, and	telephone numb	er of the persor	n who possesses the	books and records of the

organization: 🕨	JOHN M PALAT	IELLO & ASSOC	. INC	1856 OLD	RESTON	AVENUE	
RESTON			A313 (20.03)	9-20-10-000-00000-000	VA 2	0190	ľ

#### Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors Check if Schedule O contains a response to any question in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (E) (F) (C) (D) (A)(白) Estimated Reportable Reportable Name and Title Average Position (check all that apply) compensation from compensation amount of hours per ind: Officer Ke High nstitutional trustee -ormer related other from week vidual trustec ťne organizations compensation (describe employee CIDa I ist compe (W-2/1099-MISC) organization from the hours for (W-2/1099-MISC) organization related and related organizations organizations in Schedule nsated O)(1) SCOTT PERKINS 2.00 X 0 0 0 DIRECTOR (2) W BRANT HOWARD Х 0 0 0 DIRECTOR 2.00 (3) ERIC ANDELIN 0 0 х 0 DIRECTOR 2.00 (4) CRAIG MOLANDER DIRECTOR 2.00 х 0 0 0 (5) MARK SAFRAN DIRECTOR х 0 0 0 2.00 (6) JEFF LOVIN 0 Х 0 0 3.00 PRESIDENT (7) RICHARD MCDONALD 0 3.00 х 0 0 PRESIDENT ELECT (8) ROBERT J HICKEY 0 TREASURER 3.00 х 0 0 (9) MIKE TULLY х SECRETARY 2.00 0 0 0 (10)(11)(12) (13) (14)(15)(16)

Form 990 (2010)

DAA

Pi	art VII Section A. Officers	, Directors, Trus	stees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) (C) Average Position (check all that a							(D) Reportable	(E) Reportable	(F) Estimated		
		hours per week (describe hours for related organizations in Schedule O)	or director			Key employee	employee		a second s	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
(17)	Contractioner												
(18)						1957 W							
(19)													
(20)	**				-								
(21)					-								
(22)								1					
(23)	lan araa ah												
(24)			1	_									
(25)					-		i and						
(26)													
(27)													
(28)	1.1 • 1.1 · · · · · · · · · · · · · · · · · ·												
1b	Sub-total												
c d	Total from continuation shee Total (add lines 1b and 1c)												
2	Total number of individuals (inc							-	who received more than \$1	00,000 in			
	reportable compensation from t	-		0									
3	Did the organization list any for	mer officer, dired	ctor c	or tru	stee	. kev	ema	οίονε	ee, or highest compensated		Yes No		
	employee on line 1a? If "Yes," of	complete Schedu	ile J i	for s	uch i	ndiv	idual	5	1010 A 10 March 19 19 19		3 X		
4	For any individual listed on line organization and related organi									m the			
_	individual	n ensignment ur							Navi znak vezet tvore		4 X		
5	Did any person listed on line 1a for services rendered to the org	anization? If "Ye	ue co s," co	mpe ompl	lete S	ion ti Sche	rom : dule	any i U fo	r such person	dividual	5 X		
See	tion B. Independent Contracto	a data base interest and the state						_					
1	Complete this table for your five compensation from the organiz		nsate	d inc	depe	nder	nt cor	ntrac	ctors that received more that	in \$100,000 of			
		(A) business address							Descrip	(B) at on of services	(C) Compensation		
	OHN M PALATIELLO AS					185	6 (	1	RESTON AVE				
R	ESTON	VA	. 2	01	90			2	ASSN MANAGEMEN	NT	470,750		
-								-					
			-										
				-	_			-					
2	Total number of independent or	ontractors (includ	tina t	ut n	ot lin	ited	to th		listed above) who				

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Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE

		- 000
	received more than \$100,000 in compensation from the organization  1	0.5 1
2	rotal number of independent contractors (including but not limited to those listed above) who	

#### Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

	II Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under soctions \$12, \$13, or \$14
1a	Federated campaigns	1a					
b	Membership dues	1b					
G	Fundraising events	1c			A Second Real Provide A		
d	Related organizations	1d		STame in Colomb	A. S.		
e	Government grants (contributions)	10		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	a "ahogi a chu "is	
f	All other contributions, gifts, grants, and similar amounts not included above	1f					
g	Noncash contributions included in lines 1a-11	: \$			185 A.S.		
h	Total. Add lines 1a-11		•				
			Busn. Code			Constant and the second second	Constant Section 1
2a	CONFERENCES & MEETIN	īģģ		440,273			440,27
b	MEMBERSHIP		411,807			411,80	
С	MISC REVENUE			5,500			5,50
d		0.00000000000					
e f	All other program service reven	ue					
	Total. Add lines 2a-2f	A second second		857,580			
3	Investment income (including di	vidends, interes	it,	105			12
	and other similar amounts)		× 1	125			14
	Income from investment of tax-e	exempt bond pr	oceeds 🕨				
5	Royalties			a anno ann a can 24	A CONTRACTOR OF THE	the second s	
	(i) Real	(i) (	Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6a	Gross Rents				1 S. S.		Aller Salaria
b	Loss ronta exps				C. Stand		
	Rental indi or (loss)				10,3	1	1 M 1 M
	Net rental income or (loss) Cross amount from						
10	sales of assets	(0)	) Other	a service a sub-		1	
	other than inventory						Section Company
b	Less cost or other						-17 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
	basis à sales exps.						31/14/20
C	Gain or (loss)			S 13 U	e e la secondaria	diameter betreating of a	
d	Net gain or (loss)	- process	<b>&gt;</b>				100 m 100 m 100 m 100 m
8a	Gross income from fundraising event	ts					
	(not including \$	- m.				1.2 1. 2 1. 6 6 6 6	
	of contributions reported on line 1c).						
	See Part IV, line 18	a				States of the second	
	Less: direct expenses	b				San Strate Strategies	
С	Net income or (loss) from fundra	aising events .					
9a	Gross income from gaming activities.				The set of the set of the		
	See Part IV, line 19	a				Service and services	and seven house
b	Less: direct expenses	b					
	Net income or (loss) from gamir	g activities					
	Gross sales of inventory, less			Star Star Star	2416		
	returns and allowances	a					
	Less. cost of goods sold	b	and an and a second		Second Second		
	Net income or (loss) from sales	of inventory					
	Miscellaneous Revenue		Busn. Code			States and the second	
11a	ADVERTISING ON WEBSIT	E	518112	4,290		4,290	
b	- FEI MARK S 8333 - TI 127 - S	1278271-08994					
с	<ul> <li>MURITER 199944</li> </ul>	**************************************					
	All other revenue	With Discourses					
	Total. Add lines 11a-11d		•	4,290			
		entre constant Constantion		861,995		4,290	857,70

Form 990 (2010)

### Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		anjeniood	and a start and a start and	
	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			Sector Sector	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			29. L	
	Benefits paid to or for members			No. 1 and a second second	
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	429,570			
	Legal				
С	Accounting	8,000			
	Lobbying	41,180			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
16	Occupancy				
	Travel	1,875			
	Payments of travel or entertainment expenses				
	for any federal, state or local public officials				
19	Conferences, conventions, and meetings	292,760			
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				and the second second second
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	16 500			
а	WEB SERVICES	16,500			
b	OFFICE SUPPLIES & EXPENSE	13,374			
С	CREDIT CARD FEES	12,074			
đ	DUES & MEMBERSHIPS	8,000			
e	SALARY SURVEY	8,000			
	All other expenses	10,925		0	(
	Total functional expenses. Add lines 1 through 24f	842,258	0	0	
	Joint costs. Check here Fight if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in colurrin (B) joint costs from a combined educational campaign and fundraising solicitation				

#### 52-0854573 MANAGEMENT ASSOCIATION FOR PRIVATE Form 990 (2010)

Part X

**Balance Sheet** (A) (B) Beginning of year End of year Cash --- non-interest bearing 1 1 336,932 228,825 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 277,796 349,911 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disgualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Assets 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 33,388 14,798 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c b Less: accumulated depreciation 10b 11 Investments-publicly traded securities 11 12 Investments--other securities, See Part IV, line 11 12 Investments-program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 648,116 593,534 16 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 5,088 6,903 Accounts payable and accrued expenses 17 17 18 18 Grants payable 527,394 560,174 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons, 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities. Complete Part X of Schedule D 567,077 532,482 26 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here  $\blacktriangleright$   $|\overline{X}|$  and complete Balances lines 27 through 29, and lines 33 and 34. 61,052 81,039 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Р 30 Net Assets 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 61,052 81,039 33 Total net assets or fund balances 33 593,534 648,116 34 34 Total liabilities and net assets/fund balances\_

Form 990 (2010)

Part XI	Reconciliation of Net Assets					ge 12
	Check if Schedule O contains a response to any question in this Part XI	1900.00	1			
1 Total re	venue (must equal Part VIII, column (A), line 12)	1		8	61,	995
2 Fotal ex	spenses (must equal Part IX, column (A), line 25)	2		_	42,	_
3 Revenu	e less expenses. Subtract line 2 from line 1	3			19,	737
4 Net ass	els or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			61,	052
5 Other cl	hanges in net assets or fund balances (explain in Schedule O)	5				250
6 Net ass	ets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
column		6			81,	039
Part XII	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			1-22-14	1-1-1-L	
					Yes	No
	ling method used to prepare the Form 990: Cash X Accrual Other					in se
	ganization changed its method of accounting from a prior year or checked "Other," explain in			3.8	62	100
Schedul						
	e organization's financial statements compiled or reviewed by an independent accountant?	• • • • • • • • •	soore (	2a		X
	e organization's financial statements audited by an independent accountant?			2b		X
	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	udit, review, or compilation of its financial statements and selection of an independent accountant?	$(1 \in [4])$		2c	0000000	
Schedul	ganization changed either its oversight process or selection process during the tax year, explain in					
	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	in a separate basis, consolidated basis, or both:					
· ·	arate basis Consolidated basis Both consolidated and separate basis					E E
	ult of a federal award, was the organization required to undergo an audit or audits as set forth in					
	le Audit Act and OMB Circular A-133?			3a		х
	did the organization undergo the required audit or audits? If the organization did not undergo the		- + + +	od		
				36		
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	990	

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OMB No. 1545-0047

Open to Public

Inspection

SCHE	DULE	С
(Form	990 or	990-EZ)

#### **Political Campaign and Lobbying Activities**

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

Department of the Treasury Internal Revenue Service

#### If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations; Complete Parts I-A and C below, Do not complete Part I-B.

· Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

1101	ne of organization MANAGEM	AMMETRIC SURVE	EYORS		Employer identifie 52 - 08545	73
Par	rt I-A Complete if the	organization is exem	pt under section 501(c	) or is a section	n 527 organizatio	۱.
1	Provide a description of the org	anization's direct and indirec	t political campaign activities in	Part IV.		
2	Political expenditures				► \$	
3			na ann an Israigh I 1000			
Par			pt under section 501(c			
1	Enter the amount of any excise	tax incurred by the organizat	tion under section 4955		sin e e subrober	
2	Enter the amount of any excise	tax incurred by organization	managers under section 4955	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		-
3	If the organization incurred a se	ection 4955 tax, did it file Forr	n 4720 for this year?			Yes No
4a	Was a correction made?	Reading and the second second				Yes No
b	If "Yes," describe in Part IV.				5041 V(0)	
Par	A CONTRACTOR OF		pt under section 501(c		on 501(c)(3).	
1	Enter the amount directly exper	nded by the filing organization	n for section 527 exempt function	n		
	activities	1000 C - 100000000	· · · · ·		▶ \$ _	
2	Enter the amount of the filing of	rganization's funds contribute	d to other organizations for sec	tion		
	527 exempt function activities			18 I S A	▶ \$ _	
3	Total exempt function expendit	ures. Add lines 1 and 2. Ente	r here and on Form 1120-POL,			
	line 17b		** ***********************************		▶ \$ _	
4	Did the filing organization file F	orm 1120-POL for this year?				Yes No
5	Enter the names, addresses ar					
	organization made payments F					
	the amount of political contribut					
	as a separate segregated fund	or a political action committe	e (PAC). If additional space is	needed, provide info	ormation in Part IV.	
	(a) Nan	1e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			1		filing organization's funds. If none, enter -0-	contributions received and
			1			momenty and directly
						promptly and directly delivered to a separate
						delivered to a separate political organization II
						delivered to a separate
1)						delivered to a separate political organization II
1)						delivered to a separate political organization II
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						delivered to a separate political organization II
2)						delivered to a separate political organization II
2)						delivered to a separate political organization II
2) 3)						delivered to a separate political organization. If
2) 3)						delivered to a separate political organization II
2) 3) 4)						delivered to a separate political organization II

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

Schedule C (Form 990 or 990-EZ) 2010

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Sche	edule C (Form 990 or 990-EZ) 2010 MP	NAGEMENT AS	SOCIATION F	OR PRIVATE	52-0854	573 Page 2
	rt II-A Complete if the organ				Form 5768 (ele	
197	section 501(h)).					
A	Check 🕨 🗌 if the filing organiza					
B	Check 🕨 📄 if the filing organiza	ation checked box	A and "limited co	ntrol" provisions a	apply.	
	Limits on Lo (The term "expenditures	obbying Expenditu " means amounts pa	ures aid or incurred.)	org	(a) Filing anization's totals	(b) Affiliated group totals
1a				04800 CU.		
b	Total lobbying expenditures to influence a			STATE -		
С	Total lobbying expenditures (add lines 1a	and 1b)		2000-00-000		
d	Other exempt purpose expenditures	And Area and Area				
e	Total exempt purpose expenditures (add					
f	Lobbying nontaxable amount. Enter the a columns.	mount from the following	table in both			
1	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on	ine te		linden se ger Mer	
[	Over \$500,000 but not over \$1 000,000	\$100,000 plus 15% of	the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,0	00		
- [	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over \$1,500 00	0	- 417-	
_	Over \$17.000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25	% of line 1f)	andra ann an 1990	-		
h	Subtract line 1g from line 1a. If zero or les	s, enter -0-	ana			
	Subtract line 1f from line 1c. If zero or les			( ) ( ) · · · · · · · · · · · · · · · ·		
j	If there is an amount other than zero on $\epsilon$	ither line 1h or line 1i, di	d the organization file	Form 4720		
_	reporting section 4911 tax for this year?					Yes No
		elow. See the inst	n 501(h) election ructions for line	do not have to o s 2a through 2f o	on page 4.)	the five
	Lo	bbying Expenditu	res During 4-Yea	r Averaging Peri	00	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))	a P				
c	Total lobbying expenditures					
C	Grassroots nontaxable amount					

Schedule C (Form 990 or 990-EZ) 2010

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2010 MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

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

	leiection under section ou (in).	(:	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
di La	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
D C	Media advertisements?			Contraction of Statement Statements
	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for tobbying purposes?			
g	and the second			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities? If "Yes," describe in Part IV			
1		1000	10.00	· · · · · · · · · · · · · · · · · · ·
]	Total, Add lines 1c through 1i		0.000.000	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	0.000	0.00	And the second
	If "Yes," enter the amount of any tax incurred under section 4912		80.00	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1.5	5×	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		t	
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	orse	ction
_	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3 X
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	ine 3	r	
1	Dues, assessments and similar amounts from members		1	411,807
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		1.1.2	
	expenses for which the section 527(f) tax was paid).		1990	
а	Current year		2a	41,180
b	Carryover from last year		2b	
C	Total		2c	41,180
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	41,180
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		0.50	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	rt IV Supplemental Information		1	A
and the second s	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, lin	a 11 Ale	0	
	plete this part to provide the descriptions required for Part -A, the T, Part -B, the 4, Part -C, the 5, and Part -B, the	a 11, Au	50,	
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Schedule C (For	m 990 or 990-EZ) 2010	MANAGEMENT	ASSOCIATI	ON FOR H	PRIVATE	52-0854573	Page 4
Part IV		formation (continu					
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a	ai i eii	s anna		111 I. I. ANS 903	Tanyana ke saka		0.000
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\geq 2 + \frac{1}{2} + 2 + \frac{1}{2} + \frac{1}$		
a				1 0 7430	(g. (d. 14 and 17 a)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1.5 1001558
	111 I	The Therefore 1979	araa ayaa ah ah ah ah ah	+ x + 4 - 1 - 1 + 1 + 1		1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	
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			44.	11	110100000000000000000000000000000000000	and the states of	5 S S S S S S S S S S S S S S S S S S S
		(a)		000000 CINI 57	0.0001111		****
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	2.8) A.5.5.5.5.5.5.5.5.5.5.5.5.5.	19 9 Post 8		·········		annan a feadailt	9 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
5		5.838 (3.84 Kg				ananani e ste com ore	
			1945 M IT	ар а <b>а</b>		- 1004 - 10 - 000	

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional infor Attach to Form 990 or 990-EZ.	questions on	OMB No 1545-0047 2010 Open to Public Inspection
Name of the organization MA	NAGEMENT ASSOCIATION FOR PRIVATE OTOGRAMMETRIC SURVEYORS	Employer identi 52 - 0854	fication number 573
MEMBERSHIP SE	T III, LINE 4D - ALL OTHER ACHIEVEMENT RVICES THROUGHOUT YEAR KEEPING MEMBERS GISLATION IMPACTING BUSINESS.		RRENT
FORM 990, PAP	T VI, LINE 3 - MANAGEMENT DELEGATED	9.000044.0H (2019-1904)	00111-001000000000000000000000000000000
	ONTRACT WITH JOHN M. PALATIELLO & ASSOC	LIATES, INC.	MANDOLF F
ORGANIZED WIT	RT VI, LINE 6 - CLASSES OF MEMBERS OR S TH MEMBERS. MEMBERS ARE PRIVATE BUSINE RIC SURVEYING.	and the second sec	N
PHOIOGRAMMAII	IC BORVETING.	100 PT 100 PT 100 PT 100 PT	
FORM 990, PAI DRAFT OF FORM APPROVAL BEF(	( 990 PRESENTED TO MEETING OF BOARD OF	SS TO REVIEW FO	
FORM 990, PAI	RT VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFIC	[AL
COMPENSATION	TO MANAGEMENT COMPANY APPROVED ANNUALI	LY BY BOARD.	The Contract of the second
	RT VI, LINE 19 - GOVERNING DOCUMENTS DI		
	BE PROVIDED TO ANYONE REQUESTING SAME.		
WRITTEN REQU	EST TO THE ASSOCIATION OFFICE. A COPY	WILL BE SENT V	WITHIN 30
DAYS FOLLOWI	NG RECEIPT OF REQUEST.		
			(x,y) = (x,y) + (x,y
12 Mar - 10	1972249-17731-17747		$X=(1-\alpha,\alpha,\beta), (1+\alpha)\alpha, x, (1+\beta,\beta,\beta), (1+\beta,\beta,\beta,\beta), (1+\beta,\beta,\beta,\beta,\beta), (1+\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,\beta,$
		3 - 2 + 1 + 1 - 0	

3

Schedule O (Form 990 or 990-EZ) (2010)

For	990-T		Exempt Organizatic (and proxy				turn	-	OMB No 1545-0687
Den	atmost of the Trassury		For calendar year 2010 or o	ther tax year t	oeginr	ing ,	and	Oper	to Public Inspection for
inter	artment of the Troasury nal Revenue Service		ending	94		See separate instructi	ons.		c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check		0		D Employ	er identif	fication number
	Exempt under section	_	MANAGEMENT ASSOC			R PRIVATE	(Employed	s trust, see	instructions.)
	X 501(C)(6)	Print	PHOTOGRAMMETRIC		-	205	- 52 (	8545	. 7 3
	408(e) 220(e)	or	Number street and room or suite no. If a P.O. 1856 OLD RESTON		5.	205			
	408A 530(a)	Туре	City or town, state, and ZIP code	AVENUE				ructions.)	ess activity codes
-	529(a)		RESTON		VA	20190	5181		
С	Book value of all assets at end of year	FG	roup exemption number (See instru				1		
	648,116			501(c) corpora	ation	501(c) trust	401(a) tru	st	Other trust
Н	Ū.	n's prima	ry unrelated business activity						
_			WEBSITE IN "MEME						(ee'
			oration a subsidiary in an affiliated g		nt-sub	sidiary controlled group	?		Yes X No
	If "Yes," enter the name a	and ident	tifying number of the parent corpora	ition					
-	The books are in care of	N J	OHN M PALATIELLO	5 ASSOC	1	Tele	phone number	70	3-787-6996
	Distruction of the second s		e or Business Income	& A3500		(A) Income	(B) Expens		(C) Net
1a	Gross receipts or sales				[	(1) 11001110	(=) = Aparto		(0)101
b	Less returns and allow		c Balance	•	10				
2			A, line 7)		2			2000 I	
3	Gross profit, Subtract li				3			S. 18	
4a	Capital gain net income	e (attach	Schedule D)	5. 555.67/5-1	4a				
b	Net gain (loss) (Form 4	797, Par	rt II, line 17) (attach Form 4797)	5005 AACSA	4b				
с	Capital loss deduction				4c				
5	income (loss) from partnerships	and S corpo	orations (attach statement)		5				
6	Ront income (Schedule	e C)			6				
7	Unrelated debt-finance	d income	e (Schedule E)		7				
8			nts from controlled organizations (Schedu		8				
9			(c)(7), (9), or (17) organization (Schedule	i G)	9				
10			e (Schedule I)	011100	10				
11	Advertising income (So			1	11	4,290	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		4,290
12	Total. Combine lines 3		; attach schedule.) SEE ST	INT T	12	4,290			4,290
13 D			Taken Elsewhere (See ins	structions fr				t for c	the second se
100			t be directly connected with					/ 101 0	ontributions,
14			tors, and trustees (Schedule K)	ino amera				14	
15								15	
16	Repairs and maintenar	nce						16	
17								17	
18								18	
19	Taxes and licenses			Table of the second				19	
20	Charitable contributions	s (See in	structions for limitation rules)			2000 - p - 1900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900 - 900	$(x,y,y,y,z,z,z,z,z) \in \mathcal{C} \times \mathcal{C} \times \mathcal{C}$	20	
21						4 1 4 5 6 6		8.20	
22			chedule A and elsewhere on return					22b	0
23			cologicier (cologicier cologicier					23	
24			ensation plans					24	
25								25	
26	Excess exempt expens	es (Sche	edule I)		1.0000		<b>(****</b> ) <b>*</b> + <b>*</b> + <b>*</b> + <b>*</b>	20	
27	Excess readership cos	is (SCNE)	dule J)	1.1.1.1.1.1.1.1.1.1.1.1.1.1	F (1), 1 (W) (1), 8	SEE STATEM	IENT 2	28	1,250
28 29	Total deductions. Add	Uinee 17						29	1,250
30			ome before net operating loss dedu			9 from line 13		30	3,040
31								31	
32		•	ome before specific deduction. Subt	tract line 31 fro	m líne	30		32	3,040
33			1,000, but see line 33 instructions for					33	1,000
34			ncome. Subtract line 33 from line 32						
	enter the smaller of zer	o or line	32					34	2,040

DAA For Paperwork Reduction Act Notice, see instructions.

Form 99	90-T (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Page 2
Part	Tax Computation	1000	
35 0	rganizations Taxable as Corporations. See instructions for tax computation. Controlled group		
m	nembers (sections 1561 and 1563) check here F See instructions and		
a E	inter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1	1) <mark>\$ (2) \$ (3) \$</mark>	1000	
bΕ	Inter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
(2	2) Additional 3% tax (not more than \$100,000)		306
c Ir	ncome tax on the amount on line 34	35c	
6 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	he amount on line 34 from:	36	
37 P	Proxy tax. See instructions	37	
38 A	Nternative minimum tax	38	306
39 T	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	500
Part	t IV Tax and Payments		
10a F	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
b	Other credits (see instructions)		
c (	General business credit, Attach Form 3800		
d C	Credit for prior year minimum tax (attach Form 8801 or 8827)	14 - J	
eΤ	Total credits. Add lines 40a through 40d	40e	200
<b>1</b> 1 S	Subtract line 40e from line 39	41	306
	Dthor taxes Desk if from: Form 4255 Farm 3611 Form 8697 Form 8866 Other	42	200
	Total tax. Add lines 41 and 42	43	306
	Payments: A 2009 overpayment credited to 2010 44a		
b 2	2010 estimated tax payments 44b		
с٦	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		
e E	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941) 44f	4	
g (	Other credits and payments: Form 2439		
Ĩ	Form 4136 Other Total > 44g		
	Total payments. Add lines 44a through 44g	45	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	306
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
	Enter the amount of line 48 you want: Credited to 2011 estimated tax In Refunded Refunded In Refunded	49	
Par	tV Statements Regarding Certain Activities and Other Information (see instructions)		
1 /	At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial		Yes No
-	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1. Report of Foreign		1997 2028
1	Bank and Financial Accounts. If YES, enter the name of the foreign country here 🕨	1998 - BC	× · · · · · · · · X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	?	X
	If YES, see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year S		E
Sche	edule A – Cost of Goods Sold. Enter method of inventory valuation >		
	Inventory at beginning of year 1 6 Inventory at end of year	6	
	Purchases 2 7 Cost of goods sold. Subtract line 6 from	16.00	
	Cost of labor 3 line 5. Enter here and in Part I, line 2	7	
4 a	Additional sec. 263A 8 Do the rules of section 263A (with respect to		Yes No
b	costs (attach sch.) Other costs 4b property produced or acquired for resale) apply		a Autor
5	(attach schedule) property produced of conjunction (attach schedule) to the organization?		
	Under negatives of century. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belie	f, it is true,	
Sigr	correct and complete. Declaration of proparer (other than taxpayer) is based on all information of which preparer has any knowledge.		<ul> <li>May the IRS discuss this return with the preparer shown below</li> </ul>
Here			with the preparer shown below (see instructions)?
	Signature of officer Date Title		X Yes No
	Orgination of other	k Dif	PTIN
Paid	04/20/20	mployed	P00174874
Prep			▶ 26-177676
Use		Phone no	703-319-399
	VIENNA, VA 22180-4437		
			Form <b>990-T</b> (2010
	8/19 INT 4 FTP 6 TOD	Г	316

# Form 990-T (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

0	cnec	aule	υ —	Rent	inco
	1000	inotes	untin .	1-1	

(1)	cription of property										
(2)	N/A										
14/											(MARCH 1)
/91											
(3)											
(4)		2 Dec	t received or accru				T				
	<ul> <li>From personal property (if the for personal property is more t more than 50%</li> </ul>	han 10% but not	perc	centage o	real and personal proper of rent for personal prope to rent is based on profit	rty excea	eds	3(a			cted with the income attach schedule)
(1)											
(2)											
(3)											
(4)						-				11.00	
Total			Total					(L) T -			1
	tal income. Add totals of c	olupane 2(a) an							al deductions.	. 1	
	nd on page 1. Part I, line 6,						1		line 6, column (B		
Sche	edule E – Unrelated I	Debt-Finan	ced Income	(see in	structions)						
				2	2. Gross income from or		<u> </u>		tions directly cor		h or allocable to
	1. Description of debt-	financed property	(		locable to debt-financed			di	ebt-financed prop	perty	
					property			aight line attach sc	depreciation	(b) Other deductions (attach schedule)	
(1)	N/A									<u> </u>	
(2)					Carl Carl						
(3)											
200.00	(avie)i										
(4)	4. Amount of average	E Augeneo o	divoted basis								
а	acquisition debt on or illocable to debt-financed roperty (attach schedule)	of or allo debt-financ	djusted basis cable to cd property chedu(e)		6. Column 4 divided by column 5				s income reportable mn 2 x column 6)		Mocable deductions on 6 x lotal of columns 3(a) and 3(b))
(1)						%					
2)						%					
3)						%					
4)						%					
Fotals	dividends-received deduc					. ►	Part I, I	ine 7, c	I on page 1, olumn (A)	Part I,	tere and on page 1, line 7, column (B)
	dule F – Interest, Ar	inuities, Ro	yalties, and	Rent					(see instructi	ons)	
					Exempt Controlle	d Orga	inization	3			
	<ol> <li>Name of controlled organization</li> </ol>		2, Employe identification nu		3. Net unrelated income	4. T	otal of spe ayments ma		5. Part of colum included in the c		6. Deductions directl connected with incom
Sche	-				(loss) (see instructions)	pa	ayinenta int		organization's g	gross inc.	in column 5
Sche	/A				(loss) (see instructions)	pa			organization's g	jross inc.	in column 5
Sche N	/A				(loss) (see instructions)	pa			organization's (	gross inc.	in column 5
1) N.	/A				(loss) (see instructions)	pa			organization's (	gross inc.	in column 5
3)	/A				(loss) (see instructions)	pa			organization's (	gross inc.	in column 5
3) 4) Schei N, 1) N, 2) 3)	/A kempt Controlled Organi	zations			(loss) (see instructions)	pa			organization's (	gross inc.	in column 5
3) 3) 5 6 7 7 8 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)		zations	8. Net unrelate (loss) (see inst	d income	e 9. Total of spec	fied	10. Pa	fed in the	umn 9 that is e controlling	11.	Deductions directly ected with income in
3) N N N N N N N N N N N N N	kempt Controlled Organi	zations		d income	e 9. Total of spec	fied	10. Pa	fed in the	umn 9 that is	11.	Deductions directly
1) N. 2) 3) 4) Nonex	kempt Controlled Organi	zations		d income	e 9. Total of spec	fied	10. Pa	fed in the	umn 9 that is e controlling	11.	Deductions directly ected with income in
1) N 2) 3) 4) Nonex	kempt Controlled Organi	zations		d income	e 9. Total of spec	fied	10. Pa	fed in the	umn 9 that is e controlling	11.	Deductions directly ected with income in
1) N 2) 3) 4) Nonex 1) 2) 3)	kempt Controlled Organi	zations		d income	e 9. Total of spec	fied	10. Pa	fed in the	umn 9 that is e controlling	11.	Deductions directly ected with income in
(1) N, (2) (4)	kempt Controlled Organi	zations		d income	e 9. Total of spec	fied	10. Pe incluc organi	ted in the zation's e imns 5 a are and c	umn 9 that is e controlling gross income nd 10 n page 1,	11. conn Add col	Deductions directly ected with income in

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

D) N/A       20	1. Description of incom	e	2. Amount of incom	3. Deduction directly connec (attach sched)	ated		-asides schedule)		<ul> <li>Total deductions</li> <li>d set-asides (col. 3 plus col.4)</li> </ul>
23     Enser Free and or page 1, First line 8, column (A).     Enser Free and or page 1, First line 8, column (B).     Enser Free and or page 1, First line 8, column (B).       31     Enser Free and or page 1, First line 8, column (B).     Enser Free and or page 1, First line 8, column (B).     Enser Free and or page 1, First line 8, column (B).       31. Description of excitated activity uncested business income positions and an positions and an positions and an positions and an page 1, First line 8, column (B).     5. Greas from an an or provide activity an or provide activity a	N/A							_	
3)       Enter here and or page 1. Pert is neg count (A).       Enter here and or page 1. Pert is neg count (A).       Enter here and or page 1. Pert is neg count (A).         Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       3. Expense on additional activity       2. Goss urreaded baseness income sections?       3. Expense on additional activity       4. Bell noome on additional activity       7. Escase membri expenses and additional activity         1). Description of expolute activity       2. Goss urreaded baseness income       3. Figure A and additional activity       4. Bell noome on additional activity       6. Goss more arreaded baseness income       6. Goss more arreaded baseness income       6. Goss more arreaded arreaded arreaded       6. Goss more arreaded baseness income       7. Escase membri expenses arreaded baseness income         (1) M/A       —       —       —       —       —         (2)       —       —       —       —       —         (3)       —       —       —       —       —       —         (1) M/A       —       —       —       …								-	
(a) Errer hors and on page 1, Pert I, ime 3, column (A).   Totals   1. Description of expoled activity   2. Great activity in activity in access and on page 1, Pert I, ime 3, column (A).   1. Description of expoled activity   1. Description of expoled activity   2. Great activity in access and on page 1, Pert I, ime 3, column (A).   2. Great activity in access and on page 1, Pert I, ime 3, column (A).   2. Great access activity   1. Description of expoled activity   1. Description of expoled activity   2. Great access activity   3. Description activity   3. De									
Each Perg and on page 1.     Part Line 2. Coult in (A).     Schedule 1 – Exploited Exempt Activity Income. Other Than Advertising Income (see instructions)      1. Denniption of exploited activity     Denness and on     Submets income     Submets     Submets income     Submets income     Submets     Submets income     Submets									
Totals       Part I, line 3, column (A)       Part I, line 3, column (A)         Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) <ul> <li>Because in the instruction of septimed activity</li> <li>Because income income</li></ul>	7/		Entor here and on ha	de 1				Ente	er here and on page 1
Schedule 1 – Exploited Exempt Activity Income, Other Than Advertising Income (see instructors)	Totale		Part I, line 9, column	(A).				Par	t I, line 9, column (B).
1. Description of experted activity     2. Gross unrelated business income from trade or ounrelated business income from trade or ounrelated business income business income from trade or ounrelated business income from trade or outrelated business income from trade or outrelated income from trade or outr	Schedule I – Exploited Exe	mpt Activity In	come, Other T	han Advertising In	ncome (s	see instruc	tions)		
(2)		2. Gross unrelated business income from trade or	3. Expenses directly connected with production of unrelated	4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5	5. Gro. from a is not	ss income ctivity that unrelated	6. Exper	ole to	expenses (column 6 minus column 5, but not more than
(2)	M/A							1	
(a)       Enter here and on page 1, Part 1, line 10, col. (b).       Enter here and on page 1, Part 1, line 10, col. (c).       Enter here and on page 1, Part 1, line 10, col. (c).       Enter here and on page 1, Part 1, line 10, col. (c).       Enter here and on page 1, Part 1, line 10, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and on page 1, Part 1, line 2, col. (c).       Enter here and col. (c), col. (c).       Enter here and col. (c). (c).       Enter here and col. (c). (c).       Enter here and col. (c). (c). (c).       Enter here and col. (c). (c). (c).       Enter here and col. (c). (c). (c). (c). (c). (c). (c). (c)			-						
(4)       Enter here and on page 1, Part 1, line 10, cot (A).       Enter here and on page 1, Part 1, line 10, cot (A).       Enter here and on page 1, Part 1, line 10, cot (A).         Totals       Schedule J - Advertising Income (see instructions)       Advertising gain of (ces) (col).       Schedule A - Advertising line advertising on a substraint of a gain. compute costs (column 6, bin arrive that advertising octs).       Schedule J - Advertising line advertising octs.       Concess ceadership costs (column 6, bin arrive that advertising octs).         1. Name of periodical       2. Gross advertising line advertising octs.       3. Direct advertising costs.       5. Circulation fine one fine advertising octs.       6. Readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       6. Readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       6. Readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       6. Readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising octs.       7. Excess readership costs (column 6, bin arrive that advertising that adverti			**						
Enter here and on page 1, Part I, line 10, cot (A), ine 10, cot (A), Part I ine 26.     Enter here and on page 1, Part I, ine 10, cot (B), ine 10, cot (B), ine 10, cot (B), ine 10, cot (B), Part I ine 26.     Enter here and on page 1, Part I, ine 26.       Part I     Income From Periodicals Reported on a Consolidated Basis advertising onts advertising onts income     5. Circulation income     6. Readership costs income       1. Name of policical (I) N/A     2. Gross advertising onts advertising onts     3. Direct advertising onts     4. Arrenting gan or (loss) (colum 6, b) income     6. Readership costs       2. Or ons advertising onts     3. Direct advertising onts     4. Arrenting gan or (loss) (colum 6, b) income     5. Circulation income     6. Readership costs       2. Totals (carry to Part II, line (5)     Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)       (1) N/A     Enter here and on page 1, Part I, ine 11, col. (8).     Enter here and on page 1, Part I, ine 11, col. (8).       3. Direct (3)     Enter here and on page 1, Part I, ine 11, col. (8).     3. Percent of on page 1, Part I, ine 2, Title       1. Name     2. Title     3. Percent of on page 1, part I, line 2, or of dot       3. Direct II, Incol (A).     3. Percent of on page 1, Part I, ine 2, or of dot       4. Compensation of Officers, Directors, and Trustees (see instructions)       4. Compensation of Officers, Directors, and Trustees (see instructions)       4. Compensation of Officers, Directors, and Tr									
Schedule J – Advertising Income (see instructions)         Part I       Income From Periodicals Reported on a Consolidated Basis         1. Name of periodical       2. Gross advertising income       3. Direct advertising cests       4. Advertising gain or (test) (od 2 minus col 3). If a gain, compute       5. Circulation Income       6. Readership costs       7. Excess readership cests         (1) N/A		page 1, Part i	page 1, Part I	. and					on page 1,
Part I       Income From Periodicals Reported on a Consolidated Basis         1. Name of porticical       2. Gross advertising income       3. Direct advertising costs       4. Advertising gain of (cost) (col 2 minus col 3). If advertising costs       5. Circulation income       6. Readership costs       7. Excess readership costs         (1) N/A									l
1. Name of poriedical     2. Gross advertising income     3. Direct advertising costs     4. Advertising advertising costs     5. Circulation income     6. Readership costs     7. Excess readorship costs       (1) N/A									
1. Name of periodical     2. Gross advertising income     3. Direct advertising costs     3. Direct advertising costs     5. Circutation income     6. Readership costs     costs (column 6 mus column 7) costs       (1) N/A	Part I Income From F	Periodicals Re	ported on a Co	onsolidated Basis					
(2)       (3)       (4)       (4)       (4)         (4)       (5)       (5)       (7)       (7)       (7)         (1)       N/A       (7)       (	1. Name of periodical	advertising		gain or (loss) (col 2 minus col. 3). (f a gain, compute					costs (column 6 minus column 5, but not more than
(2)       (3)       (4)       (	mN/A								
(3)       (4)         (4)       (5)         Part II       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) N/A       (1) N/A         (2)       (2)         (3)       (2)         (4)       (2)         (5) Totals from Part I       Enter here and on page 1, Part I, line 11, col (B)         Enter here and on page 1, Part I, line 11, col (B)       Enter here and on page 1, Part I, line 11, col (B)         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)       4. Compensation attributable to unrotated business         (1) N/A       9         (2)       9         (3)       9         (4)       9		-			8				
(4)       Totals (carry to Part II, line (5))       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) N/A       (1) N/A       (1) N/A         (3)       (2)       (2)         (3)       (2)       (3)         (4)       (4)       (5) Totals from Part I         (5) Totals from Part I       Enter here and on page 1, Part I, line 11, col (A).       Enter here and on page 1, Part I, line 11, col (B)         Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)       1. Name       2. Title       3. Percent of time devoted to page 1, Part I, line 11, col (A).         (1) N/A       96       96       (2)       96					4				1. 5. 6. 6. 6. 6.
Totals (carry to Part II, line (5))         Part II       Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) N/A       (1) N/A         (2)       (2)         (3)       (3)         (4)       (5) Totals from Part I         Enter here and on pago 1, Part I, line 11, col (A).       Enter here and on pago 1, Part I, line 11, col (B).         Totals, Part II (lines 1-5)       Enter here and on pago 1, Part I, line 11, col (B).         Schedule K Compensation of Officers, Directors, and Trustees (see Instructions)       3. Percent of time devoted to business         (1) N/A       94         (2)       94				- 15 States - 1					
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)         (1) N/A       (1) N/A         (2)       (2)         (3)       (4)         (4)       (5)       Enter here and on page 1, Part 1, line 11, col. (B)         Totals, Part II (lines 1-5)       Enter here and on page 1, Part 1, line 11, col. (B)       Enter here and on page 1, Part 1, line 11, col. (B)         1       Compensation of Officers, Directors, and Trustees (see instructions)       3. Percent of tume devoled to business         (1) N/A       9/4         (2)       9/4	(4)								
(1) N/A	Part II Income From F			eparate Basis (For	each pe	eriodical I	isted in P	art II, f	ill in columns
(2)     (3)     (4)       (5) Totals from Part I     Enter here and on page 1, Part I, line 11, col. (A).     Enter here and on page 1, Part I, line 11, col. (B).       Totals, Part II (lines 1-5)     Enter here, Directors, and Trustees (see instructions)       1. Name     2. Title       1. Name     94       (2)     94       (3)     94									
(3)       (4)       (5)       Totals from Part I       (6)       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part I, line 11, col. (8).       Enter here and on page 1, Part II, line 27.         Totals, Part II (lines 1-5)       Image 1, col. (8).       Enter here and on page 1, Part II, line 11, col. (8).       Enter here and on page 1, Part II, line 27.         1. Name       2. Title       1. Name devoted to business       4. Compensation attributable to unrelated business         (1) N/A       9/2       9/2       9/2       9/2         (3)       9/2       9/2       9/2       9/2         (4)       9/2       9/2       9/2       9/2	No. 1								
(4)       (5) Totals from Part I       Enter here and on page 1, Part I, line 11, col. (B).       Enter here and on page 1, Part I, line 11, col. (B).       Enter here and on page 1, Part I, line 11, col. (B).         Totals, Part II (lines 1-5)       Image 1, Part I, line 11, col. (B).       Enter here and on page 1, Part I, line 11, col. (B).       Part II, line 27.         Totals, Part II (lines 1-5)       Image 1, Part I, line 11, col. (B).       Image 1, Part I, line 11, col. (B).       Part II, line 27.         1. Name       2. Title       S. Percent of time devoted to business       4. Compensation attributable to unrelated business         (1) N/A       %       %         (2)       %       %         (3)       %       %	inforty and a second								
(5) Totals from Part I       Enter here and on pago 1, Part 1, line 11, col (A).       Enter here and on page 1, Part 1, line 11, col. (B).       Enter here and on page 1, Part 1, line 11, col. (B).         Totals, Part II (lines 1-5)       Imention of Officers, Directors, and Trustees (see instructions)       Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)       S. Percent of time devoted to business       4. Compensation attributable to unrelated business         (1) N/A       %       %       %         (2)       %       %       %         (4)       %       %       %	and a second								
Enter here and on page 1, Part 1, line 11, col (A).       Enter here and on page 1, Part 1, line 11, col. (B)       Enter here and on page 1, Part 1, line 11, col. (B)         Totals, Part II (lines 1-5)       Imenance in the intervence of the experimental of the experimenta of the					12- P 1	1.2.4			
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)       3. Percent of time devoted to business       4. Compensation attributable to unrelated business         1. Name       2. Title       3. Percent of time devoted to business       4. Compensation attributable to unrelated business         (1) N/A       9%       9%         (2)       9%       9%         (3)       9%       9%		page 1, Part I,	page 1, Part 1	1.					on page 1
1. Name     2. Title     3. Percent of time devoted of business     4. Compensation attributable to unrelated business       (1) N/A     0     %       (2)     0     %       (3)     %     0       (4)     %     0	Cohodulo K Composition	n of Officers	Directore and	Trustees loss instr	uctions)				3
Image: Constraint of the second sec					uouonaj	time	devoted to		
(2)         %           (3)         %           (4)         %	IN N/A					b			
(3)         %           (4)         %	1 man								
		1.00 million (1.000 million)							
				41-14-					
		and then the					70		

#### Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	A	mount
ADVERTISING ON WEBSITE	\$	4,290
TOTAL	\$	4,290

#### Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
WEBSITE EXPENSES	\$ 1,25
TOTAL	\$ 1,25

982.0	4/30.	/201	2	Pg	26
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990-T			Worksheets			2010
For	calendar year 2010, or tax y	/ear beginning	, and end	ling		
iriné					Taxpayer	dentification Number
MANAGEMENT ASSO PHOTOGRAMMETRIC	SURVEYORS				52-08	54573
	Interest on	Late Payments and I	failure to File Wor	ksheet		
Descrip		Amount	Balance	No. of Days	Rate	Late Interest
TAX ON RETURN 5		306	<u> </u>	46	4.00	
INTEREST 5/16-6 INTEREST 7/1-8/			308	50	4.00	
	();;;;;*;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;					
denter et al.						
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		· · · · · · · · · · · · · · · · · · ·				
					·	
		······				
				2	. <u> </u>	
Total interest on late paym						

#### Failure to Pay Penalty Worksheet

Description	Amount	Balance	No. of Months	FTP Penalty
TAX FOR PENALTY 5/15-8/19		306	4	6
			· · · · · · · · · · · · · · · · · · ·	
				a 40 00
				3
		**************************************		1
	-			3
Total failure to pay penalty	Mara Mari Desidente Sodo		1.2. 223.5.000 PV = 13	6

#### Taxable Interest on Investments

	Descri	ption						
			Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
BANK	INTEREST							
		\$	125		14			
	TOTAL	\$	125					

4/30/2012 Page 2		5	0	2	
4/30, P.		Fund Raísing			
		പ്	0		
		Management & General			
	-	Mar Mar	ω.		
	xpenses	ram /ice 4 , 500	2,169 2,169 1,000 12,000 10,925		
ments	Form 990, Part IX, Line 24f - All Other Expenses	Program Service	U.		
Federal Statements	-ine 24f - /	200	3,000 2,169 1,000 250 10,925		
Federa	, Part IX, I	Expenses	а, 10, 10,		
	Form 990	Ω.	\$\$P		
Private					
iation for		no	KANCE		
ent Assoc 0		Description	LTY INSU		
982 Management Association for Private 52-0854573 FYE: 12/31/2010		STATE LEGISLATION	BOARD LIABILITY INSURAN ANNUAL AWARDS WEB SVC RE: ADVERTISING MISC TOTAL TOTAL		
982 Manage 52-0854573 FYE: 12/31/2		STATE	BUAKU L ANNAL WEB SVC MISC TC		

Form 990-T - Other	Deductions N	Not Taken	Elsewhere

Description	Am	ount
WEBSITE EXPENSES	\$	1,250
TOTAL	\$	1,250

	Forms 990 / 990-E2	L Return Summary	
For calendar year	2009, or tax year beginning	, and ending	
	ENT ASSOCIATION F( AMMETRIC SURVEYOR:		573
Net Asset / Fund Balance at Begin	ning of Year		4,889
Revenue			
Contributions			
Program service revenue	822	2,752	
Investment income		315	
Capital gain / loss			
Special events:			
Gross revenue			
Direct expenses			
Net income			
Other income		0	
Total revenue		823,067	
Expenses			
Program services			
Management and general			
Fundraising			
Total expenses		766,904	
Excess / (deficit)			56,163
Net Asset / Fund B	alance at End of Year		61,052
Reconciliation of F	Revenue	Reconciliation	of Expenses
Reconciliation of F	Revenue	Total expenses per financial staten	of Expenses
Reconciliation of F otal revenue per financial statements ess:	Revenue	Total expenses per financial statem Less:	of Expenses
<b>Reconciliation of F</b> otal revenue per financial statements ess: Unrealized gains	Revenue	Total expenses per financial statem Less: Donated services	of Expenses
<b>Reconciliation of F</b> otal revenue per financial statements ess: Unrealized gains Donated services	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments	of Expenses
Reconciliation of R otal revenue per financial statements ess: Unrealized gains Donated services Recoveries	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments Losses	of Expenses
Reconciliation of F otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other	of Expenses
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus:	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus:	of Expenses
Reconciliation of F otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other	of Expenses nents 766,904
Reconciliation of F otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses	Revenue	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	823,067         823,067         823,067	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	823,067         823,067         823,067	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other <b>Total expenses per retur</b>	of Expenses hents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue 823,067 823,067	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other <b>Total expenses per retur</b> Balance Sheet Ending Difference 593,534	of Expenses hents 766,904
Reconciliation of F fotal revenue per financial statements less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	823,067         823,067         823,067         Beginning         520,180         515,291	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Differenc 593,534 532,482	of Expenses nents 766,904
Reconciliation of F otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	Beginning 520, 180	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Differenc 593,534 532,482	of Expenses hents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	823,067         823,067         823,067         Beginning         520,180         515,291	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Differenc 593,534 532,482	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 520, 180 515, 291 4, 889 Miscellaneous Inform	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Difference 593,534 532,482 61,052 56	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	823,067         823,067         823,067         823,067         823,067         823,067         823,067         823,067         Beginning         520,180         515,291         4,889         Miscellaneous Inform         Amended return	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Difference 593,534 532,482 61,052 56 mation	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	823,067         823,067         823,067         823,067         Beginning         520,180         515,291         4,889         Miscellaneous Inforr         Amended return         Return / extended due date	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Difference 593,534 532,482 61,052 56	of Expenses nents 766,904
Reconciliation of F Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	823,067         823,067         823,067         823,067         823,067         823,067         823,067         823,067         Beginning         520,180         515,291         4,889         Miscellaneous Inform         Amended return	Total expenses per financial statem Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per retur Balance Sheet Ending Difference 593,534 532,482 61,052 56 mation	of Expenses nents 766,904

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

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

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

	partment of the Tre rnal Revenue Serv		benefit trust or private foundation) The organization may have to use a copy of this return to satisfy st	ate reporting	g requirem	ients.	Open to Public Inspection
A	For the 2009 ca	lendar ye	ear, or tax year beginning , and ending			900 807	
в	Check if applicable	Please	C Name of organization MANAGEMENT ASSOCIATION FOR PRIVA	TE	C	Emplo	yer identification number
	Address change	use IRS	PHOTOGRAMMETRIC SURVEYORS				
- 1	Name change	label or print or	Doing Business As			52-	0854573
		type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E	Telepho	one number
- 1	Initial return	See	1760 OLD RESTON AVENUE	205		703	-787-6665
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G	Gross recei	pts \$ 823,067
	Amended return	tions.	RESTON VA 20190-3361				
1	Application pending	F Name	and address of principal officer:		H	I(a) Is this a	group return for
	FF	JO	HN M. PALATIELLO			affiliate	s? Yes X No
		17	60 OLD RESTON AVE. SUITE #205		1	(b) Are all a include	d? Yes No
		1000	STON VA 20190			lf "No,"	attach a list, (see instructions)
1	Tax-exempt statu	and the second se	501(c) ( <b>6</b> ) ◀ (insert no.) 4947(a)(1) or 527				
J	Website: 🕨 🕅	<b>IAPPS</b>	ORG			The second s	exemption number
	Type of organization:			_ Year of form	nation: 19	67	M State of legal domicile. VA
P		Immar		_			
			e organization's mission or most significant activities:				112 122 123 123 123 123 123 124
ė	TRAD	E ASS	OCIATION		111.520.15	and the second	
Activities & Governance		c = = +++ = (*) =		$+ \left  \left( 1 \right) + \left( 1 \right) \right  = \left  1 \right $			
'err	* (= (* (* = 1)))					10000000000	
ğ			if the organization discontinued its operations or disposed of more than 2			π. T	•
ન્ચ	3 Number of	of voting	members of the governing body (Part VI, line 1a)		i den harr	3	9
ties			ndent voting members of the governing body (Part VI, line 1b)				9
tivi			mployees (Part V, line 2a)				0
Ac			olunteers (estimate if necessary)			6	
			ted business revenue from Part VIII, column (C), line 12		151102000	7a	
	b Net unrel	ated bus	iness taxable income from Form 990-T, line 34		Prior Year	7b	Current Year
	8 Contributi	one and	grants (Part VIII, line 1h)		Prior rear		Current rear
ne							822,752
Revenue							315
Re			at //III column (A) Kasa E. Cd. Sc. On 10s and 11s)				
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)				823,067
			r amounts paid (Part IX, column (A), lines 1–3)				0207007
			for members (Part IX, column (A), line 4)				
ses			aising fees (Part IX, column (A), line 11e)				
Expense			expenses (Part IX, column (D), line 25) ►	10000000000000000000000000000000000000			100 C 100
Ш		0					766,904
			Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25)				766,904
			enses. Subtract line 18 from line 12				56,163
Les				Beginn	ing of Curre	nt Year	End of Year
Fund Balances	20 Total asse	ets (Part	X, line 16)			,180	593,534
d B	21 Total liabi	lities (Pa	rt X, line 26)		515	,291	532,482
Fund	22 Net asset		I balances. Subtract line 21 from line 20		4	,889	61,052
P	art II Sig	gnatur	e Block				
			es of perjury, I declare that I have examined this return, including accompanying schedule				
	2	Deller, it i	s true, correct, and complete. Declaration of preparer (other than officer) is based on all in	formation of v	wnich prepa	rer nas any	knowledge.
big							
lei	re 🛛	Signatur	e of officer			Date	
		Type or (	print name and title				
م	Pret	arer's	Date Date Date Date Date Date		Check if self-	()	Preparer's identifying number (see instructions)
ai	1 3140	ature		09/10	employed		P00174874
	parer's	's name (	GEORGEN SCARBOROUGH ASSOCIATES	PC		EIN 🕨	26-1776766
ISE		lf-employe				Phone	
		ess, and				no. 🕨	703-319-3990
lay	the IRS discuss	this retu	Irn with the preparer shown above? (see instructions)		waxaaaa		X Yes No
~ ~	Dulugay Act and	Daman	work Poduction Act Nation, and the congress instructions				

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2009

982	Ρg	3

If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	COMPANY STREET, STREET		SSOCIATION FOR PRIVAT	CE 52-0854573	Page
TRADE ASSOCTATION         2       Dd the arganization undertake any significant program services during the year which were not listed on					· · · · · · · · · · · · · · · · · · ·
2       Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-L27       If "Yes", "describe these new services on Schedule 0.         10       Dd the organization cases conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust are required to report the amount of grants and allocators to breaks, the total expenses, and revenue, if any, for each program services to program services by expenses.         4a       (Code:			sion:		
Import Form 980 or 990-22?       Ves         If "Yes," describe these new services on Schedule 0.         D bd the organization cases conducting, or make significant changes in how it conducts, any program services?       Ves         If 'Yes," describe these changes on Schedule 0.       Ves         4 Describe the seampt purpose achievements for each of the organization's three largest program services by expenses.       Section St(16) (and 65) ((16) (10) and 50) ((16) (10) (10) (10) (10) (10) (10) (10) (10	TRADE	ASSOCIATION	· · · · · · · · · · · · · · · · · · ·		
If the prior Found 90 of 900-L27       If Yes         If Yies (Bescheb these events on Schedule O.       Did the organization cease conducting, or make significant changes in how II conducts, any program services?       If Yes         If Yes (Besche these changes on Schedule O.       Describe the events purpose achievements for each of the organization's three largest program services by expenses. Section 507(6)(3) and 501(c)(4) regaralization as decine 4874(c)(4) thust are required to report the mount of grents and allocations to others, the total expenses and revenue, if any, for each program service reported.       If (Powenue S COMPERENCES), MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROPERSIONAL ISSUES         Ap (Code:       ) (Expenses 1       621,996 including grants of \$       ) (Revenue \$         Bib (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	5. 1200	1.		(x,y,y) = (x,y,y) + (x,y	· · · · · · · · · · · · · · · · · · ·
If the prior Found 90 of 900-L27       If Yes         If Yies (Bescheb these events on Schedule O.       Did the organization cease conducting, or make significant changes in how II conducts, any program services?       If Yes         If Yes (Besche these changes on Schedule O.       Describe the events purpose achievements for each of the organization's three largest program services by expenses. Section 507(6)(3) and 501(c)(4) regaralization as decine 4874(c)(4) thust are required to report the mount of grents and allocations to others, the total expenses and revenue, if any, for each program service reported.       If (Powenue S COMPERENCES), MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROPERSIONAL ISSUES         Ap (Code:       ) (Expenses 1       621,996 including grants of \$       ) (Revenue \$         Bib (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$         abs (Code:       ) (Expenses \$       including grants of \$       ) (Revenue \$	10.200	- Rentre I I stal same and	-1		
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Form 990 (2009)

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

_ <u>P</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			·
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VII, IX, or X as applicable	11		x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•		- 4		
	Schedule D, Part VI,			15.5
•	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more			100
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	Did the organization report an amount for other assets related 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,			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X,		2	
•	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? If "Yes," complete Schedule D, Part X,	1.00	-	10
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	\$1100.0		
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	No.	5 5 3	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1263	19.24	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		19		x
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X

Form 990 (2009)

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#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

100	art IV Checklist of Required Schedules (continued)		Vaa	N
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	N
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	0.00333	-	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		2
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	i	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
5	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		
	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		2
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		2
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		
	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		
	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		2
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable		0			
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	1b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re gaming (gambling) winnings to prize winners?	oortable		1c		253/24 
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		1.4	199
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		<u>2b</u>	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		Sev.		10.2
				3a		X
b			ST 77550 17070 101	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other for					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin account)?			4a		x
b	If "Yes," enter the name of the foreign country:					
0	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?	********		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?	(* (* (* (š) = (± (* <b>7</b> ))		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	joods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	20220-20-0	2222 I.I. I.I. I.I.	7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was used to find the find th	IS		7c		
al	required to file Form 8282?	7d	I	10		
a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				100	
6	benefit contract?	Croonar		7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	100000000000000000000000000000000000000	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		(a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
	required?	14. 14.250		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?		- • •			
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N 1	· · · · · · · · · · · · · · · · · · ·	9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
a L	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					day 1
b 11	Section 501(c)(12) organizations. Enter:		1		1.61	
11 a	Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		1			
2	emounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr			12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			100.000	

Page 5

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

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

#### Section A. Governing Body and Management

1a !								
	Enter the number of voting members of the governing body 1a 9							
	Enter the number of voting members that are independent 1b 9							
<b>2</b> [	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		Х				
3 [	Did the organization delegate control over management duties customarily performed by or under the direct			1				
\$	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X					
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х				
<b>5</b> [	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
7a [	Does the organization have members, stockholders, or other persons who may elect one or more members							
C	of the governing body?	7a		Х				
b A	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8 [	Did the organization contemporaneously document the meetings held or written actions undertaken during							
t	the year by the following:							
a T	The governing body?	8a	X					
b E	Each committee with authority to act on behalf of the governing body?	8b	X					
9 1:	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
2	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				

		-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		x
b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
5	rise to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	0		1.01
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	L A CL		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		

17 List the states with which a copy of this Form 990 is required to be filed NO.	NE
---	----

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVENUE
RESTON VA 20190 703-787-6996

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization	ruid not compens	sale c	arry c	ane	11.01	ncer,	une	cior, or trustee.		
(A) Name and Title	( <b>B</b> ) Average	Posi	ition (	•	C) kalit	hat ap	sply)	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SCOTT PERKINS, WI		0								
DIRECTOR	2.00	X						0	0	0
A RECENT CONTRACTOR STRUCTURES AND A RECENT OF A RECENTA RECEN	OMPASSDA	t:	I	NC	÷					
DIRECTOR	2.00	X					_	0	0	0
ERIC ANDELIN, BOH	ANNAN HU 2.00	ST X	ON	1 2	ENG	F		0	0	0
	URDEX CC 2.00		OR.	AT:	[0]	NT I		0	0	0
MARK SAFRAN, BAE	SYSTEMS	IN	C		-				<u>_</u>	<b>`</b>
DIRECTOR	2.00	X	<b>~</b> •					0	o	0
JEFF LOVIN, WOOLE										
PRESIDENT	3.00			x				0	0	C
RICHARD MCDONALD,	GEOSPAI	IA	L	CO	RP					
PRESIDENT ELECT	3.00		l	X				0	0	C
ROBERT J HICKEY,	PHOTO SC	IE	NC	E						
TREASURER	3.00			X				0	0	C
MIKE TULLY, AERIA		ES	,	IN	с.					
SECRETARY	2.00			Х				0	0	0
x 15 marti chian mudi in magningnin										
A ( ( ) ) ( ( ) ) ( - ( ) ) ( - ( ) ) ( ) (										
* 5* - 14 - 11 (341) (341) (341)										

Form 990 (2009) MANAGEMEN												982 Pg age 8
Part VII Section A. Officers	, Directors, Tru	stees	, Ke	y En	nplo	yees,	and	Highest Compensated E	mployees (continued)		_	
(A) Name and Title	(B) Average	Pos	ition (	(chec	C) k all t	hat ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estima amour	ated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	organiza	er sation the ation ated	
121112-1211 12 1-++-0+ 1 + 124												
5+++1000001++												
······································												
, <u>, , , , , , , , , , , , , , , , , , </u>												
34 mar 2 mar 2 1 2 2 2 3 1 4 5 4 1												
1b Total												
2 Total number of individuals (inc	0			ose	listeo	d abo	ve) v	who received more than \$1	00,000 in			
reportable compensation from t	ne organization		0								Yes	No
3 Did the organization list any for	mer officer, dire	ctor a	r tru	stee	, key	empl	loye	e, or highest compensated				12
employee on line 1a? If "Yes," of	complete Schedu	ule J f	or si	uch i	ndiv	idual				3		X
4 For any individual listed on line the organization and related org	anizations great	n repo ter tha	an \$'	ie co 150,0	ompe 000?	ensati 1 If "Ye	on a es,"	complete Schedule J for si	uch	1.0.1		
individual				÷						4	1	X
5 Did any person listed on line 1a services rendered to the organi										5		x
Section B. Independent Contracto	ors											
1 Complete this table for your five compensation from the organiz		nsate	d inc	lepe	nder	nt con	trac	tors that received more that	an \$100,000 of			

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN M PALATIELLO ASSOCIATES, INC. 185 RESTON VA 20190	6 OLD RESTON AVE MANAGEMENT	452,570
2 Total number of independent contractors (including but not limited	to those listed above) who received	
more than \$100,000 in compensation from the organization >		1

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(D) Revenue excluded from tax under sections 512, 513, or 514

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

1a

0.000		
Part VIII	Statement of	Revenue

1a Federated campaigns

Program Service Revenue Contributions, gifts, grants and other similar amounts

b c d e f

g h

2a b c d e f g 3

4 5

6a b c d 7a

b

c d 8a

b c 9a

b c 10a

> b c

11a b c d e 12

Other Revenue

					Membership dues 1b	
					Fundraising events 1c	
					Related organizations 1d	
					Government grants (contributions) 1e	
					All other contributions, gifts, grants,	
			1.1		and similar amounts not included above 1f	
					Noncash contributions included in lines 1a-1f: \$	
					Total. Add lines 1a-1f	
				Busn. Code	Total. Add lines ta- n	-
439,651			439,651	Bush. Code	CONFERENCES C NEEDINGS	
383,001			383,001		CONFERENCES & MEETINGS	1
100			100		MEMBERSHIP	,
100			100		LEGAL DEFENSE FUND	;
					THE REPORT CONTRACT CONTRACT	1
						)
·····			000 750	L	All other program service revenue	
			822,752	<b>&gt;</b>	Total. Add lines 2a-2f	
				it, and	Investment income (including dividends, interes	
315			315	nana 🕨	other similar amounts)	
				oceeds 🕨	Income from investment of tax-exempt bond pro-	
				• • • •	Royalties	
				Personal	(i) Real (ii) I	
					Gross Rents	
					Less: rental exps	
					Rental inc. or (loss)	
				•	Net rental income or (loss)	
				) Other	Gross amount from (i) Securities (ii)	
					sales of assets other than inventory	
		6			Less cost or other	
				- 1	basis & sales exps	
	2				Gain or (loss)	
					Net gain or (loss)	
					Gross income from fundraising events	
					(not including \$	
				1	of contributions reported on line 1c).	
					See Part IV, line 18 a	
H & 1			1. S. S. S. S. S. S.		Less: direct expenses b	
				•	Net income or (loss) from fundraising events	
					Gross income from gaming activities.	
					See Part IV, line 19 a	
					Less: direct expenses b	
		and the second		aaaaa 🕨 .	Net income or (loss) from gaming activities	
					Gross sales of inventory, less	
					returns and allowances a	
					Less: cost of goods sold <b>b</b>	
		and the second		Duan Cada	Net income or (loss) from sales of inventory	_
			and the set of the set	Busn. Code	Miscellaneous Revenue	
					2 181 USUU 201411111111111111231111111	
					All other revenue	
823,067						
	0	0	823,067	• • • •	Total. Add lines 11a–11d	1

(B) Related or exempt function revenue

(A) Total revenue (C) Unrelated business revenue

### F

Pa	ITT IX Statement of Functional Exp Section 501 All other organizations must	(c)(3) and 501(c)(4) organiz	ations must complete	all columns.	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
5	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
)	Other employee benefits				
)	Payroll taxes				
ł	Fees for services (non-employees):	414 270			
a	Management	414,270			
b	Legal	2,637			
2	Accounting	38,300			
d	Lobbying	30,300			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion Office expenses				
3 1	Information technology				
5	Royalties				
;	Occupancy				
		7,014			and the second second
}	Payments of travel or entertainment expenses	.,			
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	248,032			
)	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
		Contraction of the			
	Other expenses. Itemize expenses not				
	covered above, (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			A CONTRACTOR OF A STATE	
a	OFFICE SUPPLIES & EXPENSE	11,848			
)	CREDIT CARD FEES	10,576			
;	STATE LEGISLATION	8,521			
t	DUES & MEMBERSHIPS	8,325			
9	WEB SERVICES	7,500			
	All other expenses	9,881			
_	Total functional expenses. Add lines 1 through 24f	766,904			
	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Part X Balance Sheet

rai			(A) Beginning of year		( <b>B)</b> End of year
Т	Cash—non-interest bearing			1	
	2 Savings and temporary cash investments		310,361	2	228,825
	B Pledges and grants receivable, net	xi al l'alga a comprette		3	
	Accounts receivable, net		197,771	4	349,911
	Receivables from current and former officers, direct				
	employees, and highest compensated employees.				
	Schedule L			5	
	Receivables from other disqualified persons (as de	efined under section		1.00	
	4958(f)(1)) and persons described in section 4958				
	Part II of Schedule L	(-/(-/(-/		6	
2 .	Notes and loans receivable, net		13311031031	7	
51	Inventories for sale or use	ng 1		8	
	Prepaid expenses and deferred charges	ar an	12,048	9	14,798
	<b>Da</b> Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
1				11	
1		2 1 3 1 1 1 2 1 2		12	
1:		(a) (1) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	A DRAMAN DATE	13	
1			1 1 ( 1 1 1 ( 1 ) ( 1 ) ( 1 ) ( 1 )	14	
1	CARTERIA CONTRACTOR CONTRACTOR	(+) += ==+35323+3=(+3+3=+2+2+3		15	
1	<ul> <li>Solar of Description of the Description Residence of the Description of the</li></ul>	ine 34)	520,180	16	593,534
17	Accounts poughle and account automas			17	5,088
18	Grante navable			18	
19	Deferred revenue		515,291	19	527,394
20			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	20	
	3 3 1 COLO 11 2 3 3 1 3 4 5 4 1 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	t IV of Schedule D	434334600007	21	
22					
	employees, highest compensated employees, and				
2 <sup>-</sup> 22	persons. Complete Part II of Schedule L	aloqualitica		22	
2:		d third parties		23	
24				24	
25				25	
26	19		515,291	26	532,482
	Organizations that follow SFAS 117, check here	X and			
	complete lines 27 through 29, and lines 33 and				
27			4,889	27	61,052
28			1.1 * * (1 = 1 = 1) * (1 = 1 = 1)	28	
29				29	
	Organizations that do not follow SFAS 117, che	eck here ▶	and a second		
	and complete lines 30 through 34.				
30				30	
29 30 31 32 33		oment fund		31	
32			1011 ) 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	32	
1			4,889		61,052
33	Total net assets or fund balances		<b>1</b> ,009	30 1	01,000

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#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part XI Financial Statements and Reporting

Page 12

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other			
	Schedule O.			1.20
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	25		
	issued on a consolidated basis, separate basis, or both:		100	
	X Separate basis Consolidated basis Both consolidated and separate basis			840 L
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			÷
	the Single Audit Act and OMB Circular A-133?	3a		X
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.	3b		
		Forr	n 990	(200

¥.

SCHEDULE C	Political	Campaign and Lobb	ying Activit	ies	OMB No. 1545-0047		
(Form 990 or 990-EZ)		desetion 507	2009				
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.						
Department of the Treasury Internal Revenue Service			e separate instru	ctions.	Open to Public Inspection		
<ul> <li>Section 501(c)(3) organization</li> <li>Section 501(c) (other than a section 501(c) (other than a section 501(c)))</li> </ul>	"Yes," to Form 990, Part IV, line tions: Complete Parts I-A and B. ( section 501(c)(3)) organizations:	Do not complete Part I-C			1		
Section 527 organizations:			a 47 (Lablavina As				
<ul> <li>Section 501(c)(3) organization</li> </ul>	" <b>Yes," to Form 990, Part IV, lin</b> e ions that have filed Form 5768 (e ions that have NOT filed Form 57	lection under section 501(h)): Col	mplete Part II-A, D	o not complete Part II-B			
	"Yes," to Form 990, Part IV, line organizations: Complete Part III						
РНОТ	GEMENT ASSOCIATI OGRAMMETRIC SURV	EYORS		Employer identifi 52 - 08545	73		
	f the organization is exe			on 527 organizatio	n		
2 Political expenditures	he organization's direct and indire	ect political campaign activities in		▶ \$			
3 Volunteer hours	and the state of the second second		(0)				
	f the organization is exe		(3).	▶ \$			
•	excise tax incurred by the organiz excise tax incurred by organizatio	**************************************	****				
	d a section 4955 tax, did it file Fo				Yes No		
4a Was a correction made?					Yes No		
b If "Yes," describe in Part		maturday contion 501(a)	avaant aaati	cn = 501(c)(3)			
	f the organization is exer expended by the filing organization			011 301(0)(3).			
activities	expended by the ming organization	on for section 527 exempt function		▶ \$			
	ling organization's funds contribu	-		▶ \$			
	penditures. Add lines 1 and 2. Ent			▶ \$			
TAXABLE AND TAXABLE AND TAXABLE	file Form 1120-POL for this year				Yes No		
5 Enter the names, address were made. For each org	ses and employer identification nu anization listed, enter the amount at were promptly and directly deliv	umber (EIN) of all section 527 pol paid from the filing organization's	s funds. Also enter	the amount of political			
	ommittee (PAC). If additional spa			separate segregated			
Contract of the second s	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, If none, enter -0-		
· · · · · · · · · · · · · · · · · · ·							
x							
	5						
For Privacy Act and Paperwor	k Reduction Act Notice, see th	e Instructions for Form 990 or	990-EZ.	Schedule C (For	m 990 or 990-EZ) 2009		

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Part II-A       Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).         A       Check ▶       if the filing organization belongs to an affiliated group.         B       Check ▶       if the filing organization checked box A and "limited control" provisions apply.         Limits on Lobbying Expenditures       (a) Filing       (b) Affiliated group totals         1a       Total lobbying expenditures to influence public opinion (grass roots lobbying)       image: constraints and the second sec	Schedule C (Form 990 or 990-EZ) 2009 M	ANAGEMENT ASSOCIATION FOR PR	IVATE <u>52-08545</u>	73 Page 2
A       Check ▶       if the filing organization belongs to an affiliated group.         B       Check ▶       if the filing organization checked box A and "limited control" provisions apply.         Limits on Lobbying Expenditures       (a) Filing       (b) Affiliated group totals         (The term "expenditures to influence public opinion (grass roots lobbying)       (a) Filing       (b) Affiliated group totals         1a       Total lobbying expenditures to influence a legislative body (direct lobbying)       (b) Affiliated group totals         0       Total lobbying expenditures (add lines 1a and 1b)       (c) Other exempt purpose expenditures       (c) Other exempt purpose expenditures (add lines 1c and 1d)         1       Lobbying nontaxable amount. Enter the amount from the following table in both columns.       (c) Wer \$500,000       \$100,000 plus 15% of the excess over \$500,000.         0ver \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$1,000,000       (c) Wer \$1,000,000       (c) Wer \$1,000,000         0ver \$1,500,000 but not over \$1,000,000       \$1,000,000       \$1,000,000       (c) Wer \$1,000,000       (c) Wer \$1,000,000         0ver \$1,000,000 but not over \$1,000,000       \$1,000,000       \$1,000,000       (c) Wer \$1,000,000       (c) Wer \$1,000,000         0ver \$1,000,000 but not over \$1,000,000       \$1,000,000       \$1,000,000       (c) Wer \$1,000,000       (c) Wer \$1,000,000       (c) Wer \$1,00		nization is exempt under section 501(c)(3) a	nd filed Form 5768 (ele	ction
B       Check       if the filing organization checked box A and "limited control" provisions apply.         Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)       (a) Filing organization's totals       (b) Affiliated group totals         1a       Total lobbying expenditures to influence public opinion (grass roots lobbying)       (a) Filing       (b) Affiliated group totals         1a       Total lobbying expenditures to influence a legislative body (direct lobbying)       (c) Fotal lobbying expenditures (add lines 1a and 1b)       (c) Fotal exempt purpose expenditures       (c) Fotal exempt purpose expenditures       (c) Fotal exempt purpose expenditures (add lines 1c and 1d)       (c) Fotal exempt purpose expenditures (add lines 1c and 1d)       (c) Fotal exempt purpose expenditures (add lines 1c and 1d)       (c) Foto (f) Foto	under section 501(h)	).		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)       (a) Filing organization's totals       (b) Affiliated group totals         1a       Total lobbying expenditures to influence public opinion (grass roots lobbying)	A Check ► if the filing organiz	ation belongs to an affiliated group.		
(The term "expenditures" means amounts paid or incurred.)         organization's totals       group totals         1a       Total lobbying expenditures to influence public opinion (grass roots lobbying)	B Check ► if the filing organiz	ation checked box A and "limited control" pro	visions apply.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)         c Total lobbying expenditures (add lines 1a and 1b)         d Other exempt purpose expenditures         e Total exempt purpose expenditures (add lines 1c and 1d)         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,000,000       \$175,000 plus 10% of the excess over \$1,000,000         Over \$1,000,000 but not over \$1,000,000       \$225,000 plus 5% of the excess over \$1,000,000         Over \$17,000,000       \$1,000,000         g Grassroots nontaxable amount (enter 25% of line 1f)				. ,
c       Total lobbying expenditures (add lines 1a and 1b)         d       Other exempt purpose expenditures         e       Total exempt purpose expenditures (add lines 1c and 1d)         f       Lobbying nontaxable amount. Enter the amount from the following table in both columns.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,000,000       \$175,000 plus 10% of the excess over \$1,000,000         Over \$1,000,000 but not over \$1,000,000       \$100,000 plus 5% of the excess over \$1,000,000         Over \$1,000,000 but not over \$1,000,000       \$1,000,000         g       Grassroots nontaxable amount (enter 25% of line 1f)         h       Subtract line 1g from line 1a. If zero or less, enter -0-         i       Subtract line 1f from line 1c. If zero or less, enter -0-         j       If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
d Other exempt purpose expenditures         e Total exempt purpose expenditures (add lines 1c and 1d)         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.         If the amount on line 1e, column (a) or (b) is:         Not over \$500,000         20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 15% of the excess over \$1,000,000         Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 15% of the excess over \$1,000,000         Over \$1,000,000 but not over \$1,000,000         \$225,000 plus 5% of the excess over \$1,000,000         Over \$1,000,000         \$1,000,	<b>b</b> Total lobbying expenditures to influence	a legislative body (direct lobbying)		
e Total exempt purpose expenditures (add lines 1c and 1d)	c Total lobbying expenditures (add lines 1a	and 1b)		
e Total exempt purpose expenditures (add lines 1c and 1d)         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000.         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,000,000.         Over \$17,000,000       \$1,000,000.         g Grassroots nontaxable amount (enter 25% of line 1f)	d Other exempt purpose expenditures			
columns.         If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000.         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$10,000,000         g Grassroots nontaxable amount (enter 25% of line 1f)	e Total exempt purpose expenditures (add			
If the amount on line 1e, column (a) or (b) is:       The lobbying nontaxable amount is:         Not over \$500,000       20% of the amount on line 1e.         Over \$500,000 but not over \$1,000,000       \$100,000 plus 15% of the excess over \$500,000.         Over \$1,000,000 but not over \$1,000,000       \$175,000 plus 10% of the excess over \$1,000,000.         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$1,000,000         Grassroots nontaxable amount (enter 25% of line 1f)         h Subtract line 1g from line 1a. If zero or less, enter -0-         i Subtract line 1f from line 1c. If zero or less, enter -0-         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	f Lobbying nontaxable amount. Enter the a	amount from the following table in both		
Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,000,000           Over \$17,000,000         \$100,000           Over \$17,000,000         \$1,000,000           Over \$17,000,000         \$1,000,000           Grassroots nontaxable amount (enter 25% of line 1f)	columns.			
Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,000,000           Over \$17,000,000         \$1,000,000           Over \$17,000,000         \$1,000,000           Over \$17,000,000         \$1,000,000           Grassroots nontaxable amount (enter 25% of line 1f)           h Subtract line 1g from line 1a. If zero or less, enter -0-           i Subtract line 1f from line 1c. If zero or less, enter -0-           j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000         Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000         Over \$17,000,000       \$1,000,000         g Grassroots nontaxable amount (enter 25% of line 1f)         h Subtract line 1g from line 1a. If zero or less, enter -0-         i Subtract line 1f from line 1c. If zero or less, enter -0-         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	Not over \$500,000	20% of the amount on line 1e.		
Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000         Over \$17,000,000       \$1,000,000         g Grassroots nontaxable amount (enter 25% of line 1f)         h Subtract line 1g from line 1a. If zero or less, enter -0-         i Subtract line 1f from line 1c. If zero or less, enter -0-         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$17,000,000       \$1,000,000         g Grassroots nontaxable amount (enter 25% of line 1f)         h Subtract line 1g from line 1a. If zero or less, enter -0-         i Subtract line 1f from line 1c. If zero or less, enter -0-         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)         h Subtract line 1g from line 1a. If zero or less, enter -0-         i Subtract line 1f from line 1c. If zero or less, enter -0-         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
h Subtract line 1g from line 1a. If zero or less, enter -0-     i Subtract line 1f from line 1c. If zero or less, enter -0-     j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	Over \$17,000,000	\$1,000,000		
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	0			
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting	h Subtract line 1g from line 1a. If zero or le	ss, enter -0-		
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-		
section 4911 tax for this year?	j If there is an amount other than zero on e	either line 1h or line 1i, did the organization file Form 4720	reporting	<b></b>
	section 4911 tax for this year?			Yes No

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

Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
с	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

### Schedule C (Form 990 or 990-EZ) 2009 MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

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

		(;	a)		(b	)	_
		Yes	No		Amc		
1 [	During the year, did the filing organization attempt to influence foreign, national, state or local						
	egislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
	(a) when and			1			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1			
				1			
	the state of the s						
		-					
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			1			
				1			
	Dther activities? If "Yes," describe in Part IV				-		
	Fotal. Add lines 1c through 1i		1	Per le la			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	f "Yes," enter the amount of any tax incurred under section 4912						
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912	1					
1	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	)/E)		L			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	;)(5), (	orse	scuon			
	501(c)(6).		-			Tv.	
					Γ.	Yes	No
	Vere substantially all (90% or more) dues received nondeductible by members?				1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
Code III Cont.	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	_	X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."	ine 3	is a	nswer	ed		
1 C	Dues, assessments and similar amounts from members		1	T	3	83,	001
	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		Sec. 11			-	
	expenses for which the section 527(f) tax was paid).			1			
			2a	1		38.	300
	Current year		2b	+		,	
	Carryover from last year	0.000	20			38	300
	otal		3	+			300
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		-			50,	500
	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			9			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1	1			
	nd political expenditure next year?		4		-		
	axable amount of lobbying and political expenditures (see instructions)		5	1			
5 T	IV Supplemental Information		-				

Schedule C (F	orm 990 or 99	0-EZ) 2009			ASSOCIA	ATTON	FOR	PRIVAL	6 52	-085457	3	Page 4
Part IV	Supple	mental In	formation	(continue	a)							
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SC	HEDULE D	Supplemental Financia	I Statements			OMB No 1545-0047
(Fo	orm 990)	Complete if the organization answere	d "Yes," to Form 990,			2009
Depa	artment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 1			50	Open to Public
Inter	nal Revenue Service	► Attach to Form 990. ► See separ	p			Inspection
	e of the organization		En	nployer i	dentificat	ion number
	HOTOGRAMMETR	SOCIATION FOR PRIVATE	5	2-08	54573	3
		ions Maintaining Donor Advised Funds or Other				
17202		zation answered "Yes" to Form 990, Part IV, line 6		/unto.	Compi	
_	Ŭ		onor advised funds	(b) F	unds and c	other accounts
1	Total number at end of	/ear				
2	Aggregate contributions	to (during year)				
3	Aggregate grants from	during year)				
4	Aggregate value at end	of year				
5		rm all donors and donor advisors in writing that the assets held in				c =1 (====
		on's property, subject to the organization's exclusive legal control		en benez	4411144	Yes No
6		rm all grantees, donors, and donor advisors in writing that grant f				
		purposes and not for the benefit of the donor or donor advisor, or rmissible private benefit?	for any other			Yes No
P		ion Easements. Complete if the organization ans	wered "Yes" to Form 99	0 Pa	rt IV lin	the second se
1		ion easements held by the organization (check all that apply).		<u>, , , , , , , , , , , , , , , , , , , </u>		
			vation of an historically importa	nt land a	area	
	Protection of natura	2mmt	vation of certified historic struct	ure		
	Preservation of ope	n space				
2	Complete lines 2a throu	gh 2d if the organization held a qualified conservation contribution	n in the form of a conservation			
	easement on the last da	y of the tax year.				
				<u> </u>	eld at the	End of the Tax Year
а	Total number of conser		Sector and a sector sector	2a		
b	Total acreage restricted	by conservation easements	energenenen die Gebeure der	2b		
C	Number of conservation	easements on a certified historic structure included in (a)	2010/01/02/02 01:220112222	2c 2d		
d		easements included in (c) acquired after 8/17/06 easements modified, transferred, released, extinguished, or term				
3	the taxable year	easements modified, transferred, released, extinguished, or term	inated by the organization duri	ng		
4		property subject to conservation easement is located				
5		ave a written policy regarding the periodic monitoring, inspection,	handling of			
-	-	ent of the conservation easements it holds?				Yes No
6		s devoted to monitoring, inspecting, and enforcing conservation e	easements during the year		100000000	
7	Amount of expenses inc	urred in monitoring, inspecting, and enforcing conservation ease	ments during the year			
	▶\$ <u> </u>					
8	Does each conservation	easement reported on line 2(d) above satisfy the requirements of	of section			(i - ci -
	170(h)(4)(B)(i) and sect					Yes No
9		v the organization reports conservation easements in its revenue				
		de, if applicable, the text of the footnote to the organization's fina nting for conservation easements.	ncial statements that describes	\$		
Pa		ons Maintaining Collections of Art, Historical Ti	reasures, or Other Sim	ilar As	sets.	
	Complete	f the organization answered "Yes" to Form 990, F	art IV, line 8.			
1a		d, as permitted under SFAS 116, not to report in its revenue stat		s of		
		or other similar assets held for public exhibition, education, or res				
	provide, in Part XIV, the	text of the footnote to its financial statements that describes thes	se items.			
b		d. as permitted under SFAS 116, to report in its revenue stateme				
	historical treasures, or o	her similar assets held for public exhibition, education, or resear	ch in furtherance of public serv	ice,		
		ounts relating to these items:				
		n Form 990, Part VIII, line 1		a 🚺	\$	
	(ii) Assets included in F		de fas Respected ander mentid. 10		» — —	
2		ed or held works of art, historical treasures, or other similar asse	as for financial gain, provide the	¢		
-	<b>a</b> .	ed to be reported under SFAS 116 relating to these items:			¢	
a b	Assots included in Form	rm 990, Part VIII, line 1	(1) * * * * * * * * * * * * * * * * * * *	e 🚺	¥ — —	
D D	resolutionadea in roma	990, Part X			·	

Sche		r ASSOCIATION			54573	Page 2
	art III Organizations Maintaining	Collections of Art, H	istorical Treas	sures, or Other	Similar Assets (	continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check a	ny of the following	that are a significant	use of its	
а	Public exhibition	d 🗌 Loan or	exchange program	ns		
b	Scholarly research	e Other				
с	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV	ctions and explain how they	further the organia	zation's exempt purpo	ose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to b	e maintained as part of the	organization's colle	ection?		Yes No
Pa	art IV Escrow and Custodial Arra IV, line 9, or reported an am			ation answered '	Yes" to Form 99	0, Part
1a	Is the organization an agent, trustee, custodian			r assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following tal	ble:			
						Amount
C	Beginning balance				1c	
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					Annual Contract of
2a	Did the organization include an amount on Forn	n 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV.					
Pa	art V Endowment Funds. Comple	ete if organization and	swered "Yes" t		t IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					A SOLDE
	and losses				and the second second	·····
d	Grants or scholarships					
	Other expenditures for facilities				1. S.	
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year en	nd balance held as:				
а	Board designated or quasi-endowment 🕨 🔔	%				
b	Permanent endowment					
с	Term endowment 🕨 %					
3a	Are there endowment funds not in the possessi	on of the organization that	are held and admir	nistered for the		(
	organization by:					Yes No
	(i) unrelated organizations			- FILLER RECEIPTION		3a(i)
		eg i elementaria de la composición de l				
b	If "Yes" to 3a(ii), are the related organizations list					3b
4	Describe in Part XIV the intended uses of the or			0. 0. 1. 1. 1. 11	N	
Pa	art VI Investments—Land, Buildin					(0.5.1.1
	Description of investment	(a) Cost or other basis	(b) Cost or o		ccumulated preciation	(d) Book value
		(investment)	basis (othe			
1a	Land					
b	Buildings					
С	Leasehold improvements					
d						
-	Other I. Add lines 1a through 1e. (Column (d) must equ	I Form 000 Bart V onlym	(B) line 10(a))		•	
i otal	i. Add intes ha milough re. (Column (d) must equ	a Form 350, FartA, COUN		CONTRACTOR DURING STREET	the second se	the second s

Schedule D (Form 990) 2009

### Schedule D (Form 990) 2009 MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Part VII	Investments-Other Securities. See Form	990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
inancial deriva	tives		
losely-held eq			
ther			
tal (Column	(b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments—Program Related. See Form		1
art vin	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
tio of			
otal. (Column (	b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, line 15	5.	
	(a) Description	I	(b) Book value
tal (Column (	b) must equal Form 990, Part X, col. (B) line 15.)		
	Other Liabilities. See Form 990, Part X, line	> 25	
artA	(a) Description of liability	(b) Amount	The second se
deral income t		(S) / mount	
derai income i	axes		
	An a second s		
11 C 1			
tal (Column /	b) must equal Form 990, Part X, col. (B) line 25.)	•	
	note. In Part XIV, provide the text of the footnote to the org		s that reports the

organization's liability for uncertain tax positions under FIN 48.

	art XI Reconciliation of Change in Net Assets from Form	OR PRIVATE 52 990 to Audited Financ	ial Statements	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	823,067
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	766,904
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	56,163
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses	0.000 (0.00) (0.00) (0.00) (0.00)	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV )		8	
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	56,163
	Int XII Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	823,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	823,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)	4b	1 m	
с	Add lines 4a and 4b	A 1/4/4/4/4/10	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	823,067
Pa	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expen	nses per Return	
1	Total expenses and losses per audited financial statements		1	766,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7 N		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	766,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
	And the second state		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		5	766,904
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III, lines 1a and 4: Part IV, li	nes 1b	
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part			
	art to provide any additional information.			
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Schedule D (Form 990) 2009

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SCHEDULE O (Form 990)       Supplemental Information to Form 990       OMB No. 1545-0         Department of the Treasury       Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.       OMB No. 1545-0         Department of the Treasury       Omplete to provide information for responses to specific questions on Form 990 or to provide any additional information.       Open to Put								
ternal Revenue Service	► Attach to Form 990.	Employer ide	Inspection ntification number					
anno et the elgennester.	OTOGRAMMETRIC SURVEYORS	52-085						
FORM 990, PAR MANAGEMENT CO	T VI, LINE 3 - MANAGEMENT DELEGATED NTRACT WITH JOHN M. PALATIELLO & ASSOCI	IATES						
DRAFT OF FORM			ORM 990 REVIEW AND					
APPROVAL BEFO	RE FILING.							
FORM 990, PAR	T VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFIC	IAL					
CONDENCIETON	TO MANAGEMENT COMPANY APPROVED ANNUALLY							
COMPENSATION								
FORM 990, PAR'	T VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPI	ANATION					
A COPY WILL B	E PROVIDED TO ANYONE REQUESTING SAME.	REQUESTOR SH	IOULD SEND A					
WRITTEN REQUE		WILL BE SENT	WITHIN 30					
	G RECEIPT OF REQUEST.							
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982 Pg 23

982 Management Association for 52-0854573 FYE: 12/31/2009	Federal Statements	Page 1
	Taxable Interest on Investments	
Description BANK INTEREST TOTAL	Amount Unrelated Business Code Code Code 14	Acquired after 6/30/75

   Bage 2		Fund Raising		ه د
     		Management & General	\$ 3,204 2,715 849	\$ 6,768
— — — — atements	f - All Other Expenses	Program Service	\$ 2,391 722	\$ <u>3,113</u>
Federal Statements	<u>Form 990, Part IX, Line 24f - All Other Expenses</u>	Total Expenses	\$ 3,204 2,715 2,391 849 722	\$ 9,881
982 Management Association for Private 52-0854573 FYF: 12/31/2009		Description	BOARD LIABILITY INSURANCE PROFESSIONAL FEES ANNUAL AWARDS MISC CHAPTERS	TOTAL