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

"Examine the Spending Priorities and the Missions of the U.S. Geological Survey and the President's FY 2012 Budget Proposal." March 9, 2011

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: John M. Palatiello
- 2. Name of Organization(s) You are Representing at the Hearing: MAPPS
- 3. Business Address: 1856 Old Reston Avenue, Suite 205, Reston, VA 20190
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

# Name/Organization John Palatiello, MAPPS

Title/Date of <u>Hearing "Examine the Spending Priorities and the Missions of the U.S. Geological Survey</u> and the President's FY 2012 Budget Proposal." March 9, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.A. Political Science, The American University, Washington, DC

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Former member, National Geospatial Advisory Committee
- Advisory committee to the Virginia state legislature to create the Virginia Geographic Information Network (VGIN),
- Study committee on licensing of Photogrammetrists that made recommendations to the Virginia

Board of Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects (APELSCIDLA).

- Member of the Board of the Institute for Geographic Information Systems Studies (IGISS), a non-profit education and research institution.
  - Contributing columnist for *P.O.B.* magazine and has written more than 50

papers and articles on issues affecting the geospatial community and has testified before Congress on more than a dozen occasions.

- Selected for inclusion in "Who's Who in the Design Professional Community"
- In 2009 was selected as one of the ten most influential persons in the geospatial community by the editors and readers of *Directions* magazine.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Executive Director, MAPPS, 1987 - present

President, John M. Palatiello & Associates, Inc., 1987 - present

Administrator, Council on Federal Procurement of Architectural & Engineering Services (COFPAES), 1999present

Former Joint Government Affairs Director of the American Congress on Surveying and Mapping (ACSM) and the American Society for Photogrammetry and Remote Sensing (ASPRS) and was Assistant Executive Director of ACSM, 1982 - 1987

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you 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.

MAPPS et al v. United States of America, Civil Action No.: 1:06CV 378, implementation of the Federal Acquisition Regulation (FAR) affecting the procurement of surveying and mapping services in 48 CFR 36.601-4(a)(4), pursuant to 40 USC 1101 et seq.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None.

Name/Organization\_\_\_\_\_\_ Title/Date of Hearing\_\_\_\_\_\_

In addition, for witnesses representing organizations:

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

Executive Director, MAPPS

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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).

None.

i. 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).

See above.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. 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)).

Attached.

# MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

# 2009 FORM 990 INCOME TAX RETURN

## PRIVACY POLICY

Once a year, the law requires us to disclose our Privacy Policy to you - just as it requires banks, brokerage houses, and other financial institutions to do the same. We hope that by taking a few moments to read this policy, you will have a better understanding of how we strive to protect the information you entrust to us.

### Types of Information We Collect

We collect certain personal information about you – but only when it is provided by you or is obtained with your permission. Parties to Whom We Disclose Information

As a general rule, we do not disclose nonpublic personal information about our clients or former clients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed to comply with a validly issued and enforceable subpoena or summons, or to allow us to render appropriate services to you.

## Confidentiality and Security of Your Personal Information

Except as otherwise described in this notice, we restrict access to nonpublic personal information about you to employees of our firm and other parties who must use that information to provide services to you. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your personal information from unauthorized access, alteration, or premature destruction.

Thank you for allowing us to serve your accounting, tax, and financial planning needs. We value your business and are committed to protecting your privacy. We hope you view our firm as your most trusted adviser and we will work to continue earning your trust. Please call us if you have any questions, or if we can be of further service.

GEORGEN SCARBOROUGH ASSOCIATES PC Certified Public Accountants 243 Church Street NW Suite 100E Vienna VA 22180 703-319-3990 phone 703-319-3995 fax 1-877-319-3990 www.gsacpa.com 

	Forms 990 / 990-E	Z Return Sumr	nary	
For calendar year	2009, or tax year beginning	, and	ending	
	ENT ASSOCIATION I AMMETRIC SURVEYOP		52-08545	73
Net Asset / Fund Balance at Begin	ning of Year			4,889
Revenue				
Contributions				
Program service revenue	82	2,752		
Investment income		315		
Capital gain / loss				
Special events:				
Cross revenue				
Direct expenses				
Net income	· · · · · · · · · · · · · · · · · · ·			
Other income		0		
Total revenue		<u> </u>	823,067	
Expenses		· · · ·		
Program services				
Management and general	·			
		<u> </u>		
Fundraising	<u></u>	· · · · · · · · · · · · · · · · · · ·	766 004	
Total expenses			766,904	F6 160
Excess / (deficit)				56,163
Net Asset / Fund B	alance at End of Year			61,052
Reconciliation of F	evenue		Reconciliation of	Fynansas
Total revenue per financial statements		Total expenses of	er financial statemer	
Less:		Less:		
Unrealized gains		Donated serv	ices	
Donated services		Prior year adj		
Recoveries		Losses	usiments	·····
Other		Other		
Plus:		Plus:		
Investment expenses		Investment e	(nenses	
Other		Other	(penaca	· · · · · · · · · · · · · · · · · · ·
Total revenue per return	823,067		enses per return	766,904
		Balance Sheet		
	Beginning	Ending	Differences	
	520,180	593,534		
Assets	515,291	532,482		
Assets Liabilities				
	4,889	61,052	56,	163
Liabilities	4,889			163
Liabilities	<u>4,889</u> Miscellaneous Info		56,	<u>163</u>
Liabilities	Miscellaneous Infor Amended return	mation	56,	<u>163</u>
Liabilities	<b>4 , 889</b> Miscellaneous Infor Amended return Return / extended due date		56,	<u>163</u>
Liabilities	Miscellaneous Infor Amended return	mation	56,	<u>163</u>

Form	99	0

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

982 Pg 2 OMB No. 1545-0047

For	m 93		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (except blaci	luna	2009
Depa	artment of th nal Revenue	ne Treasury	benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state		-	Open to Public
				e reporting require	ments.	Inspection
	Check if applica		ar, or tax year beginning , and ending C Name of organization MANAGEMENT ASSOCIATION FOR PRIVAT	л.	D Empl	over identification number
["""]	Address chang	use IRS	PHOTOGRAMMETRIC SURVEYORS	-	D Empi	oyer dentification (Julios
for the	~	label or print or	Doing Business As		52	-0854573
() (******)	Name change	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number
	Inilial return	See	1760 OLD RESTON AVENUE	205		3-787-6665
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rec	eipts \$ 823,067
	Amended retur		RESTON VA 20190-3361			• • • • • • • • • • • • • • • • • • • •
[ <sup></sup> ],	Application per		and address of principal officer:		H(a) is this	a group return for
kan d		JOI	IN M. PALATIELLO		affiliat	
		1	50 OLD RESTON AVE. SUITE #205		H(b) Are ai includ	
			STON VA 20190		lf "No	," altach a list. (see instructions)
	Tax-exempt		501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527			
	Website: 🖡	r —		l		exemption number
	Type of organi	h		Year of formation: 1	967	M State of legal domicile: VA
<u>. R</u>	artl	Summar				······································
			e organization's mission or most significant activities:	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
e		RADE ASS	OCIATION			•••••••
nan	· • • •	••••••			• • • • • • • • •	
ver	2 Che					
ဗိ			[] if the organization discontinued its operations or disposed of more than 25%			9
Activities & Governance	4 Num	ther of voting	members of the governing body (Part VI, line 1a) ndent voting members of the governing body (Part VI, line 1b)		4	9
itie	5 Tota	it number of e	monitories (Part V, line 2a)		5	0
ctiv	6 Tota	il number of v	nployees (Part V, line 2a) plunteers (estimate if necessary)		6	
A	7a Tota	il aross unrela	ted business revenue from Part VIII, column (C), line 12		. <del>0</del> 7a	<u> </u>
	b Net	unrelated bus	ness taxable income from Form 990-T, line 34	,	7b	0
	2 1101			Prior Yea		Current Year
ω	8 Con	tributions and	grants (Part VIII, line 1h)			
Revenue	9 Prog	gram service r	evenue (Part VIII, line 2g)			822,752
Seve	10 Inve	stment incom	e (Part VIII, column (A), lines 3, 4, and 7d)			315
۳	11 Othe	er revenue (Pa	rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			Id lines 8 through 11 (must equal Part VIII, column (A), line 12)			823,067
		nts and similar			1	
			amounts paid (Part IX, column (A), lines 1–3)			
		efits paid to or	for members (Part IX, column (A), line 4)			
se	15 Sala	efits paid to or ries, other co	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5-10)			
enses	15 Sala 16a Profe	efits paid to or ries, other co essional fundr	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5-10) aising fees (Part IX, column (A), line 11e)			
Expenses	<b>15</b> Sala <b>16a</b> Profe b Tota	efits paid to or ries, other co essional fundr I fundraising e	for members (Part IX, column (A), line <b>4</b> ) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ►			755 004
Expenses	15 Sala 16a Profe b Tota 17 Othe	efits paid to or ries, other con essional fundr I fundraising e er expenses (f	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f)			766,904
Expenses	<ul> <li>15 Sala</li> <li>16a Profession</li> <li>b Tota</li> <li>17 Othe</li> <li>18 Tota</li> </ul>	efits paid to or ries, other cou essional fundr Il fundraising e er expenses (f I expenses, A	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25)			766,904
2 8	<ul> <li>15 Sala</li> <li>16a Profession</li> <li>b Tota</li> <li>17 Othe</li> <li>18 Tota</li> </ul>	efits paid to or ries, other cou essional fundr Il fundraising e er expenses (f I expenses, A	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f)	Beginning of Curr	ent Year	
2 8	<ol> <li>15 Sala</li> <li>16a Profe</li> <li>b Tota</li> <li>17 Othe</li> <li>18 Tota</li> <li>19 Reve</li> </ol>	efits paid to or ries, other con essional fundr I fundraising e er expenses (f I expenses. A enue less exp	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12		ent Year ), 180	766,904 56,163
10 80	15         Sala           16a Profe         b           b         Tota           17         Othe           18         Tota           19         Reve           20         Tota	efits paid to or ries, other con essional fundr I fundraising e er expenses (f I expenses. A enue less exp I assets (Part	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16)	520		766,904 56,163 End of Year
2 8	15         Sala           16a         Profe           b         Tota           17         Othe           18         Tota           19         Revo           20         Tota           21         Tota	efits paid to or ries, other con essional fundr I fundraising e er expenses (f I expenses. A enue less exp I assets (Part I liabilities (Pa	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12	520 515	,180	766,904 56,163 End of Year 593,534
Net Assets or Fund Balances	15         Sala           16a         Profe           b         Tota           17         Othe           18         Tota           19         Revo           20         Tota           21         Tota	efits paid to or ries, other con essional fundr I fundraising e er expenses (f I expenses. A enue less exp I assets (Part I liabilities (Pa	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20	520 515	),180 5,291	766,904 56,163 End of Year 593,534 532,482
Net Assets or Fund Balances	15         Sala           16a         Profi           b         Tota           17         Othe           18         Tota           19         Reve           20         Tota           21         Tota           22         Net	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 e Block es of perjury, I declare that I have examined this return, including accompanying schedules a	52 ( 515	),180 5,291 ,889	766,904 56,163 End of Year 593,534 532,482 61,052
Net Assets or Fund Balances	15         Sala           16a         Profi           b         Tota           17         Othe           18         Tota           19         Reve           20         Tota           21         Tota           22         Net	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 <b>Block</b>	52 ( 515	),180 5,291 ,889	766,904 56,163 End of Year 593,534 532,482 61,052
Net Assets or Fund Balances	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net : art II	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 e Block es of perjury, I declare that I have examined this return, including accompanying schedules a	52 ( 515	),180 5,291 ,889	766,904 56,163 End of Year 593,534 532,482 61,052
Net Assets or Fund Balances	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art II n	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penatif and belief, it i	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 e Block es of perjury, I declare that I have examined this return, including accompanying schedules a	52 ( 515	),180 5,291 ,889	766,904 56,163 End of Year 593,534 532,482 61,052
D Fund Balances	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art II n	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti and belief, it is	for members (Part IX, column (A), line 4) mpensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 e Block rs of perjury, I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	52 ( 515	), 180 5, 291 2, 889 o the best o arer has an	766,904 56,163 End of Year 593,534 532,482 61,052
D Fund Balances	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art II n	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti and belief, it is	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 e Block so of perjury, I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	52 ( 515	), 180 5, 291 2, 889 o the best o arer has an	766,904 56,163 End of Year 593,534 532,482 61,052
Net Assets or Definition Status or Definition Statu	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art II n re	efits paid to or ries, other con essional fundr I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Pa assets or fund Signatur Under penalti and belief, it is	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 a Block as of perjury. I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all infor a of officer rint name and title Date Date	52 ( 515 and statements, and tr mation of which prep Check it	), 180 5, 291 2, 889 o the best of arer has an Date	766,904 56,163 End of Year 593,534 532,482 61,052 of my knowledge y knowledge.
Big Big Dates Dates Dates	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art 11 re d	efits paid to or ries, other con essional fundr il fundraising e er expenses (f expenses. A enue less exp l assets (Part l liabilities (Part l liabilities (Part l assets or func Signatur Under penalti and belief, it is Signature Type or p	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 <b>Block</b> so f perjury. I declare that I have examined this return, including accompanying schedules a it true, correct, and complete. Declaration of preparer (other than officer) is based on all infor e of officer rint name and title <b>DAUGINAL SIGNED BY D H SCARBOROUGH CPA</b>	and statements, and f mation of which prep	), 180 5, 291 2, 889 o the best of arer has an Date	766,904         56,163         End of Year         593,534         532,482         61,052         of my knowledge         by knowledge.         Preparer's identifying number         (see instructions)         P00174874
Sig Paine Paine Paine Paine	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Revo 20 Tota 21 Tota 22 Net a art 11 n re d parer's	efits paid to or ries, other con essional fundra il fundraising e er expenses. A enue less exp l assets (Part l liabilities (Part l liabilities (Part l assets or func <u>Signatur</u> Under penalti and belief, it is Signature Preparer's signature	for members (Part IX, column (A), line 4) npensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 Block s of perjury. I declare that I have examined this return, including accompanying schedules a it rue, correct, and complete. Declaration of preparer (other than officer) is based on all infor rot of officer rint name and title ORIGINAL SIGNED BY D H SCARBOROUGH CPA GEORGEN SCARBOROUGH ASSOCIATES,	and statements, and f mation of which prep	), 180 5, 291 2, 889 o the best of arer has an Date	766,904         56,163         End of Year         593,534         532,482         61,052         of my knowledge         by knowledge.         Preparer's identifying number         (see instructions)         P 00174874
Sig Paine Paine Paine Paine	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a art 11 re d	efits paid to or ries, other con essional fundri I fundraising e er expenses. A enue less exp I assets (Part I liabilities (Part I liabilities (Part I liabilities (Part I liabilities (Part I liabilities (Part I signatur Under penalti and belief, it is Signature Preparer's signature	for members (Part IX, column (A), line 4) mpensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (D), line 25) Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 <b>Block</b> rs of perjury, I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all infor rint name and title <b>ORUGINAL SUGNED BY D H SCARBOROUGH</b> CPA <b>Date</b> 09/0 Or yours d), <b>GEORGEN SCARBOROUGH ASSOCIATES,</b>	and statements, and f mation of which prep	o the best of arer has an Date	766,904         56,163         End of Year         593,534         532,482         61,052         of my knowledge         by knowledge.         Preparer's identifying number         (see instructions)         P00174874         26-1776766
Net Assets or Ben Balances Dise	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net and art Ji n re d parer's o Only	efits paid to or ries, other con essional fundri il fundraising e er expenses. A enue less exp l assets (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l signatur Under penalti and belief, it is Signature Preparer's signature Firm's name ( if self-employe address, and	for members (Part IX, column (A), line 4) mpensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (D), line 25) ► Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances. Subtract line 21 from line 20 <b>2 Block</b> es of perjury. I declare that I have examined this return, including accompanying schedules a is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor e of officer rint name and title <b>ORUGINAL SUGNED BY D H SCARBOROUGH CPA</b> Date 09/0 <b>Cor</b> yours d), CIP + 4 <b>CEORGEN SCARBOROUGH ASSOCIATES</b> , 243 CHURCH ST NW STE 100E VIENNA, VA 22180-4437	and statements, and f mation of which prep	o the best of arer has an Date	766,904 56,163 End of Year 593,534 532,482 61,052 of my knowledge hy knowledge. Preparer's identifying number (see instructions) P00174874 26-1776766 703-319-3990
Sig Her Paic Net Vssets of May	15 Sala 16a Profe b Tota 17 Othe 18 Tota 19 Revo 20 Tota 21 Tota 22 Net a art Ji n re d parer's only the IRS dis	efits paid to or ries, other con essional fundri il fundraising e er expenses. A enue less exp l assets (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l liabilities (Part l signatur Under penalti and belief, it is Signature Preparer's signature Firm's name ( if self-employe address, and scuss this retu	for members (Part IX, column (A), line 4) mpensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (D), line 25) Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16) rt X, line 26) balances, Subtract line 21 from line 20 <b>Block</b> rs of perjury, I declare that I have examined this return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than officer) is based on all infor rint name and title <b>ORUGINAL SUGNED BY D H SCARBOROUGH</b> CPA <b>Date</b> 09/0 Or yours d), <b>GEORGEN SCARBOROUGH ASSOCIATES,</b>	52 ( 515 2 and statements, and f mation of which prep 09/10 PC	o the best of arer has an Date	766,904         56,163         End of Year         593,534         532,482         61,052         of my knowledge         by knowledge.         Preparer's identifying number         (see instructions)         P00174874         26-1776766

982 Pg 3

E	DIT 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573	Page
	Part III Statement of Program Service Accomplishments	
	1 Briefly describe the organization's mission: TRADE ASSOCIATION	
		• • • • • • • • • • • • • • • • • • • •
	• •••••••••••••••••••••••••••••••••••••	
	• • • • • • • • • • • • • • • • • • • •	
2	2 Did the organization undertake any significant program services during the year which were not listed on	
		Yes X N
•	If "Yes," describe these new services on Schedule O.	
ა	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
	If "Yes," describe these changes on Schedule O.	Tes A N
л	<ul> <li>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.</li> </ul>	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4	4a (Code:       ) (Expenses \$ 621,896 including grants of \$ ) (Revenue \$	
(	CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF	• • • • • • • • • • • • • • • • • • • •
1	LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES	• • • • • • • • • • • • • • • • • • • •
Ż	AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING &	••••••
(	GEOSPATIAL SERVICES.	
	· ·····	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	• • • • • • • • • • • • • • • • • • • •	
		•••••
4 k	<b>1b</b> (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		••••••
	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	
	•	
	·	
	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	
	· ····································	
	·	
	·	
c		
c		
c		
C		
C		
c		
, C		
	c (Code:) (Expenses \$including grants of \$) (Revenue \$	

# 982 Pg 4

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

P	art IV Checklist of Required Schedules			<u> </u>
			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		х
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,"		<u> </u>	
	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 School Ja D. Doot 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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
		11		x
	<ul> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete</li> </ul>			
•	Schedule D, Part VI.			
_	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	bild 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.			
•	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.			
12				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	<u>a Polis</u>
40.4	Schedule D, Parts XI, XII, and XIII.	12	Â	
124	Was the organization included in consolidated, independent audited financial statements for the tax year?       Yes       No         If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.       12A       X			
4.7			800-03 (NG	V GAR
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?	<u>14a</u>		<u>^</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
4 5	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		<u>x</u>
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		<u> </u>
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	ļ	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	L	<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

Page 3

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 1200 22.25

	art IV Checklist of Required Schedules (continued)	<b></b>		γ
			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	İ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
1	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				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
4	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b		24b	1	
c				
	to defease any tax-exempt bonds?	24c		
d		24d		
25a				+
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b		200		
U				
i.	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
96	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			
	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,			l
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
. C	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		X
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u>v-</u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	$\mathcal{D}$ $\mathcal{W}_{1}$ = -1.2 $\mathcal{D}_{2}$ , $\mathbf{A}$	1 24		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		~~ <b>^</b>
55				77
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
o –	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			ĺ
<u> </u>	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
		Far	990	10000

Form 990 (2009)

982 Pg 6 Page **5** 

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

<u></u>	The statements Regarding Other IRS Filings and Tax Compliance				r	T
1-	Enter the number reported in Day 2 of Form 1000. Annual Dummer and Transmitted of	ډ ۱	8		Yes	No
1a	11.5. Information Bolizano Enter 0. (ant annia-kio		0			
ь	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	L	0			
C	gaming (gambling) winnings to prize winners?	aute		1c	834. M.A.	a santo.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	r · · · · <b>1</b>			6333	
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>		2b	All the second	ng tangan dari s
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				200	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				
	this return?	,		3a	2942 C 4 9	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority	* * * * * * * * * * * * * * * * * * * *			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	nk				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?	• • • • • • •		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?	. <i></i>		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			<u>6b</u>		
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 good	ds				860.X
	and services provided to the payor?			<u>7a</u>		<b></b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. <u>7b</u>		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	r · · · · 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso	onal		이 이 아이	8469	
	benefit contract?	••••	• • • • • • • • • • • • • • • • • • • •	. <u>7e</u>		<u> </u>
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					<u> </u>
g ь	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	• • • • • •		<u>7g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
Ŭ	organizations. Did the supporting organization, or a donor advised funds and section sostal(s) supporting					
	erenziantine have even husiness haldings at any time during the years			8	P.P.9.963	*******
9	Sponsoring organizations maintaining donor advised funds.	• • • • • •		· Isis		
а	Did the experimetion make any tangkin distributions under a solidar (0000)			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
0	Section 501(c)(7) organizations. Enter:	••••				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	·1	-			
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.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009)

982	Pg	7
-----	----	---

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1a 1a Enter the number of voting members that are independent b 9 1b 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Х 5 6 Does the organization have members or stockholders? Х 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? х 7a h Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? а Х 8a Each committee with authority to act on behalf of the governing body? b х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Door the extension have least shorters, hyperbase as affiliate (

nua	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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	4465,0450	x
: b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		<u> </u>	
	rise to conflicts?	12b		
Ċ	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	120		
13	Does the organization have a written whistleblower policy?	13		х
14	Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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		
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 (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			

				· · · · · · · · · · · · · · · · · · ·							01 11/0	
ganization: 🕨	•	JOHN	М	PALATIELLO	&	ASSOC.	INC	1856	OLD	RESTON	AVENUE	

VA 20190

RESTON

## 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.

(A) Name and Title	(B) Average	Pos	sition		C) kalit	ihat ap	opiy)	(D) Reportable	(E) 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	LSON & C	0								
DIRECTOR	2.00	X	ļ					0	0	0
	OMPASSDA		I	NC	ŀ					
DIRECTOR	2.00	X	<u> </u>			ļ		0	0	0
ERIC ANDELIN, BOH			ON	, :	EN(	¢				
DIRECTOR	2.00	X	ļ					0	0	0
	URDEX CC		ЮR	AT:	roi	N				
DIRECTOR	2.00	X						0	0	0
MARK SAFRAN, BAE	SYSTEMS	IN	с.							
DIRECTOR	2.00	X	ļ					0	0	0
	ERT INC									_
PRESIDENT	3.00			х				0	0	0
RICHARD MCDONALD,	GEOSPAT	IA	Д	COI	RP				_	_
PRESIDENT ELECT	3.00			x				0	0	0
ROBERT J HICKEY,	PHOTO SC	IE	NC							
TREASURER	3.00			X				0	0	0
MIKE TULLY, AERIA SECRETARY	L SERVIC	ES	,	IN( X				0	0	0
• • • • • • • • • • • • • • • • • • • •										
										· · · · · · · · · · · · · · · · · · ·
		<u></u>								

982 Pg 9	
Daga 8	

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

(A) Name and Title	(B)				C)			(D)	(E)	(F)
	Average hours per week	or director	γ	Officer	Key employee	a Highest compensated employee		compensation	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
· · · · · · · · · · · · · · · · · · ·										
· · · · · · · · · · · · · · · · · · ·										
· · · · · · · · · · · · · · · · · · ·										
·····										
·····										
·····									· · · · · · · · · · · · · · · · · · ·	
								•	·····	
									······································	· · · · · · · · · · · · · · · · · · ·
										······································
1b Total						L	•			
2 Total number of individuals (inc reportable compensation from t			to th O	ose l	isteo	d abo	ve)	who received more than \$10	00,000 in	
<ul> <li>3 Did the organization list any formemployee on line 1a? If "Yes," of</li> <li>4 For any individual listed on line the organization and related orgindividual</li> <li>5 Did any person listed on line 1a</li> </ul>	mer officer, director complete Schedu 1a, is the sum of ganizations great receive or accru zation? If "Yes," of	etor o le J f repo er tha	for su ortab an \$1 mpei	uch ir le co 150,0 nsati	ndivi mpe )00?  on fr	dual insat If "Y	ion a es,"	and other compensation fror complete Schedule J for su unrelated organization for	n	
1 Complete this table for your five compensation from the organiza	ation.	sate	d ind	leper	nder	it cor	ntrac			
Name and t	(A) Dusiness address	INC		]	185	6 0	םיו	Descript	(B) tion of services	(C) Compensation
RESTON	VA							IANAGEMENT		452,570
	······									
		·								
<ol> <li>Total number of independent co more than \$100,000 in compense</li> </ol>		-			ited	to th	ose	listed above) who received		1

## Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE Part VIII Statement of Revenue 52-0854573

1	rt	1	Ú.	1	Ï	8	-	St	a	ter	ne	ent	t o	f	R	e١	/e	nι	ıe	

Part	V	III 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
ST ST	1a	Federated campaigns 1a					
contributions, girts, grants and other similar amounts	b	Membership dues 1b					
am	C	Fundraising events 1c		]			
ar	d	Related organizations 1d		]			
s E	e	Government grants (contributions) 1e					
in s	f	All other contributions, gifts, grants,		1			
Ē		and similar amounts not included above 1f					
p	g	Noncash contributions included in lines 1a-1f: \$					
<del>ت</del> ة ز	h	Total. Add lines 1a-1f	···· ►				
e l			Busn. Code				
le :	2a	CONFERENCES & MEETINGS		439,651			439,651
e l	b	MEMBERSHIP		383,001			383,001
2	с	LEGAL DEFENSE FUND		100			1.00
Program Service Revenue	d	· · · · · · · · · · · · · · · · · · ·					
í	е	· · · · · · · · · · · · · · · · · · ·					
5	f	All other program service revenue					· · · · · · · · · · · · · · · · · · ·
Ĕ		Total. Add lines 2a–2f	·····	822,752			
1 :		Investment income (including dividends, inte					
		other similar amounts)		315			315
		Income from investment of tax-exempt bond					· · · · · · · · · · · · · · · · · · ·
		Royalties	•		1	· · · · ·	· · ·
	-		ii) Personal				
6	Sa	Gross Rents					
		Less: rental exps.					
		Rental inc. or (loss)	•				
		Net rental income or (loss)	<b></b>				i ferit opper Sout jøge poppe en fre egenerigensko.
		Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		Less: cost or other					
		basis & sales exps.					
		Gain or (loss)		-			
		Net gain or (loss)	•				
		Gross income from fundraising events					
i							
		(not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18 a					
		Less: direct expenses b	•				
- E		Net income or (loss) from fundraising events					
19		Gross income from gaming activities.					
	L	See Part IV, line 19 a					
		Less: direct expenses <b>b</b>	<b></b>				
		Net income or (loss) from gaming activities .	• • • • • • • • •				
10		Gross sales of inventory, less					
		returns and allowances a		4			
		Less: cost of goods sold <b>b</b>	<b>.</b>				
	C	Net income or (loss) from sales of inventory	Busn. Code				
		Miscellaneous Revenue					
11		• • • • • • • • • • • • • • • • • • • •	.		· · · · ·	L	
	b	• • • • • • • • • • • • • • • • • • • •	.		<u> </u>		
	С			<u> </u>			
		All other revenue					
		Total. Add lines 11a-11d		· · · · · · · · · · · · · · · · · · ·			
12	)	Total Revenue. See instructions.	▶	823,067	0	0	823,067

Form 990 (2009)

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

# Part IX Statement of Functional Expenses

Page **10** 

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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 disqualified				
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management	414,270			
	Legal				
	Accounting	2,637	<u> </u>		
d	Lobbying	38,300			
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	7,014			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		******		
9	Conferences, conventions, and meetings	248,032			
	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
	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.)				
а	OFFICE SUPPLIES & EXPENSE	11,848			<u> </u>
b	CREDIT CARD FEES	10,576			
С	STATE LEGISLATION	8,521			
d	DUES & MEMBERSHIPS	8,325	. <u></u>		
e	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) Part X E 52-0854573 MANAGEMENT ASSOCIATION FOR PRIVATE

rt X	Balance	Sheet
IL A	Dalance	SHEEL

<u></u>	<u>art 2</u>		(A) Beginning of year		(B) End of year
	1	Cashnon-interest bearing		1	
	2	Savings and temporary cash investments	310,361	2	228,825
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	197,771	4	349,911
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	a de l'avec la seconda da en la la gante de la rela-
ssets	7	Notes and loans receivable, net		7	
ŝŝ	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	12,048		14,798
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	ь			10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	······	12	
	13	Investmentsprogram-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	520,180		593,534
<u> </u>	17	Accounts payable and accrued expenses		17	5,088
	18	Grants payable		18	
	19	Deferred revenue	515,291		527,394
	20	Tay ayamti band (abilitia		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
itie	22	Payables to current and former officers, directors, trustees, key			
_iabilities		employees, highest compensated employees, and disqualified			
-ia		persons. Complete Part II of Schedule L	<ul> <li>Standard Information Contract Statement (Contract Contract Statement)</li> </ul>	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	***************************************	25	
	26	Total liabilities. Add lines 17 through 25	515,291	26	532,482
es		Organizations that follow SFAS 117, check here ► X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	4,889	27	61,052
Ba	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117, check here			
orF		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
3ST	32	Retained earnings, endowment, accumulated income, or other funds		32	[
Net Assets	33	Total net assets or fund balances	4,889	33	61,052
ž	34	Total liabilities and net assets/fund balances	520,180		593,534

Form 990 (2009)

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

4	Accounting method used to prepare the Form 990; Cash X Accrual Other		Yes	No
1				
	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		Х
þ	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	88. S		
	X 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		Х
Þ	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		
		Fora	. 990	(2000)

Form 990 (2009)

-

SCHEDULE C	Political	Campaign and Lobb	ving Activit	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)					
	For Organizations Ex	empt From Income Tax Under s	section 501(c) an	d section 527	2009
Department of the Treasury		mplete if the organization is de			Open to Public
Internal Revenue Service		m 990 or Form 990-EZ.			Inspection
		a 3, or Form 990-EZ, Part VI, line	e 46 (Political Ca	mpaign Activities), the	'n
	ions: Complete Parts I-A and B. I				
<ul> <li>Section 501(c) (other than the section 527 organizations:</li> </ul>		Complete Parts I-A and C below.	Do not complete H	Part I-B.	
		e 4, or Form 990-EZ, Part VI, line			
		lection under section 501(h)): Cor	-	•	
		'68 (election under section 501(h)	): Complete Part I	I-B. Do not complete Pa	irt II-A.
	"Yes," to Form 990, Part IV, line ) organizations: Complete Part III				
	GEMENT ASSOCIATI			Employer identil	ication number
-	OGRAMMETRIC SURV			52-08545	
Part I-A Complete i	f the organization is exe	npt under section 501(c)	or is a sectio	on 527 organizatio	on.
1 Provide a description of the	ne organization's direct and indire	ct political campaign activities in f	Part IV.		
2 Political expenditures				▶ \$	
3 Volunteer hours				· · · · · · · · · · · · · · · · · · ·	
		npt under section 501(c)			
		ation under section 4955			
<ol> <li>Enter the amount of any e</li> </ol>	excise tax incurred by are organization	n managers under section 4955		► \$ ► \$	····· <u>··· ··</u> <u>···</u>
3 If the organization incurre	d a section 4955 tax. did it file Fo	rm 4720 for this year?		······································	Yes No
4a Was a correction made?		····· · · · · · · · · · · · · · · · ·			
b If "Yes," describe in Part I		* * * * * * * * * * * * * * * * * * * *			
Part I-C Complete i	f the organization is exe	npt under section 501(c)	, except secti	ion 501(c)(3).	
	. ,	on for section 527 exempt function			
				····· • \$ _	
527 exempt function activ		ed to other organizations for sect		► \$	
•	enditures. Add lines 1 and 2, Ent	er here and on Form 1120-POI		· · · · · · · · · · · · · · · · · · ·	
line 47h				▶ \$	
	file Form 1120-POL for this year	?			Yes No
• •	•	mber (EIN) of all section 527 poli			
		paid from the filing organization's	=	-	
contributions received that	t were promptly and directly deliv	ered to a separate political organi	ization, such as a	separate segregated	
fund or a political action c	ommittee (PAC). If additional spa	ce is needed, provide information	in Part IV.		· · · · · · · · · · · · · · · · · · ·
(a) I	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
			<u>↓</u>		
		:		1	
<b>F B</b> 1 <b>A ( 1 B</b>					

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

Schedule C (Form 990 or 990-EZ) 2009

982 Pg 14

982 Pg 15

	Schedule C (Form 990 or 990-EZ) 2009 M2	ANAGEMENT A	SSOCIATION H	FOR PRIV	VATE 52-0	854573	Page <b>2</b>
	Part II-A Complete if the organ		ot under section 5	01(c)(3) an	d filed Form 576	3 (election	
	under section 501(h)						
. 1	A Check ▶ []] if the filing organiza B Check ▶ []] if the filing organiza			ntrol" provi	ciono opplu		
					·····	(b)	Affiliated
	(The term "expenditures		paid or incurred.)		(a) Filing organization's total		pup totals
. )	1a Total lobbying expenditures to influence p	oublic opinion (grass ro	ots lobbying)				
	b Total lobbying expenditures to influence a	a legislative body (dired	t 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)					
ł	f Lobbying nontaxable amount. Enter the a						
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying non	axable amount is:				
	Not over \$500,000	20% of the amount of	on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,000	).			
ł	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	the excess over \$1,500,00	0.			
	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 lea	ss, enter -0-					
	i Subtract line 1f from line 1c. If zero or les	a antor 0					
	j If there is an amount other than zero on e		*		•	بعبيدو	、
_	section 4911 tax for this year?	<u></u>	<u></u>				Yes No
	(Some organizations t	hat made a secti	• •	do not hav	ve to complete a	I of the five	
	columns b	elow. See the ins	structions for line	s za throug	gn 21 on page 4.)		
:	Lo	bbying Expendit	ures During 4-Yea	r Averagin	g Period		• • • • • • •
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 200	08 (d) 20	09	(e) Total

beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
<ul> <li>e Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 MANAGEMENT ASSOCIATION FOR PRIVATE 52-08545	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	I	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?			. <u> </u>		<u> </u>
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	<u> </u>	L			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>				
i	Other activities? If "Yes," describe in Part IV	L				
	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L				
	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u></u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	stion		
<u> </u>					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	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?				3	X
	t 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."					
1	Dues, assessments and similar amounts from members		1		383,	,001
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political			1		
	expenses for which the section 527(f) tax was paid).			ſ		
а	Current year		2a		38,	,300
b	Carryover from last year		2b			
c	Total		2c			,300
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	·	38,	,300
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		걸음을	1		
	and political expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)	<u></u> .	5	L		
	t IV Supplemental Information			. <u></u>		
	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line complete this part for any additional information.	1ĭ.				
				<i>.</i>		
		<i>..</i> .				

	<u>Schedule C (Forr</u> Part IV	m 990 or 990-EZ) 200	9 MANAGEM	ENT ASSOC	CIATION F	OR PRIV	ATE 52	-0854573	Page <b>4</b>
	Fditiv	Supplemental	Information (co	ontinuea)					
		· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • •		
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • •
	:			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			, ,	• • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •		•••••••••••••••••••••••••••••••••••••••					• • • • • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		· · · · <i>·</i> · · · · · · · · · · · · · ·	<i>.</i>	• • • • • • • • • • • • • • • •
				••••••••••••••••	•••••				• • • • • • • • • • • • • • • • • • • •
				,		• • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •						· · · · · · · · · · · · · · · · · · ·
	, . <i>.</i>							. , ,	
	·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • •
					<i>.</i>	• • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
		·					• • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •					••••••
		• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
			,						
	,	• • • • • • • • • • • • • • • • • • • •							•••••
	,	• • • • • • • • • • • • • • • • • • • •			· · · <i>· · ·</i> · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	•••••
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				•••••••••••••••••••••••••••••••••••••••	
	<i>,</i> ,	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
•			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •

	HEDULE D	Supplemental Fina	ancial Statements		OMB No. 1545-0047
(Form 990)			Complete if the organization answered "Yes," to Form 990,		
Department of the freasury 1			8, 9, 10, 11, or 12.		Open to Public
Intern	al Revenue Service	► Attach to Form 990. ► S	See separate instructions.		Inspection
	e of the organization			Employer ident	ification number
		SOCIATION FOR PRIVATE			
P		IC SURVEYORS		52-0854	
P		tions Maintaining Donor Advised Funds o ization answered "Yes" to Form 990, Part I		counts. Co	mplete if
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of	year			
2	Aggregate contributions	s to (during year)			
3	Aggregate grants from	(during year)			
4	Aggregate value at end	of year			
5	Did the organization info	orm all donors and donor advisors in writing that the ass	ets held in donor advised		
		ion's property, subject to the organization's exclusive leg			Yes No
6	Did the organization info	orm all grantees, donors, and donor advisors in writing th	hat grant funds can be		and the second
		purposes and not for the benefit of the donor or donor a	-		
		ermissible private benefit?			Yes No
Pa		tion Easements. Complete if the organizat	ion answered "Yes" to Form	990, Part I\	
1		tion easements held by the organization (check all that a			
	()	d for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land area	
	Protection of natura	i i i i i i i i i i i i i i i i i i i	Preservation of certified historic stru		
	Preservation of ope	L			
2	•	igh 2d if the organization held a qualified conservation of	ontribution in the form of a conservation	ממ	
	easement on the last da				
				Held a	t the End of the Tax Year
а	Total number of conserv	vation easements			
h	Total acreage restricted	by conservation easements	• • • • • • • • • • • • • • • • • • • •	2b	· · · · · · · · · · · · · · · · · · ·
č	Number of conservation	n easements on a certified historic structure included in (	· · · · · · · · · · · · · · · · · · ·	20 2c	
d	Number of conservation	beasements included in (c) acquired after 8/17/06	(a)	20 2d	
3		easements modified, transferred, released, extinguishe			
5	the taxable year	reasements mouthed, transferred, released, extinguishe	ed, or terminated by the organization c	unng	
	• —				
4		e property subject to conservation easement is located			
5		ave a written policy regarding the periodic monitoring, in			
•		nent of the conservation easements it holds?		• • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hour	rs devoted to monitoring, inspecting, and enforcing cons	ervation easements during the year		
_					
7		curred in monitoring, inspecting, and enforcing conserva	tion easements during the year		
-	▶\$ <u> </u>	— —			
8		easement reported on line 2(d) above satisfy the require			m. m.
_		ion 170(h)(4)(B)(ii)?			Yes No
9		w the organization reports conservation easements in it			
		ude, if applicable, the text of the footnote to the organization	tion's financial statements that descrif	bes	
<u> </u>		Inting for conservation easements.		*1 A 4	
<b></b> a	rt III Organizat Complete	ions Maintaining Collections of Art, Histo if the organization answered "Yes" to Form	990, Part IV, line 8.	milar Asset	s
1a	If the organization elected	ed, as permitted under SFAS 116, not to report in its rev	enue statement and balance sheet we	orks of	
	art, historical treasures,	or other similar assets held for public exhibition, educati	ion, or research in furtherance of publ	ic service,	
	provide, in Part XIV, the	text of the footnote to its financial statements that descri	ribes these items.		
b	If the organization electe	ed, as permitted under SFAS 116, to report in its revenu	e statement and balance sheet works	of art,	
		ther similar assets held for public exhibition, education,			
		nounts relating to these items:			
		in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in F	Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	···· ► = = = = = = = = = = = = = = = = =	
2	If the organization receiv	ved or held works of art, historical treasures, or other sin	nilar assets for financial gain, provide	► Ψ the	
-	-	red to be reported under SFAS 116 relating to these iter	•		
а	- ,	· · ·		▶	
	Assets included in Form	orm 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	► ¶ ► ¢	····· ····
~		, ooo, , arry		μ φ	

	***						ets (	continu		Page <b>2</b>
· · · · · · · · · · · · · · · · · · ·									<u></u>	
Public exhibition	d 🗌 Loan o	exchange progra	ms							
herror and a second sec	e Other									
have a second se	- (									
Provide a description of the organization's collect	tions and explain how the	further the organ	ization's e>	empt purpo	se in					
During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, hist	orical treasures, o organization's coll	r other sim	ilar					<b>.</b>	No
rt IV Escrow and Custodial Arrar	ngements. Complete	if the organiz	ation ar	swered "	'Yes'	to For	m 99		L	
				ot					·	
									e [	No
If "Yes," explain the arrangement in Part XIV and	t complete the following ta		• • • • • • • • • •		• • • • •	• • • • • • • •	· · · · · ·	(; 'G	J [	
in ros, explain the unungement in arriver and	s complete the following ta	510.						Amoun		
Beginning balance						10				
						·····				
Did the organization include an amount on Form	990. Part X. line 21?	• • • • • • • • • • • • • • • • • • •			• • • •				e [	No
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •	• • • • •	•••••		L	•	
· · · · · · · · · · · · · · · · · · ·	te if organization and	swered "Yes"	to Form	990, Par	t IV,	line 10	).			
	(a) Current year	(b) Prior year			T			(e) Fou	years	s back
Beginning of year balance										
		······								
and losses										
Grants or scholarships										
and programs										
	d balance held as:									
Board designated or quasi-endowment 🕨 🔡	%									
Permanent endowment 🕨 🔔 🔔 🦉 👘										
Term endowment 🕨 _ _ 🦢 %										
Are there endowment funds not in the possessio	n of the organization that a	are held and admir	nistered for	the						
organization by:									Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
If "Yes" to 3a(ii), are the related organizations list	ted as required on Schedu	le R?						3b		
Describe in Part XIV the intended uses of the org	ganization's endowment fu	nds.								
<u>t VI Investments—Land, Buildin</u>	<u>gs, and Equipment.</u>	See Form 99	<u>0, Part )</u>	K, line 10						
Description of investment	(a) Cost or other basis	(b) Cost or c	other	( <b>c</b> ) Ac	cumula	ted		(d) Book	value	
	(investment)	basis (othe	er)	depi	reciatio	n				
Land										
Buildings										
Leasehold improvements										
Equipment		]								
Other Add lines 1a through 1e. (Column (d) must equa										
	It III       Organizations Maintaining (         Using the organization's acquisition, accession, collection items (check all that apply):       Public exhibition         Scholarly research       Preservation for future generations         Provide a description of the organization solicit or reassets to be sold to raise funds rather than to be rat XIV.       During the year, did the organization solicit or reassets to be sold to raise funds rather than to be rat IV         Escrow and Custodial Arrar IV, line 9, or reported an amound included on Form 990, Part X?       If "Yes," explain the arrangement in Part XIV and beginning balance         Additions during the year       Distributions during the year         Distributions during the year       Endowment Funds. Comple         Beginning of year balance       Contributions         Net investment earnings, gains, and losses       Grants or scholarships         Other expenditures for facilities and programs       Administrative expenses         End of year balance       %         Provide the estimated percentage of the year en Board designated or quasi-endowment ▶       _         Permanent endowment ▶       _         Mare there	Itili       Organizations Maintaining Collections of Art, H         Using the organization's acquisition, accession, and other records, check as collection items (check all that apply):       Public exhibition       d       Loan or e         Public exhibition       d       Loan or e       Other         Scholarly research       e       Other         Preservation for future generations       Previde a description of the organization's collections and explain how they Part XIV.         During the year, did the organization solicit or receive donations of art, hist assets to be sold to raise funds rather than to be maintained as part of the rases to be sold to raise funds rather than to be maintained as part of the IV. Inc 9, or reported an amount on Form 990, P         Is the organization an agent, trustee, custodian or other intermediary for connected on Form 990, Part X?         If "Yes," explain the arrangement in Part XIV and complete the following tailed as part of the part and the year.         Distributions during the year         Ending balance         Additions during the year.         Did the organization include an amount on Form 990, Part X, line 21?         If "Yes," explain the arrangement in Part XIV.         If V       Endowment Funds. Complete if organization ans         Beginning of year balance       (a) Current year         Did the organization facilities       and pograms         Addministrative expenses       addministrative expe	artill       Organizations Maintaining Collections of Art, Historical Trea         Using the organization's acquisition, accession, and other records, check any of the following collection items (check all that apply): <ul> <li>Public exhibition</li> <li>d</li> <li>ban or exchange programing the organization of the organization's collections and explain how they further the organization's collections are provide a description of the organization solicit or receive donations of art, historical treasures, o assets to be sold to raise funds rather than to be maintained as part of the organizations of any function of the organization solicit or receive donations of art, historical treasures, o assets to be sold to raise funds rather than to be maintained as part of the organizations or the organization and explain the arrangements. Complete if the organizations or the included on Form 990, Part X?         If 'Yes, 'explain the arrangement in Part XIV        <ul> <li>additions during the year</li> <li>Distributions during the year</li> <li>Distributions during the year</li> <li>Contributions</li> <li>Contributions<td>It III       Organizations Maintaining Collections of Art, Historical Treasures, c         Using the organization's acquisition, accession, and other records, check any of the following that are a collection items (check all that apply):        <ul> <li>Public exhibition</li> <li>G choirs or exchange programs</li> <li>Other</li></ul></td><td>Interfactors of Art, Historical Treasures, or Other is Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection if messation is check all that apply:         Public exhibition       d       Lean or exchange programs         Public exhibition       d       Lean or exchange programs         Preservation for future generations       Other</td><td>Intermediation       Control Conter Contecon Control Control Control Conter Control Co</td><td>It III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ase         Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its         Obletion enhance       Image: Check all hand apply.         Public exhibition       Image: Check all hand apply.         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         During the year, did the organization solid: or receive donations of art, historical treasures, or other similar assets to be soid to raise tunds rather than to be maintained as part of the organization answered "Yes" to Foir IV. line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian arrangements. Complete if the organization and appent, trustee, custodian arrangements. Complete If the organization and the part XV.         If "Yes" explain the arrangement in Part XIV and complete the following table:         Beginning balance       Image: I</td><td>Int IIII:       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (relation to equivation), accession, and other records, check any of the following that are a significant use of its collection terms (relation) in the provided of the organization (relation) is the provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XV.         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XV.         TVI:       Escrow and Custodial Arrangements, Complete if the organization answered "Yes" to Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         It "Yes," explain the arrangement in Part XIV and complete the following table:         Beginning balance       1c         Id did the organization include an amount on Form 990, Part X, line 21?         If Yes, "explain the arrangement in Part XIV and complete the following table:         Beginning of year balance       (a) Current year         Id did the organization include an amount on Form 990, Part X, line 21?         If Yes, "explain the arrangement in Part XIV.         If Vet Complete if organization answered "Yes" to Form 990, Part IV, line 10.         If Yes, "explain the arrangement in Part XIV.</td><td>Bit III:       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue of the organization's acquisition, accessing, and other records, check any of the following that are a significant use of its collection lense (check at that ophy).            Bublishy research         Subolary research         Subolary research         Provide a description of the organization's occupient of the organization's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as part of the organization's collection's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as a part of the organization's collection's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part X, line 21.             Is the organization and and the rath XV and complete the following table:             Provide a amount on Form 990, Part X, line 21.             If 'yea, explain the arrangement in Part XV and complete the following table:             Provide a balance             Did the organization include an amount on Form 990, Part X, line 217             If 'yea, explain the a</td><td>Bit III.       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         Laste the organizations accession, and other records, check any of the following that are a significant use of its organizations accession, and other records, check any of the following that are a significant use of its organization is collection if the organization for future generations         Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receiver donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other assets not included on Form 990, Part X, in E 21.       Ives       I</td></li></ul></li></ul>	It III       Organizations Maintaining Collections of Art, Historical Treasures, c         Using the organization's acquisition, accession, and other records, check any of the following that are a collection items (check all that apply): <ul> <li>Public exhibition</li> <li>G choirs or exchange programs</li> <li>Other</li></ul>	Interfactors of Art, Historical Treasures, or Other is Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection if messation is check all that apply:         Public exhibition       d       Lean or exchange programs         Public exhibition       d       Lean or exchange programs         Preservation for future generations       Other	Intermediation       Control Conter Contecon Control Control Control Conter Control Co	It III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ase         Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its         Obletion enhance       Image: Check all hand apply.         Public exhibition       Image: Check all hand apply.         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         During the year, did the organization solid: or receive donations of art, historical treasures, or other similar assets to be soid to raise tunds rather than to be maintained as part of the organization answered "Yes" to Foir IV. line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian arrangements. Complete if the organization and appent, trustee, custodian arrangements. Complete If the organization and the part XV.         If "Yes" explain the arrangement in Part XIV and complete the following table:         Beginning balance       Image: I	Int IIII:       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (relation to equivation), accession, and other records, check any of the following that are a significant use of its collection terms (relation) in the provided of the organization (relation) is the provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XV.         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XV.         TVI:       Escrow and Custodial Arrangements, Complete if the organization answered "Yes" to Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         It "Yes," explain the arrangement in Part XIV and complete the following table:         Beginning balance       1c         Id did the organization include an amount on Form 990, Part X, line 21?         If Yes, "explain the arrangement in Part XIV and complete the following table:         Beginning of year balance       (a) Current year         Id did the organization include an amount on Form 990, Part X, line 21?         If Yes, "explain the arrangement in Part XIV.         If Vet Complete if organization answered "Yes" to Form 990, Part IV, line 10.         If Yes, "explain the arrangement in Part XIV.	Bit III:       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue of the organization's acquisition, accessing, and other records, check any of the following that are a significant use of its collection lense (check at that ophy).            Bublishy research         Subolary research         Subolary research         Provide a description of the organization's occupient of the organization's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as part of the organization's collection's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as a part of the organization's collection's exempt purpose in Part XV.             During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be acid to rate funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part X, line 21.             Is the organization and and the rath XV and complete the following table:             Provide a amount on Form 990, Part X, line 21.             If 'yea, explain the arrangement in Part XV and complete the following table:             Provide a balance             Did the organization include an amount on Form 990, Part X, line 217             If 'yea, explain the a	Bit III.       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         Laste the organizations accession, and other records, check any of the following that are a significant use of its organizations accession, and other records, check any of the following that are a significant use of its organization is collection if the organization for future generations         Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receiver donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other similar assets to be solicit or receive donations of art, historical treasures, or other assets not included on Form 990, Part X, in E 21.       Ives       I

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

Part XIII       Investments—Other Securities. See Form 990, Part X, line 12.         (b) Borshiption featurely or manage.       (b) Borshiption featurely.         Financial deravision       (c) Matched rule and rule.         Financial deravision       (c) Matched rule.         (c) Other Assets. See Form 990, Part X, line 13.       (c) Matched rule.         (c) Decorrection       (c) Matched rule.         (c) Matched form 990, Part X, col. (d) line 15.)       (c) Matched rule.         (c) Action (g) must equal Form 980, Part X, line 25.       (c) Annual         (c) Action (d) must equal Form 980, Part X, ol.	Schedule D (Form 990) 2009 MANAGEMENT ASSOCIATIO	ON FOR PRIVAT	<u>E 52-0854573</u>	Page <b>3</b>
Control development of secondly         Cost of rest-dycent market value           Costepl-beld equity interests				
Francol devikines Closery-hold equily interests Closer Closery-hold equily interests Closer Closery-hold equily interests Closer Closery-hold equily interests (a) Description of involtment type (b) Execution (c)		(b) Book value		
Closely-bell equity netresis Other Total. (Column (b) must equal Form 900, Part X, col. (b) line 12.) Part Will. Investments—Program Rolated. See Form 900, Part X, line 13. (a) Describer of investment type (b) Book value (c) Method of valuation: Cot or end-dynam manet value (c) Method of valuation: Cot or end-dynam manet value (c) Method of valuation: (c) Method of val			Cost or end-of-year	market value
Coher			<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (b) line 12)       >         Part VIII:       Investments—Program Related. See Form 990, Part X, line 13.       (a) Describer of investment type       (b) Sock value       (c) Method of valuation:         (a) Describer of investment type       (b) Sock value       (c) Method of valuation:       Cest or end of year market value         Total. (Column (b) must equal Form 990, Part X, col. (b) line 13)       >       Investment equal Form 990, Part X, col. (c) line 13.         Part D:       (b) Description       (b) Description       (b) Rook value         Intel I. (Column (b) must equal Form 980, Part X, col. (c) line 15.       (b) Description       (c) Rook value         Intel I. (Column (b) must equal Form 980, Part X, col. (c) line 15.       (c) Description       (c) Rook value         Intel I. (Column (b) must equal Form 980, Part X, col. (c) line 15.       (c) Description       (c) Rook value         Intel I. (Column (b) must equal Form 980, Part X, col. (c) line 15.       (c) Anount       (c) Anount       (c) Anount         Cetar Income taxes       (c) Anount       (c) Anount       (c) Anount       (c) Anount       (c) Anount		·		· · · · · · · · · · · · · · · · · · ·
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se				
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se				
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se		-		
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se	~ ~ ~ ~ ~	-		
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se		-		
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se	~ ~ ~	-		
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se				
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
Part Vill:       Investments—Program Related. See Form 990, Part X, Line 13.         (a) Description of lowestment type       (b) Book value         (b) Book value       Cost or end-of-year market value         Cost or end-of-year market value       Cost or end-of-year market value         Image: Second Se	Total (Column (b) must equal Form 990, Part X, col. (P) line 12.)			
(4) Description of investment type     (b) Book value     (c) Method of valuation: Cost or end-of-year market value       Total. (Column (b) must equal Form 990, Part X, col. (b) line 13.)     >       Pärt XX     Other Assets. See Form 990, Part X, line 15.       (a) Description     (b) Book value				
Cost or end-of-year market value         Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value         Cost or end-of-year market value         (b) Book value         (column (b) must equal Form 980, Part X, line 15.)         Part X       Other Labilities. See Form 990, Part X, line 25.         Cost or end-of-year market value         Cost or end-of-year market value         (b) Amount         (column (b) must equal Form 980, Part X, line 25.         Cost or end-of-year market value         (b) Description of tability         (column table)         (b) Amount         (column table)         (column table)         (column table)         (column table)         (c			(c) Method of :	valuation:
Total (Column (b) must equal Form 990, Part X, col. (b) line 13)       Image: Column (b) must equal Form 990, Part X, line 15.         (a) Description       (b) Book value         (b) Book value       Image: Column (b) must equal Form 990, Part X, col. (b) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability       (b) Amount         "ederal income taxes       Image: Column (b) Amount			*	
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				· · · · · · · · · · · · · · · · · · ·
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount	······································	· ···· ·		
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount	a			·
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount	······································			
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				·
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount				
Part IX       Other Assets. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (a) Description       (b) Book value         (b) Book value       (c) Book value         (c) Description       (c) Book value         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Amount       (c) Amount         rederal income taxes       (c) Amount         (c) Description of liability       (c) Amount         (c) Description of liability       (c) Amount	Total, (Colump (b) must equal Form 990, Part X, col. (B) line 13.)	•		
(a) Description (b) Book value (c) B				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability         Federal income taxes       Image: Column 1 (b) Amount				(b) Book value
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				······
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes		·····		
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes	****			
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes		······································		
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes				
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes		· .		
Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Amount         Federal income taxes	Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
1.     (a) Description of liability       Federal income faxes		25.		······································
	Federal income taxes		$\neg$	
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ►			$\neg$	
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ►		· · · · · · · · · · · · · · · · · · ·	—	
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ►			-	
Fotal. (Column (b) must equal Form 990, Part X. col. (B) line 25.) ►	*	<u></u>		
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)			$\neg$	
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)			$\neg$	
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ►			$\neg$	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)				
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)			-	
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1010-01000	dule D (Form 990) 2009 MANAGEMENT ASSOCIATION FOR PR		52-085457	******	Page 4
P	Int XI Reconciliation of Change in Net Assets from Form 990 to			ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	· · <i>·</i> · · · · · · · · · ·		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	· · · · <i>·</i> · · · · · · · ·		3	56,163
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities		<i>, ,</i>	5	
6	Investment expenses	• • • • • • • • • • • • •		6	
7	Prior period adjustments		<i>. . .</i>	7	
8	Other (Describe in Part XIV.)		••••••	8	······································
9	Total adjustments (net). Add lines 4 through 8	••••••	• • • • • • • • • • • • • • • • • • • •	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	56,163
	Int XII Reconciliation of Revenue per Audited Financial Statemer			T	000 057
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:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c		•	
d	Other (Describe in Part XIV.)		· · · · ·		
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				
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	823,067
	rt XIII Reconciliation of Expenses per Audited Financial Stateme			eturn	
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:	1 1			
а	Donated services and use of facilities	2a		2003년 2013년	
þ	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIV.)	2d		S STE	
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:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	······		
	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			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				
	slete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines				
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b.	Also complete		
this p	art to provide any additional information.				
	· · · · · · · · · · · · · · · · · · ·				
		~			

Schedule D (Form 990) 2009

52-0854573

Schedule D (Form 990) 20	9 MANAGEMENI ASSO	JOINITON ION INTANTS	52-0654573 Pag
Part XIV Suppler	nental Information (continue	ed)	
		~	
···· ··· ··· ··· ··· ···			
~ ~			
	····· ··· ··· ··· ··· ··· ··· ··· ···		
		~	
	····· ···· ···· ···· ··· ··· ··· ···		
~ ~ ~			
	····· ··· ··· ··· ··· ··· ··· ··· ···		

MANAGEMENT ASSOCIATION FOR PRIVATE

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form Complete to provide information for responses to specific Form 990 or to provide any additional informatio Attach to Form 990.	questions on	OMB No. 1545-0047 2009 Open to Public Inspection
Ŷ	NAGEMENT ASSOCIATION FOR PRIVATE OTOGRAMMETRIC SURVEYORS	Employer ide 52 - 085	ntification number 4 5 7 3
· · · · · · · · · · · · · · · · · · ·	T VI, LINE 3 - MANAGEMENT DELEGATED NTRACT WITH JOHN M. PALATIELLO & ASSOC	IATES	
FORM 990, PAR	T VI, LINE 11A - ORGANIZATION'S PROCES	S TO REVIEW F	ORM 990
DRAFT OF FORM	990 PRESENTED TO MEETING OF BOARD OF	DIRECTORS FOR	REVIEW AND
APPROVAL BEFO	RE FILING.		
FORM 990, PAR	T VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFIC	IAL
COMPENSATION	TO MANAGEMENT COMPANY APPROVED ANNUALL	Y BY BOARD.	
FORM 990, PAR A COPY WILL B		REQUESTOR SH	
	ST TO THE ASSOCIATION OFFICE. A COPY G RECEIPT OF REQUEST.	WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30
		WILL BE SENT	WITHIN 30

982 Management Associatio 52-0854573 FYE: 12/31/2009	Federal Statements	Page 1		
Taxable Interest on Investments				
Description BANK INTEREST	AmountUnrelated Business CodeExclusion CodePostal Code\$31514	Acquired after 6/30/75		
TOTAL	\$315			

982 Management Association for Private	
52-0854573	
FYE: 12/31/2009	

# **Federal Statements**

Page 2

I

	Fund Raising	Ś	w O
	Management & General	3,204 2,715 849	6,768
	Mana G		ۍ ۲
er Expenses	Program Service	2,391 722	3,113
<u>f - All Othe</u>	с v)	ŧ۶	ۍ. ۲
Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	3,204 2,715 2,391 849 722	9,881
<u>Form 990, P</u>	ш	ŝ	w
	Description	BOARD LIABILITY INSURANCE PROFESSIONAL FEES ANNUAL AWARDS MISC CHAPTERS	TOTAL

Forms 990 / 9	990-EZ Return Summary
For calendar year 2009, or tax year beginnir	ng , and ending
MANAGEMENT ASSOCIATI PHOTOGRAMMETRIC SURV	
Net Asset / Fund Balance at Beginning of Year	4,889
Revenue	
Contributions	
Program service revenue	822,752
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
0.4	
Other changes	· · · · · · · · · · · · · · · · · · ·
Net Asset / Fund Balance at End of Year	61,052
Reconciliation of Revenue	Reconciliation of Expenses
Total revenue per financial statements 823,067	
Less:	Less:
Unrealized gains	Donated services
Donated services	Prior year adjustments
Recoveries	Losses
OtherPlus:	Other
	Plus:
Investment expenses Other	Investment expenses
Total revenue per return 823,067	Other Total expenses per return 766,904
	Total expenses per return 766,904
	Balance Sheet
Beginning	Ending Differences
Assets 520, 180	593,534
Liabilities 515,291	532,482
Net assets 4,889	61,052 56,163
	······································

## **Miscellaneous Information**

 Amended return

 Return / extended due date

 Failure to file penalty

982 Pg 1

<b>5</b>	990
Form	

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

 ear beginning		and and			
<ul> <li>The organizati</li> </ul>	on may have to us	e a copy of this	return to satisfy	state reporting	requirements.

Α	For the 20	09 calendar year, or tax year beginning , and ending							
в	Check if applic		Ľ	) Empl	oyer identification number				
	Address chang	De label or PHOTOGRAMMETRIC SURVEYORS							
$\square$	Name change	Deine Duringen fo		52	-0854573				
	Initial return	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E	Telep	hone number				
L		See 1760 OLD RESTON AVENUE	205	70	<u>3-787-6665</u>				
[	Termination	Instruct City or town, state or country, and ZIP + 4		<u>م</u>	Gross rec	ceipts \$ 823,067			
	Amended retu	mended return tions. RESTON VA 20190-3361							
$\square$	Application pe	Application pending F Name and address of principal officer:				H(a) Is this a group return for			
		JOHN M. PALATIELLO		i li	affilia I(b) Are a				
		1760 OLD RESTON AVE. SUITE #205		•	includ	Jed? Yes No			
		RESTON VA 20190			lf "No	," atlach a list. (see instructions)			
1	Tax-exemp								
		MAPPS.ORG				p exemption number			
10000	Type of organ		L Yea	ar of formation; 19	67	M State of legal domicile: VA			
<u>. P</u>	arti	Summary							
			<b>.</b>		• • • • • • • •				
ŝ	· · · ·	RADE ASSOCIATION	••••••••••		• • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
& Governance	· · · ·		•••••		• • • • • • •				
ver	0 Obs				• • • • • • • •				
ŝ		ick this box  [1] if the organization discontinued its operations or disposed of mor			3	9			
ი ი		nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b)			\$	9			
Activities					5	0			
cti∨					6				
Ā	7a Tota	al number of volunteers (estimate if necessary) al gross unrelated business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · ·		7a				
		unrelated business taxable income from Form 990-T, line 34			7b	0			
				Prior Year		Current Year			
۵	8 Con	tributions and grants (Part VIII, line 1h)							
Revenue	9 Pro;	gram service revenue (Part VIII, line 2g)				822,752			
Seve	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)			315				
œ	11 Oth	er revenue (Parl VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				823,067			
		nts and similar amounts paid (Part IX, column (A), lines 1–3)							
		efits paid to or for members (Part IX, column (A), line 4)							
es		aries, other compensation, employee benefits (Part IX, column (A), lines 5~10)							
penses		essional fundraising fees (Part IX, column (A), line 11e)			Zeodosa de la				
БХр	b Total fundraising expenses (Part IX, column (D), line 25) ▶					766 004			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)					766,904			
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			766,904 56,163				
28	19 Revenue less expenses. Subtract line 18 from line 12 Beginning of (					End of Year			
lanci	20 Total assets (Part X, line 16)				520,180 593				
Net Assets or Fund Balances	21 Tota	Il liabilities (Part X, line 26)	1	***	,291	532,482			
Punet	22 Net	Net assets or fund balances. Subtract line 21 from line 20				61,052			
P	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying							
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is base	d on all informat	ion of which prepa	rer has ai	ny knowledge.			
Sig	In								
Here		Signature of officer		Date					
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·						
Dai	d	Preparer's	Date	Check if self-	r	Preparer's identifying number (see instructions)			
Paid Preparer's		signature	09/09	/10 employed	▶ <u> </u>	P00174874			
	e Only	Firm's name (or yours GEORGEN SCARBOROUGH ASSOCIA	ATES, P	C	EIN	▶ 26-1776766			
03	e Only	if self-employed), 243 CHURCH ST NW STE 100E			Phone				
<u></u>		address, and ZIP + 4 VIENNA, VA 22180-4437			no, I	▶ 703-319-3990			
_				· . · · · ·		X Yes No Form 990 (2009)			

Open to Public Inspection

982 Pg 3

0.00000.0000000000000000000000000000000	NAGEMENT AS			52-0854573		Pa
		n Service Accomp	olishments			
	he organization's missi	ion:				
TRADE ASS	DCIATION		• • • • • • • • • • • • • • • • • • •			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	····	· · · · · · · · · · · · · · · · · · ·	· · <i>· · · · · · · ·</i> · · · · · · · · ·	••••••••••••••••••••••••••••••••••••••
· · · · · · · · · · · · · · · ·				· • • • • • • • • • • • • • • • • • • •		
2 Did the organizat	ioo wadadaka aswaisa	·····				
	0.000 572		s during the year which			
the prior Form 99	these new services or			• • • • • • • • • • • • • • • • • • • •		Yes X
	ion cease conducting,	or make significant cha	nges in how it conducts,	any program		
services?	these changes on Sch				. <i>.</i>	Yes X
	-		contractionale three demonst	program services by exp		
				d to report the amount of		
			or each program service		grants and	
anocations to oth	ers, the total expenses	, and revenue, ir any, ic	a each program service	reported.		
a (Code:	\/Evnenses \$	621 896	including grants of \$			
			S TO EDUCATE		) (Revenue \$	
				SIONAL ISSUE		· · · · · · · · · · · · · · · · · · ·
			GRAMMETRY, M		, <u>, , , , , , , , , , , , , , , , , , </u>	
	SERVICES.		••••••••••••••••••••••••	•••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	•••••••
			• • • • • • • • • • • • • • • • • • • •		• • <i>· · •</i> • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••	••••••••••••	·····	••••••		· · · · · · · · · · · · · · · · · · ·
• ••••••••••••••	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	·····	••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	•••••••	· · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••			••••••
·	•••••••••••••••••••••••		••••••	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
·	· · · · · · · · · · · · · · · · · · ·	·····		• • • • • • • • • • • • • • • • • • • •	· · · · · <i>· ·</i> · · · · · · · · · · · ·	•••••••••••••••••
· ····	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •			
· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••		· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••		
n (Code:	)/Evnenses \$		including grapts of \$			
b (Code:	) (Expenses \$	i	including grants of \$	······································	) (Revenue \$	
b (Code:	)(Expenses \$	i	including grants of \$	· · · · · · · · · · · · · · · · · · ·	) (Revenue \$	
o (Code:	)(Expenses \$	i	including grants of \$	······································	) (Revenue \$	• • • • • • • • • • • • • • • • • • • •
) (Code:	)(Expenses \$		including grants of \$		) (Revenue \$	
·						• • • • • • • • • • • • • • • • • • • •
·						
·						
·						
·						
·						
·						
·						
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·						
<ul> <li></li></ul>						
<ul> <li></li></ul>						
(Code:	) (Expenses \$					
c (Code:			including grants of \$			

# 982 Pg 4

# Form 990 (2009) 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?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? 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	<u> </u>		
	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
-	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		+	- 4 3
		10		х
11	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	├───┼	-0
	VII, VIII, IX, or X as applicable			х
_	<ul> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete</li> </ul>	11	899	
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more     of its total accests are added to Date X. line 100 (50) Year to a securities in Part X.			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
4	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.	K C C		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			902.
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		감각	9834 A
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
5	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		Х
6	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	í I	х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		$\square$	
	Dart VIII. Spee 1a and 9a2 KIN/aa II complete School de C. Dart II.	18		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		rt	
-		19		x
10	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	x
			, 1	

Form 990 (2009)

Page 3

### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IV Checklist of Required Schedules (continued)

للتنقيق	art IV Checklist of Required Schedules (continued)		·	
			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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		Х
þ	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u>~</u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part (	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
~1	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
		0.77		х
20	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
a	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		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	. <u></u>	Х
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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schodulo P. Part V. line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	proprietion2 (5%)/op " percentate Calcadule D. Dark (1) (5 = 0	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,			
		0-		x
88	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u>~</u>
, <b>u</b>	19? Note. All Form 990 filers are required to complete Schedule O.		v	
	sar note. An Form aao mers are required to complete Schedule O.	38	X	

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

	art v Statements Regarding Other IRS Filings and Tax Compliance					,
1-	Enter the number reported in Boy 2 of Form 4000. Appund Summary and Transmitted of	1	ł	[ <u></u>	Yes	No
13	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-	0			
h	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withing to price without 2	паріе			S (28) (28)	
2.2	gaming (gambling) winnings to prize winners?	· · • • • • • •	1	<u>1c</u>		
2a						
b	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		987-43-)	1958-967 1958-967
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return:	57		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)					
2.0	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	hu			14 S	
Ja	this return?	IJУ		20	ake esp	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•••••	••••••	<u>3a</u> 3b	+	
4a		thority			+	┼───
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				ļ	
	account)?	ICIAI		10		x
ь	If "Yes," enter the name of the foreign country: >	•••••	•••••		9 (32 (36)	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B					
	and Financial Accounts.	ank				
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					X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar					<u> </u>
U	Prohibited Tax Shelter Transportion?	-		50		
6a	·····		• • • • • • • • • • • • • •			
vu	experiention policit any contributions that were not tax deals with to 0			6a		х
b			• • • • • • • • • • • • •			
-	aiffs were not tax deductible?	5 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).		· · · · · · · · · · · · · ·			
a		ods				
	and apprices provided in the power?			7a	20000000000	100000000
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	• • • • • • • •			+	<u> </u>
	required to file Form 8282?			70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · · · · · · · · · · · · · ·	Kee		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	sonal	L			
	benefit contract?			7e	1.00	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	1	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as	• • • • • • • • • • • • •			
	required?			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?			8		
9	Sponsoring organizations maintaining donor advised funds.			6597 Q		
a	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?					
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ļ			
1	Section 501(c)(12) organizations. Enter:	1	,			
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.)	11b			128	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	<b>.</b>	12a		<u> </u>
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12h	1		4 - O - O	1-222

#### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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 Yes No Enter the number of voting members of the governing body 1a 1a Enter the number of voting members that are independent 9 b **1**b 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 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Х 5 6 Х Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Х 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Х b 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? х а 8a Each committee with authority to act on behalf of the governing body? Х b 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? Х 10a 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 х form? 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give ь rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C. describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 х 13

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.)			
1 <b>6</b> a	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		Х
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		
Sec	tion 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)		•••••	
	avaitable 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		<u>.</u>	
R	STON VA 20190 70	3-78	7-6	996

Does the organization have a written document retention and destruction policy?

The organization's CEO, Executive Director, or top management official

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?

x

14

15a

х

14

15

а

#### 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.

(A) Name and Title	(B) Average	Pos	ition	(C chec		ihat ap		(D) Reportable	(E) 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	LSON & C	0								
DIRECTOR	2.00	х						0	0	0
W BRANT HOWARD, C	OMPASSDA	TA	I	NC					*********************	
DIRECTOR	2.00	х						0	0	0
ERIC ANDELIN, BOH			ON	,	EN	t l				
DIRECTOR	2.00	х						0	0	0
CRAIG MOLANDER, S			OR	AT:	E O I	N I				
DIRECTOR	2.00	х						0	0	0
1//////	SYSTEMS	IN	c.							
DIRECTOR	2.00	Х						0	0	0
JEFF LOVIN, WOOLF										
PRESIDENT	3.00			Х				0	0	0
RICHARD MCDONALD,	GEOSPAT	IA	L	COI	RP					
PRESIDENT ELECT	3.00			х				0	0	0
ROBERT J HICKEY,	PHOTO SC	IE	NC	E						
TREASURER	3.00			X				0	0	0
MIKE TULLY, AERIA		ΞS	,	IN	ς.					
SECRETARY	2.00			Х				0	0	0
· · · · · · · · · · · · · · · · · · ·										
•										
								· · · · · · · · · · · · · · · · · · ·		

Inverse	(A)	(B)			(0				(D)	(E)	(F)
Image: Status in the statu	Name and Title								from the organization	from related organizations	other compensation from the organization and related
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ction B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B) Name and business address         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											<u></u>
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A) Name and business address       Description of services         (C) Compensation         (A) Name and business address       Description of services         (C) Compensation         (A) Name and business address       Description of services	· · · · · · · · · · · · · · · · · · ·										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)         Name and business address         OHN M PALATIELLO ASSOCIATES, INC.         1856 QLD RESTON AVE											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         Jid any person listed on line 1a receive or accrue compensation from any unrelated organization for         Services rendered to the organization? If "Yes," complete Schedule J for such person         etion B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)         Name and business address         DHN M PALATIELLO ASSOCIATES, INC.         1856 QLD RESTON AVE											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A) Name and business address       Description of services         (C) Compensation         (A) Name and business address       Description of services         (C) Compensation         (A) Name and business address       Description of services											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ction B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B) Name and business address         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         ction B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)         Name and business address       Description of services         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         ction B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (a)         Name and business address         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE											,
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ctoin B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)         Name and business address       0       0         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in         reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated         employee on line 1a? If "Yes," complete Schedule J for such individual         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from         the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such         individual         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for         services rendered to the organization? If "Yes," complete Schedule J for such person         ction B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (a)         Name and business address         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ctoin B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)         Name and business address       0       0         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ctoin B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)         Name and business address       0       0         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0         Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ctoin B. Independent Contractors       5         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)         Name and business address       0       0         OHN M PALATIELLO ASSOCIATES, INC.       1856 QLD RESTON AVE       Compensation											
	reportable compensation from the Did the organization list any form employee on line 1a? If "Yes," or For any individual listed on line 1 the organization and related orga individual Did any person listed on line 1a of services rendered to the organiz ection B. Independent Contractor Complete this table for your five compensation from the organization	e organization ner officer, dire omplete Sched a, is the sum of anizations grea receive or accr ation? If "Yes," s highest compe- tion. (A) usiness address OCIATES,	ector o ule J f of repo iter that comp ensate INC	0 r trus or su rtabl an \$1  mper lete	stee, uch ii le co 150,0 Sche eper	key ndivi mpe 000? on fr eduk	empl dual insatio if "Ye om a ⊇ J for it cont	oyee	e, or highest compensation fro complete Schedule J for s nrelated organization for th person ors that received more that Descri RESTON AVE	I uch an \$100,000 of	4

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

A 1 4174	<b>O</b> ( <b>a</b> ( <b>b</b> ( <b>b</b> ) <b>b</b> ( <b></b>	
art VIII	Statement of	r Revenue

Pa	art V	(III Stater	nent of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
, grants mounts	1a b	Federated car Membership d Fundraising e	ues	1a 1b 1c					
Contributions, gifts, grants and other similar amounts	d e f	Related organ Government grants All other contribution	izations	1d 1e	· · · · · · · · · · · · · · · · · · ·				
Contribu	g h	Noncash contributio	s not included above ns included in lines 1a-1f: es 1a-1f	• • • • • •	<b>.</b>				
Program Service Revenue	2a b	MEMBERS		GS	Busn. Code	439,651 383,001	***************************************		439,651 383,001
gram Servic	c d e	· · · · · · · · · · · · · · · · · · ·				100			100
Ъ	a a		am service revenu es 2a-2f		►	822,752	<u> </u>		
	3	Investment inc other similar a	ome (including div	idends, intere:	st, and	315			315
	4 5		ivestment of tax-e						
	6a b c	Gross Rents Less: rental exps. Rental inc. or (loss)							
	d 7a	Net rental inco Gross amount from sales of assets other than inventory			) Other				
	b c	Less: cost or other basis & sales exps.							
Other Revenue	d 8a	Gross income fro (not including \$ of contributions r	eported on line 1c).	3					
Other I	С	Net income or	18 penses (loss) from fundrai om gaming activities.	. b					
	b	See Part IV, line Less: direct ex		d	►				
	10а b	Gross sales of returns and all Less: cost of g	inventory, less	a b					
	 11a	Misc	(loss) from sales c ellaneous Revenue		Busn. Code				
	b c d	Ali other reven	ue s 11a-11d						
	12		. See instructions			823,067	0	0	823,067

Form 990 (2009)

Page 9

## Part IX Statement of Functional Expenses

#### All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service expenses (A) Total expenses (C) (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 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) Other salaries and wages 7 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): 414,270 Management а h Legal 2,637 Accounting С 38,300 Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees f g Other Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties Occupancy 16 7,014 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 248,032 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance ..... 23 24 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.) 11,848 OFFICE SUPPLIES & EXPENSE а CREDIT CARD FEES 10,576 h 8,521 STATE LEGISLATION С DUES & MEMBERSHIPS 8,325 d WEB SERVICES 7,500 е All other expenses f 9,881 Total functional expenses. Add lines 1 through 24f 766,904 25 Joint costs. Check here 🕨 🔰 if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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

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

5			
r	t X	Balance	Sheet

		(A) Regioning of year		(B) End of year
<del></del>		Beginning of year		End of year
1	Cash—non-interest bearing	210 261	1	220 225
2	Savings and temporary cash investments	310,361	2	228,825
3	Pledges and grants receivable, net	100 001	3	240 011
4	Accounts receivable, net	197,771	4	349,911
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		8883	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	·····	8	
9	Prepaid expenses and deferred charges	12,048	9	14,798
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)	520,180	16	593,534
17	Accounts payable and accrued expenses		17	5,088
18			18	
19	Grants payable	515,291	19	527,394
20	Deferred revenue	010,22	20	
20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	······································	21	
1			4 I	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	······
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	E1E 001	25	E20 400
26	Total liabilities. Add lines 17 through 25	515,291	26	532,482
	Organizations that follow SFAS 117, check here 🕨 🐰 and	한 바람이 아파 아파 같은 것		
	complete lines 27 through 29, and lines 33 and 34.		i i i i i i i i i i i i i i i i i i i	44.07 M 2 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전
27	Unrestricted net assets	4,889	27	61,052
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here 🕨 🔄			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,889	33	61,052
	Total liabilities and net assets/fund balances	520,180		593,534

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

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		103	
	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		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	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			
	issued on a consolidated basis, separate basis, or both:			
	X 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
þ	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		L
		Forn	1 <mark>990</mark>	(2009)

SCHEDULE C	Political	Campaign and Lob	bying Activi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)					2009
	=	empt From Income Tax Under		nd section 527	
Department of the Treasury Internal Revenue Service		nplete if the organization is d m 990 or Form 990-EZ.     ► S	escribed below. See separate instru	uctions.	Open to Public Inspection
+ Himmer	"Yes," to Form 990, Part IV, line				المتحققة فتشتق فتحت والمتنا فالتكاف ومحمد ومحمد فتستعل
	ions: Complete Parts I-A and B. [				
<ul> <li>Section 501(c) (other than s</li> </ul>	section 501(c)(3)) organizations:	Complete Parts I-A and C below	. Do not complete	Part I-B.	
<ul> <li>Section 527 organizations:</li> </ul>	Complete Part I-A only.				
If the organization answered	"Yes," to Form 990, Part IV, line	94, or Form 990-EZ, Part VI, li	ne 47 (Lobbying A	Activities), then	
	ions that have filed Form 5768 (e			•	
	ions that have NOT filed Form 57		h)): Complete Part	II-B. Do not complete Pa	rt II-A.
	"Yes," to Form 990, Part IV, line ) organizations: Complete Part III	• •			
-	GEMENT ASSOCIATI OGRAMMETRIC SURV			Employer identif 52 - 08545	
Part I-A Complete in	f the organization is exe	npt under section 501(c	c) or is a section	on 527 organizatio	n
-	ne organization's direct and indire				
	• • • • • • • • • • • • • • • • • • • •				
3 Volunteer hours	• • • • • • • • • • • • • • • • • • • •			•••••	
Part I-B Complete if	f the organization is exe	npt under section 501(c	c)(3).		
	excise tax incurred by the organiz				
<ol><li>Enter the amount of any e</li></ol>	excise tax incurred by organizatio	n managers under section 4955		▶\$_	
	d a section 4955 tax, did it file Fo				Yes No
4a Was a correction made?		· · · · · · · · · · · · · · · · · · ·			Yes No
b If "Yes," describe in Part I Part I-C Complete if	v. I the organization is exer	nnt under section 501(c	c) except sect	ion 501(c)(3)	
	expended by the filing organization				
	······································			▶ \$	
	ing organization's funds contribu			—————————	
527 exempt function activ	ities				
3 Total exempt function exp	enditures. Add lines 1 and 2, Ent	er here and on Form 1120-POL	1		
line 17b		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	▶ \$	
<ul> <li>4 Did the filing organization</li> <li>5 Enter the names, address</li> </ul>	file Form 1120-POL for this year es and employer identification nu	/ mber (EIN) of all section 527 pr	olitical organization	e to which navmente	Yes No
	anization listed, enter the amount		-		
	t were promptly and directly deliv			-	
fund or a political action of	ommittee (PAC). If additional spa	ce is needed, provide informatio	on in Part IV.		
1 (c)	<b>la</b> me	(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
					· · · · · · · · · · · · · · · · · · ·

Schedule C (Form 990 or 990-EZ) 2009 M2	ANAGEMENT ASSOCIATION FOR PRI	VATE 52-08545	573 Page 2
Part II-A Complete if the organ	nization is exempt under section 501(c)(3) ar	nd filed Form 5768 (ele	ction
under section 501(h)	l.		
	ation belongs to an affiliated group.		
B Check ► if the filing organization	ation checked box A and "limited control" prov	visions apply.	
	obbying Expenditures	(a) Filing	(b) Affiliated
	" means amounts paid or incurred.)	organization's totals	group totals
	ublic opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)		
	and 1b)		
d Other exempt purpose expenditures			· · · · ·
	lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the a	mount from the following table in both		
columns.	······································	1	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	% of line 1f)		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0-		
i Subtract line 1f from line 1c. If zero or les			
-	ither line 1h or line 1i, did the organization file Form 4720 re		<b>—</b> —
section 4911 tax for this year?			Yes No
	4-Year Averaging Period Under Section 5	01(h)	
(Some organizations t	nat made a section 501(h) election do not ha		he five
	elow. See the instructions for lines 2a throu	•	

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	(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))											
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) 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	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:							
а	Volunteers?		ļ					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
с	Media advertisements?							
d			<b> </b>					
e	Publications, or published or broadcast statements?							
	Grants to other organizations for lobbying purposes?							
g h	Direct contact with legislators, their staffs, government officials, or a legislative body?							
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		·					
;	Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i		S. 63.					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1999-933 1999-933	6.60.3 M					
	If "Nee" enter the encount of environment under section 1010		i de la com	an a				
	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?	8888	20500853					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). (	or se	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?							
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X				
Par	t 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, lines "Yes."							
1	Dupp approximate and similar amounts from members		1	383,001				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	• • •	838					
	expenses for which the section 527(f) tax was paid).							
а	Current year		2a	38,300				
b	Carryover from last year		2b					
с	Total	• • •	2c	38,300				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	38,300				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the							
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying							
	and political expenditure next year?		4					
	Taxable amount of lobbying and political expenditures (see instructions)		5					
Par	t IV Supplemental Information							
	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line complete this part for any additional information.	i.						
			• • • • • •	••••••				
			••••					

Schedule C (For Part IV	m 990 or 990-EZ) 20 Supplemental	09 MANAGE	MENT ASS	OCIATION	FOR	PRIVATE	52-0854	573 Page <b>4</b>
					• • • • • • • • • • •			
1 <b></b>								••••••••
	· · · · · · · · · · · · · · · · · · ·	· · · <i>,</i> · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
: 	·····				• • • • • • • • • • • •			
		· · · · · · · · · · · · · · · · · · ·	••••••					
:				• • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
		•••••••••••		· · · · · · · · · · · · · · · · · · ·	· · · · <i>·</i> · · · · ·			
		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	•••••••	- · <i>.</i> · · · · ·		· · <i>· · · · ·</i> · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·
	•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·		· · <i>·</i> · · · · · · <i>·</i>			• • • • • • • • • • • • • • • • • • • •
	,,	•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •							
s 	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		· · · <i>·</i> · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
: 	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		· · · · <i>·</i> · · · · · · · · · · · · · ·	
<i>, .</i>		• • • • • • • • • • • • • • • • • • • •			•••••••••			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	
	· · · <i>·</i> · · · · · · · · · · · · · · ·	••••••	• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	· <i>·</i> · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
<i>,</i> ,	,	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •	• • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • · • • • • • • • •	····	•••••••••••••••••••••••••••••••••••••••	
, <b></b>		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			<i></i>	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		· · <i>·</i> · · · · · · · · · · · · · · · ·		• • • • • • • • • • • •			
						,	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	. <i>.</i>		,	
		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		· <i>·</i> · · <i>· · · · ·</i> · ·	· · <i>·</i> · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	· · <i>· · ·</i> · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	••••••	•••••		

(Form		Complete if the organize	Financial Statements zation answered "Yes," to Form 990, 6, 7, 8, 9, 10, 11, or 12.		OMB No. 1545-0047
	nt of the Treasury evenue Service		0. ► See separate instructions.		Open to Public Inspection
MAN		SOCIATION FOR PRIVATE		Employer identif $52 - 08545$	ication number
Part		tions Maintaining Donor Advised Fur ization answered "Yes" to Form 990, F			
			(a) Donor advised funds	(b) Funds a	nd other accounts
1 To	tal number at end of	year			
2 Ag	gregate contribution:	s to (during year)			
3 Ag	gregate grants from	(during year)			
<b>4</b> Ag	gregate value at end	l of year			
		orm all donors and donor advisors in writing that the			<u> </u>
		ion's property, subject to the organization's exclus			Yes No
		form all grantees, donors, and donor advisors in wi purposes and not for the benefit of the donor or d			
		ermissible private benefit?			Yes No
Part	Conserva	ition Easements. Complete if the orga	nization answered "Yes" to Form	990. Part IV.	a in the second s
· · · · · · · · ·		ation easements held by the organization (check al			
	1	d for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land area	
	Protection of natura	al habitat	Preservation of certified historic stru		
	Preservation of ope	en space			
		ugh 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n	
ea	sement on the last da	ay of the tax year.		(Crossered)	
				Held at	the End of the Tax Year
	tal number of conser				
b To	tal acreage restricted	by conservation easements		2b	
c Nu	imber of conservation	n easements on a certified historic structure includ	led in (a)		
		n easements included in (c) acquired after 8/17/06		2d	
	e taxable year ►	n easements modified, transferred, released, extin	iguished, or terminated by the organization of	luriny	
	-	e property subject to conservation easement is loc			
		have a written policy regarding the periodic monito			
		nent of the conservation easements it holds?			Yes No
		irs devoted to monitoring, inspecting, and enforcing			. Consul twomb
			······································		
7 An	nount of expenses in	curred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
►	\$				
8 Do	es each conservatio	n easement reported on line 2(d) above satisfy the	e requirements of section		·····
		tion 170(h)(4)(B)(ii)?			Yes No
		ow the organization reports conservation easement	-		
		ude, if applicable, the text of the footnote to the org	ganization's financial statements that descril	bes	
Part		unting for conservation easements. tions Maintaining Collections of Art, I	Historical Traceuros, or Other Si	milar Accets	
- ranua	Complete	if the organization answered "Yes" to	Form 990, Part IV, line 8.	innar Assets	••
1a lft	he organization elect	ed, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet we	orks of	
		, or other similar assets held for public exhibition, e		ic service,	
		e text of the footnote to its financial statements that			
		ed, as permitted under SFAS 116, to report in its r			
		other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice,	
	-	nounts relating to these items:		► ¢	
(4) (4)	Assets included	in Form 990, Part VIII, line 1	•••••••••••••••••••••••••••••••••••••••	····· 👗 🖏 🛶	
2 lft	he organization recei	Form 990, Part X ived or held works of art, historical treasures, or ot	her similar assets for financial gain, provide	🖻 📽 the	
		ired to be reported under SFAS 116 relating to the			
		Form 990, Part VIII, line 1		▶ \$	
	sets included in Form				

	T ASSOCIATIO				Page 2
	· · · · · · · · · · · · · · · · · · ·				
3 Using the organization's acquisition, accession collection items (check all that apply):			-	use of its	
a Public exhibition	d 🗌 Loar	n or exchange progra	ms		
b Scholarly research	e 🗍 Othe	r			
c Preservation for future generations					
<ul> <li>4 Provide a description of the organization's coll Part XIV.</li> </ul>	ections and explain how th	hey further the organ	zation's exempt purpo	ose in	
5 During the year, did the organization solicit or	receive donations of art, h	istorical treasures, o	r other similar		
assets to be sold to raise funds rather than to					Yes No
Part IV Escrow and Custodial Arra				Yes" to Form	990, Part
IV, line 9, or reported an an					
1a Is the organization an agent, trustee, custodia					·····
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part XIV a	nd complete the following	table:			
					Amount
c Beginning balance				1c	
d Additions during the year			• • • • • • • • • • • • • • • • • • • •	1d	
Distributions during the year				10	
f Ending balance					
2a Did the organization include an amount on For	m 000 Part X line 212				Yes No
<ul> <li>b If "Yes," explain the arrangement in Part XIV.</li> </ul>	11 330, 1 at X, she 233			• • • • • • • • • • • • • • • • • • • •	
Part V Endowment Funds. Comp	ete if organization a	inswared "Ves"	to Form 990 Par	t IV line 10	
Lidownient i unus. Comp	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	ck (e) Four years back
	- }	(b) Horycal	(c) yo years back		ck (c) rour years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities</li> </ul>					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the year e					
a Board designated or quasi-endowment >	%				
b Permanent endowment > %					
c Term endowment > %					
3a Are there endowment funds not in the possess	ion of the organization th	at are beld and admir	histered for the		
organization by:	ion of the organization th				Yes No
(i) unrelated organizations	• • • • • • • • • • • • • • • • • • • •	••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3a(i)
(ii) related organizations			• • • • • • • • • • • • • • • • • • • •		3a(ii)
<b>b</b> If "Yes" to 3a(ii), are the related organizations I				• • • • • • • • • • • • • • • • • •	<u>3b</u>
4 Describe in Part XIV the intended uses of the c			0 0 ( ) ( )		
Part VI Investments—Land, Buildi			1	1	
Description of investment	(a) Cost or other basis		1	cumulated	(d) Book value
	(investment)	basis (othe	er) depi	reciation	
1a Land					
b Buildings					
c Leasehold improvements					
<b>d</b> Equipment					
e Other					
Total. Add lines 1a through 1e. (Column (d) must eq		umn (B), line 10(c).)			
······································	···	<u>````````````````````````````````</u>			

Schedule D (Form 990) 2009

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

Schedule D (Fo		MANAGEMENT AS			52-0854573	Page 3
Part VII		-Other Securities.	See Form 990,			
		tion of security or category		(b) Book value	(c) Method of	
		ling name of security)			Cost or end-of-yea	ar market value
Financial deriva						
Other	uity interests					
	~ ~					
			·	· ····		
			· – – – –			
<u></u>						
		orm 990, Part X, col. (B) line				
Part VIII		-Program Related.	See Form 990		1	
	(a) Descr	iption of investment type		(b) Book value	(c) Method of	
	····· · · · · · · · · · · · · · · · ·				Cost or end-of-yea	ar market value
				······		
						· · · ·
		· · ·				
			· · · · ·		· · · · · · · · ·	
		•				·
						~~
Total. (Column	(b) must equal Fo	rm 990, Part X, col. (B) line	e 13.) 🕨			
Part IX	Other Asset	<mark>s.</mark> See Form 990, Pa	rt X, line 15.			
			(a) Description			(b) Book value
				······································		<u> </u>
			· · ·			
						~* <b>*</b>
		· · · · · · · · · · · · · · · · · · ·				
<u></u>						
Total. (Column	(b) must equal Fo	rm 990, Part X, col. (B) líne	ə 15.)		• • • • • • • • • • • • • • • • • • • •	
Part X		ties. See Form 990,	Part X, line 25.			
1.	(a) D	escription of liability		(b) Amount		
Federal income	taxes					
					_	
					_	
					_	
i		· · · · · · · · · · · · · · · · · · ·	<u></u>			
					$\neg$	
Total (Column)	(h) must equal Eq	rm 990, Part X, col. (B) line	25.)	· · ·	-	
		provide the text of the feat		tion's financial statement	e that reports the	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

• Audited Financ	1 2 3 4 5 6 7 8	823,06 766,90 56,16
	2 3 4 5 6 7 8	766,90
	3 4 5 6 7 8	
	4 5 6 7 8	56,10
	5 6 7 8	······································
		,
	8	·····
	9	
		56,16
ents With Reven	ue per Return	
		823,06
1 1		
2a		
2b		
2c		
2d		
	2e	
	3	823,06
4a		
	4c	
	5	823,06
ents With Exper	ises per Return	
		766,90
••••••••••••••••••••••		
2a		
2b		
2c		
2d		
L	20	
• • • • • • • • • • • • • • • • • • • •	3	766,90
4.2		
	40	766,90
<u></u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	/00,90
	2a         2b         2c         2d         2d         4a         4b         1         2a         2b         2c         2d         4a         4b         1         2a         2b         2c         2d         2a         2b         2c         2d         4a         4b         4a         4b	2a       2b         2b       2c         2d       2e         2d       3         4a       4c         4b       4c         5       5         nents With Expenses per Return       1         2a       2b         2b       2c         2d       2c         2d       2c         2a       2c         2b       2c         2d       2c         2d       2c         2d       2c         2d       2c         3       3

Schedule D (Form 990) 2009

DAA

Part XIV	Su	0) 200 opler	nen	tal	Info	orm	atio	on	(coi	ntin	uec	1)					R J															age
	·		_	_	_	—	_	_	_	_	_	_	_	_	_	_	_	_	_	_			****					_				~
			_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-							_			~	
			_	—	_	_	_	_	_	—	—	_	—	_	_	_	—	—	_					• <b></b> •						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		_
			_	_	_	_	_	_	-	_	-	_	_	-	_	-	_	_	_	-	-				~~ ~			_		<u> </u>		
			_	-	—	-	-	-	-	-	-	-	-	-	—	-	-	-	-	-	-			·	~ ~			—	_			-
						—	_		—				—	—	—	—	—	—	—	—	_	—	-					_	_			_
			-	-	-	—	_	_	_	_		—	—	_	<u>—</u>	-					-	-	-	_ ·				_		<b></b>		
						<b></b>		•••••									-	-	-	-	-		-	<u> </u>			- —	_	—			_
			_	_	_	_	_	_	_	—	—	_	_	_	—	_	_	_		<u> </u>		*****						<u> </u>				
			-								-					—	_	_	_	—	_	—	—	_				_				
			—	-	_	_	_	—	_	_	_		—	-							—	—	_	_					-			-
		,					—		_	—	-	_	—	_							-	_	_	_					-			
						•••••	•••••							-	—	-	_											_		•••••• •		
			—	_	—	—	—	—	_	—	—	—	—	-						—	-	_	_			···•		_	—			_
			-	-	—	_	_	—	_	—	-	_	-	—	—						-	—	-	_				—	—			—
			_	-	—	_	_	-	-	_	_	_	_	-	_	-	_	_	-													-
														—	—	-	—	—	-	_	-	—	_	_			•	_	—			
<u> </u>				-	-	_		-	—	-	-	_								—	—	—	—	-			- —					
			_		_	-	—	—	—	-	-	—	-	-	_	_	_	-	-									_	—			
			_	-	—	_	_	—	-	_	-	-	—	_		-				~~~~		—	-	_					-			_
			_	_	—	_	_	_	_	—	—	—	—	_	—	_	_	—	_	_					····· •			_	_			
															_	—	_	_	-	_	_	_	_	-			• ••••	—	-			
·· ·· ··	<u>.</u>			-	****														_	—	—	_	-	-					-			_
			-	_	_	-	_	_	-	_	_	_		-		-							-	-				_				
																_	_	_	-	_	_		_				- —	_	-			_
	<u></u>		•				****												_	_	_	_	_					-	_			
			_		_	_			_											_	_	—	_	_				—	_			_

Schedule D (Form 990) 2009

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form Complete to provide information for responses to specific Form 990 or to provide any additional information Attach to Form 990.	questions on on.	OMB No. 1545-0047 2009 Open to Public Inspection
•	ANAGEMENT ASSOCIATION FOR PRIVATE HOTOGRAMMETRIC SURVEYORS	Employer ide 52 - 085	entification number 4573
· · · · · · · · · · · · · · · · · · ·	RT VI, LINE 3 - MANAGEMENT DELEGATED ONTRACT WITH JOHN M. PALATIELLO & ASSOC	IATES	
FORM 990, PAF	RT VI, LINE 11A - ORGANIZATION'S PROCES	S TO REVIEW P	ORM 990
DRAFT OF FORM	1 990 PRESENTED TO MEETING OF BOARD OF	DIRECTORS FOR	REVIEW AND
APPROVAL BEFC	DRE FILING.	•••••••••••••••••••••••••••••••••••••••	
	RT VI, LINE 15A - COMPENSATION PROCESS TO MANAGEMENT COMPANY APPROVED ANNUALL		IAL
FORM 990, PAR A COPY WILL B WRITTEN REQUE DAYS FOLLOWIN	BE PROVIDED TO ANYONE REQUESTING SAME. ST TO THE ASSOCIATION OFFICE. A COPY	SCLOSURE EXPI REQUESTOR SH WILL BE SENT	IOULD SEND A
· · · · · · · · · · · · · · · · · · ·			
·····		•••••••••••••••••••••••••••••••••••••••	
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			••••••
		• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •		· • • • • • • • • • • • • • • • • • • •	•••••

982 Management Association for 52-0854573 FYE: 12/31/2009	r Private Federal Statements			Page 1
	Taxable interest on investments Unrelated	Exclusion	Postal	Acquired after

	Description	 Amount	Business Code	<u>Code</u>	Code	6/30/75
BANK	INTEREST	\$ 315		14		
	TOTAL	\$ 315				

	vate		
	1 for Pri		
	t Association for Private		
	nent As		600
	982 Management	52-0854573	FYE: 12/31/2009
	982 N	52-08	FYE:

**Federal Statements** 

Page 2

	Fund Raising	Ś	w o
	Management & General	3,204 2,715 849	6,768
	Mar	w	۰ ۲
er Expenses	Program Service	2,391 722	3,113
- All Oth	ш • т	Ŷ	به م
<u>Form 990, Part IX, Line 24f - All Other Expenses</u>	Total Expenses	3,204 2,715 2,391 849 722	9,881
Form 990, F	Ш	Ś	ŝ
	Description	BOARD LIABILITY INSURANCE PROFESSIONAL FEES ANNUAL AWARDS MISC CHAPTERS	TOTAL

	Forms 990 / 990-E	EZ Return Summ	ary	
For calendar year	2009, or tax year beginning	, and e	ending	
	ENT ASSOCIATION : AMMETRIC SURVEYO		52-0854573	
Net Asset / Fund Balance at Begin	ning of Year		<u> </u>	4,889
Revenue				
Contributions				
Program service revenue	82	2,752		
Investment income		315		
Capital gain / loss				
Special events:				
Gross revenue				
Direct expenses				
Net income				
Other income	<u></u>	0		
Total revenue			823,067	
Expenses				
Program services		,		
Management and general		<u>_</u>		
Fundraising		·····		
Total expenses			766,904	
Excess / (deficit)				56,163
Other changes				
Other changes				
Net Asset / Fund Ba	alance at End of Year			61,052
Net Asset / Fund Ba	alance at End of Year			61,052
Net Asset / Fund Ba	alance at End of Year			61,052
Net Asset / Fund Ba	alance at End of Year		<del></del>	61,052
Net Asset / Fund Ba Reconciliation of Re	evenue		Reconciliation of Expens	
Reconciliation of Re	evenue		Reconciliation of Expens	
Reconciliation of Reconciliati	evenue			.62
Reconciliation of Reconciliati	evenue	Total expenses per	financial statements	.62
Reconciliation of Reconciliati	evenue	Total expenses per Less:	financial statements	.62
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains	evenue	Total expenses per Less: Donated servio	financial statements	.62
Reconciliation of Re Fotal revenue per financial statements ess: Unrealized gains Donated services	evenue	Total expenses per Less: Donated servic Prior year adju:	financial statements	.62
Reconciliation of Re Total revenue per financial statements ess: Unrealized gains Donated services Recoveries	evenue	Total expenses per Less: Donated servic Prior year adju: Losses	financial statements	.62
Reconciliation of Re Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	evenue	Total expenses per Less: Donated servic Prior year adju: Losses Other	financial statements ces stments	.62
Reconciliation of Re Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus:	evenue 823,067	Total expenses per Less: Donated servic Prior year adju Losses Other Plus:	financial statements ces stments	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses	evenue	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other	financial statements ces stments	.62
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	evenue 823,067	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	evenue 823,067	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	evenue 823,067 823,067 823,067	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	evenue 823,067 823,067 823,067 Beginning 520,180	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593, 534	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 823,067 Beginning 520,180 515,291	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	evenue 823,067 823,067 823,067 Beginning 520,180	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593, 534	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 823,067 Beginning 520,180 515,291	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 823,067 Beginning 520,180 515,291	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482 61,052	financial statements	es 766,904
Reconciliation of Re Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 Beginning 520,180 515,291 4,889	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482 61,052	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 823,067 Beginning 520,180 515,291 4,889 Miscellaneous Info	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482 61,052	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue 823,067 823,067 823,067 Beginning 520,180 515,291 4,889 Miscellaneous Info Amended return	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482 61,052	financial statements	es 766,904
Reconciliation of Re otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	evenue         823,067	Total expenses per Less: Donated servic Prior year adju: Losses Other Plus: Investment exp Other Total expe Balance Sheet Ending 593,534 532,482 61,052	financial statements	es 766,904

Form	99	0

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

982 Pg 2 OMB No. 1545-0047

For	m 93	<b>JU</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			ina	2009
Dep	artment of t mal Revenu	he Treasury	benefit trust or private foundation)			-	Open to Public
			The organization may have to use a copy of this return to satisfy sta ar, or tax year beginning , and ending	te reporting re	equireme	ints.	Inspection
	Check if applic		ar, or fax year beginning , and ending C Name of organization MANAGEMENT ASSOCIATION FOR PRIVA:	ГЕ	П	Empl	over identification number
(**** <b>1</b>	Address chan	use IRS	PHOTOGRAMMETRIC SURVEYORS			Linhu	oyer identification number
f	Name change	label or	Doing Business As	<u></u>		52.	-0854573
1111		type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telep	hone number
r i	Initial return	See Specific	1760 OLD RESTON AVENUE	205		703	3-787-6665
	Termination	instruc-	City or town, state or country, and ZIP + 4		G	Gross rece	eipts \$ 823,067
	Amended retu	im tions.	RESTON VA 20190-3361				
	Application pe	noang g	and address of principal officer:		н(	a) Is this	a group return for
		1	IN M. PALATIELLO		н	affilial b) Are al	
			50 OLD RESTON AVE. SUITE #205			includ	ed? Yes No
	<b>~</b> .		STON         VA 20190           501(c)         € (insert no.)         4947(a)(1) or         527			lf "No,	," attach a list. (see instructions)
	Tax-exemp Website:						
·	Type of organ	·····		Year of formatio			o exemption number ► M State of legal domicile: VA
*******	art I	Summar				<u>,                                    </u>	IN State of legal domicile. VA
<u> 20.200</u>							
		RADE ASS					
nce	• • • •	• • • • • • • • • • • • • • • •					
rna	•••						
Governance	2 Che	eck this box 🕨	[······]				
ۍ ه			nembers of the governing body (Part VI, line 1a)			3	9
ies	4 Nur	nber of indepe	ndent voting members of the governing body (Part VI, line 1b)			4	9
Activities	<b>5</b> Tota	al number of er	nployees (Parl V, line 2a)			5	0
Act	6 Tota	al number of vo	olunteers (estimate if necessary)			6	
	7a Tota	al gross unrela	ted business revenue from Part VIII, column (C), line 12			7a	
	b Net	unrelated busi	ness taxable income from Form 990-T, line 34			7b	O Current Veer
	8 Cor	tributions and	grants (Part VIII line 1h)		or Year		Current Year
Revenue	9 Pro						822,752
ievei	10 Inve	estment income	e (Part VIII, column (A), lines 3, 4, and 7d)	~~~~~~~~~~~			315
Å,	11 Oth	er revenue (Pa	rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			ld lines 8 through 11 (must equal Part VIII, column (A), line 12)				823,067
	13 Gra	nts and similar	amounts paid (Part IX, column (A), lines 13)				
	14 Ben	efits paid to or	for members (Part IX, column (A), line 4)				·
SS	15 Sala	aries, other cor	npensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses			aising fees (Part IX, column (A), line 11e)		Autoro		
žb		_	xpenses (Part IX, column (D), line 25) ▶				
			Part IX, column (A), lines 11a-11d, 11f-24f)				766,904
			dd lines 13–17 (must equal Part IX, column (A), line 25)				766,904 56,163
es c		enue less expe	enses. Subtract line 18 from line 12	Beginning	of Current	Year	End of Year
Net Assets or Fund Balances	20 Tota	al assets (Part	X, line 16)		520,		593,534
t As: d Ba	21 Tota	al liabilities (Pa	rt X, line 26)		515,		532,482
a n	22 Net	assets or fund	balances. Subtract line 21 from line 20		4,	889	61,052
P	art II	Signature	Block				······································
			s of perjury, I declare that I have examined this return, including accompanying schedules				
		and belief, it is	true, correct, and complete. Declaration of preparer (other than officer) is based on all info	frmation of whic	ch prepare	r nas an T	iy knowledge.
Sig		· · · · · · · · · · · · · · · · · · ·					
Her	е	Signature	of officer			Date	
							<u> </u>
			rint name and title		· • • • • • •		Preparer's identifying number
Pai	d	Preparer's signature	Date		heck if elf-	آ	(see instructions)
	parer's		GEORGEN SCARBOROUGH ASSOCIATES,	- · ·	mployed		P00174874
	Only	Firm's name (e		PC		EIN 🕨	26-1776766
	-	if self-employe address, and 2				Phone	703-319-3990
May	the IRS di	l					X Yes No
			rn with the preparer shown above? (see instructions)	*********	••••	<u></u>	Form <b>990</b> (2009)
DÃA							

		TION FOR PRIVAT	<u>E 52-0854573</u>	Page
		e Accomplishments		
<ol> <li>Briefly describe the organization</li> </ol>				
TRADE ASSOCIATI	ION			
			•••••••••••••••••••••••••••••••••••••••	
·				
2 Did the organization underta	ake any significant prog	ram services during the year wh	ich were not listed on	
the prior Form 990 or 990-E	Z?			Yes X No
If "Yes," describe these new	services on Schedule	0.		the second second second second second
3 Did the organization cease of	conducting, or make sig	gnificant changes in how it condu	icts, any program	
services?				Yes 🔀 No
If "Yes," describe these chai	nges on Schedule O.			a a a a a a a a a a a a a a a a a a a
4 Describe the exempt purpos	e achievements for eachievements	ch of the organization's three lar	gest program services by exp	benses.
		section 4947(a)(1) trusts are req		
		nue, if any, for each program ser		-
4a (Code: ) (Expens	ses \$ 621	1,896 including grants of	\$	) (Revenue \$
		MINARS TO EDUCA		, , ,
		JSINESS AND PROF		S
		PHOTOGRAMMETRY,	MADDING C	
GEOSPATIAL SERV	TOPO			• • • • • • • • • • • • • • • • • • • •
• •••••••••••••••••••••••••••••••••••••				•••••••••••••••••••••••••••••••••••••••
				•••••••••••••••••••••••••••••••••••••••
				• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	* • • • • • • • • • • • • • • • • • • •	••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
4b (Code: ) (Expens	ec £	including grapts of		) (Revenue \$
				•••••••••••••••••••••••••••••••••••••••
· ····				· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •	·····	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	·····	•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••		··········	
•	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	
• •••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
· · · · · · · · · · · · · · · · · · ·				·····
·		• • • • • • • • • • • • • • • • • • • •	·····	· · · · · · · · · · · · · · · · · · ·
- (0-1-	•			
c (Code:) (Expense	es \$	including grants of	; 	) (Revenue \$
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
· ····························				
· ······		· · · · · · · · · · · · · · · · · · ·		····
·	• • • • • • • • • • • • • • • • • • • •			
·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
· ····				
· ······				
· ····				
	· · · • • • • • • • • • • • • • • • • •		•••••	
		······		
d Other program services. (De	scribe in Schedule O.)			
(Expenses \$	indudin			
le Total program service expe	niciduin	g grants of \$ 621,896	) (Revenue \$	<u>)</u>

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

R	art IV Checklist of Required Schedules			r	r
			<b></b>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.		77
	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 1		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
~	Schedule C, Part II		4	L	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		_	v	1
c	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<i>.</i>	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,"				v
-,	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				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,"				v
~	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				1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				v
40	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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, 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				
	Schedule D, Part VI.				
•	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	Did the organization report an amount for investmentsprogram 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.				
•	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.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				<u>833333</u>
	Schedule D, Parts XI, XII, and XIII.		12	X	Regiltit
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes		-0202		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	1888 (M	2991279 1997년 1997년	일감감
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<u>14a</u>		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?				
	If "Yes," complete Schedule G, Part III		19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		Х

Form 990 (2009)

Page 3

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

	rt IV Checklist of Required Schedules (continued)		Vac	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	NO
	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	•••••		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
4a	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		х
b	Did the organization investion proceeds of tax-event bonds beyond a temporary paried evention?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ť	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		<u>24d</u>		
Ja	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
þ	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 a grant selection committee member, or to a person related to such an individual?			
	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,			
	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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		·	
	Schedule L, Part IV	28b		Х
c	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		х
Э	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 43		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	0.0		х
		30		-
I	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
,	Part I			<u>X</u>
	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
	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		<u>X</u>
	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
5	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	Ì	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,			
		37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			**

982 Pg 6 Page **5** 

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

200	Statements Regarding Other IRS Filings and Tax Compliance	··			r	·
,					Yes	No
1a			<u>^</u>			
Ŀ	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1b</u>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		2.000.000		886-885
0-	gaming (gambling) winnings to prize winners?	<b>1</b>	· · · · · · · · · · · · · · · · · · ·	10 10	102,5000	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0		1월 1971 1991 전화	
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			in fait
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	· · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>2b</u>	(Barba)	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
30	instructions)					
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	/		PC-5238	SPERI	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • •	<u>3a</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	 Aritu	• • • • • • • • • • • • • • • • • • • •	<u>3b</u>		
4a						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financ account)?	lai				x
h	If "Yes," enter the name of the foreign country:			4a	098999999	
D.	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • •	·····		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban and Financial Accounts.	к				
5a					889.80 1	998999 V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · · · · ·	•••••••••••••••	<u>5a</u>		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		••••••••••••••	<u>5b</u>		~
G	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardir Prohibited Tax Shelter Transaction?	ng		<b>_</b> .		
6	* * * * * * * * * * * * * * * * * * * *			<u>5c</u>		
<del>6</del> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					x
b	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions of			<u>6a</u>		<u>A</u>
U.	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	10				
a	and convices provided to the power?			7a	8660 <b>8</b> 68	22028-14 
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
Ŭ	conviced to file Form 92022			7c		
d		7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso	t				
	benefit contract?	inci		7e	85.00 M	0.05,905
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		• • • • • • • • • • • • • • • • • • • •			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		• • • • • • • • • • • • • • • • • • • •	·····		
	Shariunar			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?			8		parte de la composition de la compositi La composition de la c
9	Sponsoring organizations maintaining donor advised funds.					809.Z
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:				3833 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					시간에서 1976년 -
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	· · · · · · · · · · · · · · · · · · ·			

### Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second 
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

						Yes	No
1a	Enter the number of voting members of the governing body	1a	9	)			
b	Enter the number of voting members that 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						[
	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 organizational documents since the prior Form 990 was file	d?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	• • •			5		X
6	Does the organization have members or stockholders?	••••	• • • • •		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	• • • • • •		• • • • • • • • •			·
	of the governing body?				7a		x
b	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	••••					
	the year by the following:						
а	The governing body?				8a	X	-
þ	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						[
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х

#### Revenue Code.)

			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,			
2	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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
¢	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		Х
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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Ť.	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		0.00	
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		Х
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		
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 (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 N	I PALATIELLO	& ASSOC.	INC	1856	OLD RESTON	AVENUE	
RESTON				• • • • • • • • •		VA	20190	••••••

#### 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.

(A) Name and Title	(B) Average			(0	C)	hat aj		(D) Reportable	(E) 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
	OMPASSDA		I	NC	•					
DIRECTOR	2.00	Х						0	0	0
	ANNAN HU		ON	,	CN(	Ê			_	_
DIRECTOR	2.00	X						0	0	0
	URDEX CC		0R	AT:	E O I	N I			_	_
DIRECTOR	2.00	Х						0	0	0
	SYSTEMS	IN	c.						_	
DIRECTOR	2.00	Х						0	0	0
	ERT INC								_	
PRESIDENT	3.00			X		ļ		0	0	0
RICHARD MCDONALD,	GEOSPAT	IA	L	COI	RP				_	_
PRESIDENT ELECT	3.00			Х				0	0	0
ROBERT J HICKEY,	PHOTO SC	IE	NC	s						
TREASURER	3.00			X				0	0	0
MIKE TULLY, AERIA		ES	,	IN	Γ.				_	
SECRETARY	2.00			X		<u> </u>	<u> </u>	0	0	0
· · · · · · · · · · · · · · · · · · ·										
· · · · · · · · · · · · · · · · · · ·										
· · · · · · · · · · · · · · · · · · ·										
• • • • • • • • • • • • • • • • • • • •										
					·					

(A) Nama and Title	(B)	_	(C) Position (check all that apply) R					(D)	(E)	(F)
Name and ⊺itle	Average hours per week	Individual trustee or director		(chec) Officer	all t Key employee	Highest compensated	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
								****************		
·····										
										- <u> </u>
								***************************************		
										<u>, , , , , , , , , , , , , , , , , , , </u>
Total	•••••••••••••••••••••••••••••••••••••••	· · · · · · · ·	I							
Did any person listed on line 1a services rendered to the organiz	ner officer, dire omplete Sched a, is the sum c anizations grea receive or accr ation? If "Yes,"	ctor o ule J f of repo ter tha	or su Intabl In \$1 Inper	ich in e cor 50,00	divion npei 00?  on fro	dual nsatio If "Ye om a	on ar es," c	nd other compensation from complete Schedule J for su prelated organization for	n ch	Yes 1
ction B. Independent Contractor Complete this table for your five	highest compe	nsate	d ind	epen	dent	t cont	racto	ors that received more that	n \$100,000 of	
compensation from the organiza	tion. (A) usiness address					T		Descript	(B) ion of services	(C) Compensation
OHN M PALATIELLO ASS ESTON	OCIATES,	INC A 2			85(	6 0		RESTON AVE ANAGEMENT		452,
						T				

DAA

Page 9

## Form 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE Part VIII Statement of Revenue 52-0854573

<u> Pa</u>	urt V	III Statement of Rever	<u>1ue</u>		( ( )	(D)		(1)
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		Federated compations	<b>.</b>			revenue		512, 513, or 514
ants	18	Federated campaigns	<u>1a</u>					
Contributions, gifts, grants and other similar amounts	a	Membership dues	_1b					
fts,	c	Fundraising events	<u>1c</u>					
<u>i</u> gi	d	Related organizations	1d					
sin	e	Government grants (contributions)	<u>1e</u>		•			
ĕr	f	All other contributions, gifts, grants,						
oth		and similar amounts not included above	1f					
E P C	g	Noncash contributions included in lines 1a-1f						
	h	Total. Add lines 1a-1f	<u></u>	<u></u>				
ne				Busn. Code				
le l	2a	CONFERENCES & MEETIN	GS		439,651			439,651
Re	b	MEMBERSHIP			383,001			383,001
iç	с				100			100
ĕ	d	· · · · · · · · · · · · · · · · · · ·						
E	e							
Program Service Revenue	ŕ	All other program service revenu						
Pro	a			·····	822,752			
	3	Investment income (including div			022//52			
	Ű				315			315
	4	other similar amounts)			513			
	4	Income from investment of tax-e.						
	5	Royalties						
		(i) Real	(11)	Personal				
	6a	Gross Rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	d	Net rental income or (loss)	<u></u>	🕨				
	1 d	Gross amount from (i) Securities	(ii	) Other				
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
	с	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising events						
e l		(not including \$						
Yer		of contributions reported on line 1c).						
8		See Part IV, line 18						
Other Revenue	h	Less: direct expenses	. a b					
<del>ö</del>				<b>.</b>				e de la compañía de En esta de la compañía
		Net income or (loss) from fundrai		<u></u>				
	эa	Gross income from gaming activities.						
ļ		See Part IV, line 19	. a					
		Less: direct expenses						
		Net income or (loss) from gaming	g acti <u>vities</u>	<u></u>				
	10a	Gross sales of inventory, less						
		returns and allowances	_ a					
ļ	b	Less: cost of goods sold	b					
L	c	Net income or (loss) from sales of	of inventory	<u></u>				
L		Miscellaneous Revenue		Busn. Code				
	11a	· · · · · · · · · · · · · · · · · · ·						
	b	· · · · · · · · · · · · · · · · · · ·						
	с	· · · · · · · · · · · · · · · · · · ·						
	d	All other revenue				*******		
		Total. Add lines 11a-11d			,,,,,,,,			
		Total Revenue. See instructions			823,067	0	0	823,067
1	1.64	Total Neverine, Gee Instructions	<u></u>	<u> </u>	023,007	ι <u>ν</u>	<u>.                                    </u>	0~5,007

## Form 990 (2009) 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).

	All other organizations must	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	······				
-	organizations in the U.S. See Part IV, line 21				
2					
	the U.S. See Part IV, line 22				
3					
	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 disqualified				
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees):		·····		<u></u>
a		414,270			
b					
c		2,637	******		
d		38,300			
: 0	Professional fundraising services. See Part IV, line 17				
· f					
-		·····			······
g 12	· · · · · · · · · · · · · · · · · · ·	······································			
13	Advertising and promotion	·			
14	Office expenses				<u> </u>
15	Information technology				
16	Royalties			······································	
17	Occupancy	7,014	·····		
	Travel	/,014	······		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	248,032			
19	Conferences, conventions, and meetings	240,032			
20 24	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization				
23	Insurance				
<b>.</b>					
24	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.)	11 040			
a	OFFICE SUPPLIES & EXPENSE	11,848			ļ
b	CREDIT CARD FEES	10,576			
C -I	STATE LEGISLATION	8,521			
a	DUES & MEMBERSHIPS	8,325			
e	WEB SERVICES	7,500			
f	All other expenses	9,881			
25	Total functional expenses. Add lines 1 through 24f	766,904			
26	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				
	fundraising solicitation				
DAA					Eorm 990 (2009)

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

0	m	<b>0</b> 1.
	Balance	<u>~</u> n
rt X		SI

Part 3	Balance Sheet									
			(A) Beginning of year		(B) End of year					
1				1						
2	Savings and temporary cash investments	, . , , , , , , ,	310,361	2	228,825					
3	Pledges and grants receivable, net	,		3						
4			1 100 771	4	349,911					
5	Receivables from current and former officers, direct									
	employees, and highest compensated employees. C									
	Schedule L		5							
6	Receivables from other disqualified persons (as defi	ned under section								
	4958(f)(1)) and persons described in section 4958(c	)(3)(B). Complete								
				6						
Assets	Notes and loans receivable, net			7						
SS 8	Inventories for sale or use			8	· · · · · · · · · · · · · · · · · · ·					
۹ 9	Prepaid expenses and deferred charges		12,048	9	14,798					
10a	Land, buildings, and equipment: cost or									
	other basis. Complete Part VI of Schedule D	10a								
b	Less: accumulated depreciation	10b		10c						
11	Investmentspublicly traded securities		11							
12	Investmentsother 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 lin	e 34)		16	593,534					
17	Accounts payable and accrued expenses		17	5,088						
18	Grants payable			18						
19	Deferred revenue			. 19	527,394					
20	The second base of the base of			20						
ន្ល 21	Escrow or custodial account liability. Complete Part			21						
21 Ities	Payables to current and former officers, directors, tri	ustees, key								
ē	employees, highest compensated employees, and d	isqualified								
	persons. Complete Part II of Schedule L			22						
23	Secured mortgages and notes payable to unrelated			23						
24	Unsecured notes and loans payable to unrelated this	d parties		24						
25	Other liabilities. Complete Part X of Schedule D			25						
26	Total liabilities. Add lines 17 through 25			. 26	532,482					
ŝ	Organizations that follow SFAS 117, check here	▶ X and								
ž	complete lines 27 through 29, and lines 33 and 3	4.								
27	Unrestricted net assets		4,889	27	61,052					
മ് 28	Temporarily restricted net assets			28						
2 29	Permanently restricted net assets		29							
E .	Organizations that do not follow SFAS 117, chec									
Net Assets or Fund Balances 65 25 7 26 7 27 7 27 7 27 7 27 7 27 7 27 7 27	and complete lines 30 through 34.									
<u>ഗ</u> 30	Capital stock or trust principal, or current funds		30							
<b>1</b> 0 31	Paid-in or capital surplus, or land, building, or equipr	Paid-in or capital surplus, or land, building, or equipment fund								
Š 32	Retained earnings, endowment, accumulated incom			32						
늉 33			1 000	33	61,052					
Ž 34	Total liabilities and net assets/fund balances			34	593,534					

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

Pe	rt XI Financial Statements and Reporting			¥
			Yes	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
	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	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?	2¢	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X 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
þ	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 <b>990</b>	(2009)

## Page 12

SCHEDULE C (Form 990 or 990-EZ)	Political	Campaign and Lol	obying Activit	ties	OMB No. 1545-0047					
	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			See separate instru	ictions.	Inspection					
<ul> <li>Section 501(c)(3) organizat</li> </ul>	"Yes," to Form 990, Part IV, line ions: Complete Parts I-A and B. E section 501(c)(3)) organizations: ( Complete Part I-A only.	Do not complete Part I-C.			n					
<ul> <li>Section 501(c)(3) organizat</li> <li>Section 501(c)(3) organizat</li> </ul>	"Yes," to Form 990, Part IV, line ions that have filed Form 5768 (ei ions that have NOT filed Form 57	lection under section 501(h)): 68 (election under section 501	Complete Part II-A. D	o not complete Part II-B.						
	"Yes," to Form 990, Part IV, line ) organizations: Complete Part III									
•	GEMENT ASSOCIATI OGRAMMETRIC SURV			Employer identifi 52 - 08545						
Part I-A Complete i	f the organization is exer	npt under section 501	(c) or is a sectio	on 527 organization	n					
<ul><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>	he organization's direct and indire	·····			1000 - 200 - 200 - 200 - 200 - 200 200 - 200 - 200 - 200 - 200					
	f the organization is exer				·····					
	excise tax incurred by the organiz									
<ol> <li>2 Enter the amount of any e</li> <li>3 If the organization incurre</li> </ol>	excise tax incurred by organization d a section 4955 tax, did it file Fo	n managers under section 495		▶\$_	Yes No					
4a Was a correction made?										
b If "Yes," describe in Part I										
	f the organization is exer	npt under section 501	(c), except secti	ion 501(c)(3).	·····					
	expended by the filing organization			▶\$_						
527 exempt function activ		·····		▶\$						
	penditures. Add lines 1 and 2. Ent		-	•						
	file Form 1120-POL for this year				Yes					
5 Enter the names, address were made. For each org	file Form 1120-POL for this year ses and employer identification nu anization listed, enter the amount at were promptly and directly deliv	Imber (EIN) of all section 527 paid from the filing organization	political organizations on's funds. Also enter	s to which payments r the amount of political						
	committee (PAC). If additional spa			sebarate segregated						
	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.					
		<u></u>								
<sup>*</sup>										

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 M	ANAGEMENT AS	SOCIATION I	FOR PRIVA	FE 52-0854	573 Page 2
Part II-A Complete if the organ	nization is exemp	t under section 5	01(c)(3) and fi	led Form 5768 (el	
under section 501(h)					
A Check ► if the filing organize					
B Check <b>&gt;</b> if the filing organize			ntrol" provisio	ns apply.	
(The term "expenditures		paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	public opinion (grass ro	ots lobbying)			
b Total lobbying expenditures to influence a	a legislative body (direc	t 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 followir	ng table in both			
columns.	·		·····		
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	axable amount is:			
Not over \$500,000	20% of the amount o	n line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	)		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,0	00.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	<u>o.</u>		
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 les	ss, enter -0-				
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e		*	•	•	
section 4911 tax for this year?			<u></u>	<u></u>	Yes No
		ng Period Under			
(Some organizations t					the five
-	elow. See the ins			•	
Lo	bbying Expenditu	res During 4-Yea	r Averaging P	eriod	
Calendar year (or fiscal year beginning in)	( <b>a</b> ) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount		+ ·			

Schedule C (Form 990 or 990-EZ) 2009

 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) 2009	MANAGEMENT	ASSOCIATION	FOR PRIVATE	52-0854573

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Media advertisements?			
d	Mailings to members, legislators, or the public?			
Ð	Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?	L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	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?			<u></u>
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	ction
			*****	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<i>.</i>		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<u></u>		<u> </u>
ात्वा	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, line "Yes."			
1	Dues, assessments and similar amounts from members		1	383,001
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political			
	expenses for which the section 527(f) tax was paid).			
а	Current year		2a	38,300
b			2b	
с	Total		2c	38,300
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	38,300
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par	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; and Part II-B, line complete this part for any additional information.	1i.		
				••••••

Schedule C (Forn	n 990 or 990-EZ) 2009	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573	Page <b>4</b>
Part IV	Supplemental I	MANAGEMENT	ed)	**********	·····		<u>_</u>
:							
						· · · · · · · · · · · · · · · · · · ·	
í.							
· · · · · · · · · · · · · · · · · · ·							
-:							• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •	· · <i>·</i> · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	<i>.</i>	• • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •
:							
· · · · · · · · · · · · · · · · · · ·				• • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
			/				• • • • • • • • • • • • • • • • • • • •
							••••••••••••••
·		,					
		••••••					
1							
	· · · <i>·</i> · · · · · · · · · · · · · · ·					• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
		•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	•••••••••••••••••••••••••••••••••••••••			• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	••••••
				• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••
<i>,</i>							
	· · · · · · · · · · · · · · · · · · ·			<i></i>		• • • • • • • • • • • • • • • • • • • •	
				• • • • • • • • •			•••••
			• • • • • • • • • • • • • • • • • • • •	<i></i>			• • • • • • • • • • • • • • • • • • • •

Cappiententari manolar Otatemento				OMB No. 1545-0047	
(Form 990	))		ation answered "Yes," to Form 990, 5, 7, 8, 9, 10, 11, or 12.		2009
Department of Internal Revenu			. ► See separate instructions.		Open to Public
Name of the c				Employer identifica	Inspection
	0	SOCIATION FOR PRIVATE		Employer Identifica	don number
		LIC SURVEYORS		52-085457	3
Part I		tions Maintaining Donor Advised Fund	ds or Other Similar Funds or A		
المتلامين والمعينية والمراجع		ization answered "Yes" to Form 990, Pa			
· <u> </u>			(a) Donor advised funds	(b) Funds and	other accounts
1 Total n	umber at end of	year			
2 Aggreg	ate contribution	s to (during year)			
3 Aggreg	ate grants from	(during year)			
4 Aggreg	ate value at end	d of year			
5 Did the	organization inf	form all donors and donor advisors in writing that the	e assets held in donor advised		,
		tion's property, subject to the organization's exclusiv			Yes No
		form all grantees, donors, and donor advisors in writ			
		e purposes and not for the benefit of the donor or do			<b>D. D</b> .
Part II	e conterring imp	ermissible private benefit? ation Easements. Complete if the organ	incline analysis of "Vac" to Farm		Yes No
				n 990, Part IV, III	
C1		ation easements held by the organization (check all d for public use (e.g., recreation or pleasure)	Preservation of an historically imp	nortant land area	
100,220	otection of natura		Preservation of certified historics		
\$HODOR	eservation of ope				
the second		ugh 2d if the organization held a qualified conservat	ion contribution in the form of a conserva	ation	
		ay of the tax year.			
				Held at the	End of the Tax Year
a Total n	umber of conser	vation easements		2a	
b Total ad	creage restricted	d by conservation easements		2b	
c Numbe	r of conservatio	n easements on a certified historic structure include	d in (a)	2c	
d Numbe	r of conservation	n easements included in (c) acquired after 8/17/06		2d	
		n easements modified, transferred, released, exting			
the taxa	able year 🕨 🔔				
4 Numbe	r of states where	e properly subject to conservation easement is loca	ted ►		
		have a written policy regarding the periodic monitori	ng, inspection, handling of		()
					Yes No
6 Staffan	nd volunteer hou	irs devoted to monitoring, inspecting, and enforcing	conservation easements during the year	ŕ	
	<del>.</del> . – –				
	t of expenses in	curred in monitoring, inspecting, and enforcing cons	servation easements during the year		
► \$			requirements of applies		
		n easement reported on line 2(d) above satisfy the tion 170(h)(4)(B)(ii)?			Yes No
		by the organization reports conservation easements			
		ude, if applicable, the text of the footnote to the orga	-		
		unting for conservation easements.			
Part III		tions Maintaining Collections of Art, H if the organization answered "Yes" to F		Similar Assets.	
1a If the or		ed, as permitted under SFAS 116, not to report in it		works of	
	-	, or other similar assets held for public exhibition, ec			
provide	, in Part XIV, the	e text of the footnote to its financial statements that	describes these items.		
b If the or	ganization elect	ed, as permitted under SFAS 116, to report in its re	venue statement and balance sheet wor	ks of art,	
historica	al treasures, or (	other similar assets held for public exhibition, educa	tion, or research in furtherance of public	service,	
-	-	nounts relating to these items:			
(i) Rev	venues included	in Form 990, Part VIII, line 1		🕨 🕯 🔔 📖	
(ii) Ass	sets included in l	Form 990, Part X		<b>&gt; \$</b>	
		ived or held works of art, historical treasures, or oth		ie the	
		ired to be reported under SFAS 116 relating to thes			
a Revenu	les included in F	form 990, Part VIII, line 1		····· • • – –	
b Assets	included in Forn	n 990, Part X		🏲 💲 🔄 🔄	

Т

		ASSOCIATION			854573	Page <b>2</b>
F	Part III Organizations Maintaining C	Collections of Art,	Historical Trea	sures, or Other	Similar Asset	s (continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, check	any of the following	that are a significar	t use of its	
;	a Public exhibition	d 🗌 Loan	or exchange program	ns		
	<b>b</b> Scholarly research	e Other				
1	c Preservation for future generations	• L ouioi				
4	Provide a description of the organization's collect	tions and explain how th	ey further the organi	zation's exempt purp	oose in	
5	Part XIV. During the year, did the organization solicit or rec	eive donations of art bi	storical treasures or	other similar		
1	assets to be sold to raise funds rather than to be	maintained as part of th	e organization's coll	ection?		
- 絵秋 :	Part IV Escrow and Custodial Arran IV, line 9, or reported an amo		•	ation answered	"Yes" to Form	990, Part
1	a is the organization an agent, trustee, custodian o			r assets not		<u> </u>
		•				Yes No
I	<b>b</b> If "Yes," explain the arrangement in Part XIV and	complete the following		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
1		complete the losening				Amount
	c Beginning balance				1c	
					· · · · · · · · · · · · · · · · · · ·	
: .	d Additions during the year			· · · · · · · · · · · · · · · · · · ·	1u 1e	
	e Distributions during the year					<u></u>
1	• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·	
Zi	a Did the organization include an amount on Form	990, Part X, line 21?	•••••			Yes No
	b If "Yes," explain the arrangement in Part XIV.				(1) ( 1) - 10	
<del></del>	Part V Endowment Funds. Complet					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Four years back
1:						
ł	b Contributions					
(	<ul> <li>Net investment earnings, gains,</li> </ul>					
	and losses					
	d Grants or scholarships					
•	e Other expenditures for facilities					
	and programs					
. f	f Administrative expenses					
ç			· .			
2		halance held as:				
_	a Board designated or quasi-endowment	%				
ŀ	b Permanent endowment ▶ %	····· ····· ····· ····· ····				
•	c Term endowment ► %					
20	a Are there endowment funds not in the possession	a of the organization the	ere held and admir	violened for the		
Ģe		n or the organization tha	t are neiu and admir	instelled for the		Ver No
	organization by:					Yes No
		• • • • • • • • • • • • • • • • • • • •				
		•••••••••••••••••••••••••••••••••••••••				
	b If "Yes" to 3a(ii), are the related organizations list	,			<i>.</i>	3b
4	Describe in Part XIV the intended uses of the org					
H	art VI Investments—Land, Building					
	Description of investment	(a) Cost or other basis	(b) Cost or o		ccumulated	(d) Book value
		(investment)	basis (othe	r) de	preciation	·
-	a Land					
	Buildings					
	Leasehold improvements					
d	1 Equipment					
E	Other					
Tota	al. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X, colu	nn (B), line 10(c).)			

Schedule D (Form 990) 2009

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

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial deriv	afives		· · · · · · · · · · · · · · · · · · ·
Other	quity interests		
Other	····· ··· ··· ··· ··· ··· ··· ··· ···	-	
		-	
	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related. See Form		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
			····
			<u>_</u>
	· · · · · · · · · · · · · · · · · · ·		
<u></u>			
~~~~			
Tatal (Caluman	(h) must source [France 000, Dent V, and (D) line 40.)		
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)		
		-	
	Other Assets. See Form 990, Part X, line 18		
	Other Assets. See Form 990, Part X, line 1 (a) Description		(b) Book value
			(b) Book value
Total. (Column	(a) Description		
Total. (Column Part X	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability		
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1.	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	
Total. (Column Part X 1. Federal income	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, line (a) Description of liability	÷ 25.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

2 Tot 3 Exc 4 Net 5 Dor 3 Inve	Reconciliation of Change in Net Assets from Form 990 to A           tal revenue (Form 990, Part VIII, column (A), line 12)           tal expenses (Form 990, Part IX, column (A), line 25)           cess or (deficit) for the year. Subtract line 2 from line 1			
2 Tot 3 Exc 4 Net 5 Dor 3 Inve	tal expenses (Form 990, Part IX, column (A), line 25)		1	823,06
3 Exc 4 Net 5 Dor 6 Inve	cess or (deficit) for the year. Subtract line 2 from line 1		2	766,90
4 Nel 5 Dor 5 Invi			3	56,16
5 Dor 5 Invi	t unrealized gains (losses) on investments		4	· · · · · · · · · · · · · · · · · · ·
5 invi	nated services and use of facilities		5	
	estment expenses			
	or period adjustments		· · · · · · · · · · · · · · · · · · ·	
3 Oth	ner (Describe in Part XIV.)	• • • • • • • • • • • • • • • • • • • •	8	
) Tot	al adjustments (net). Add lines 4 through 8	·····	9	
) Exc	cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	• • • • • • • • • • • • • • • • • • • •	10	56,16
	Reconciliation of Revenue per Audited Financial Statemer			50710
	al revenue, gains, and other support per audited financial statements			823,06
	iounts included on line 1 but not on Form 990, Part VIII, line 12;	• • • • • • • • • • • • • • • • • • • •		025,00
a Net	t unrealized gains on investments			
b Dor	nated services and use of facilities	2b		
c Rec	coveries of prior year grants	20		
d Oth	ner (Describe in Part XIV.)	_2d		
e Ada	d lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	20	
Sub	otract line 2e from line 1			823,06
	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	_4a		
b Oth	ner (Describe in Part XIV.)	4b		
c Add	d lines 4a and 4b		4c	
5 Tota	af revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	823,06
Part X	(III Reconciliation of Expenses per Audited Financial Stateme	nts With Exper	ises per Return	
Tota	al expenses and losses per audited financial statements		1	766,90
: Amo	ounts included on line 1 but not on Form 990, Part IX, line 25:			
a Don	nated services and use of facilities	2a		
	or year adjustments	2b		
c Oth	er losses	2c		
d Oth	er (Describe in Part XIV.)	2d		
e Add	lines 2a through 2d	L	20	
Sub	stract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	3	766,90
	ourts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	·····	700,90
	estment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
D Uthe	er (Describe in Part XIV.)	_4b		
	* * * * * * * * * * * * * * * * * * * *			
				766,90
c Add Tota	Ines 4a and 4b al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IV Supplemental Information		4c 5	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2009

	-
	-
	-
	-
	-
	-
	·
	-
~ ~	-
	-
	-
	-
	-
	^
	~
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-
Schedule D (Form 990) 20	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	990 uestions on	OMB No. 1545-0047 2009 Open to Public Inspection			
· · · · · · · · · · · · · · · · · · ·	Derganization         MANAGEMENT ASSOCIATION FOR PRIVATE         Employer identification           PHOTOGRAMMETRIC SURVEYORS         52-0854573				
· · · · · · · · · · · · · · · · · · ·	RT VI, LINE 3 - MANAGEMENT DELEGATED ONTRACT WITH JOHN M. PALATIELLO & ASSOCI	ATES			
FORM 990, PAF	RT VI, LINE 11A - ORGANIZATION'S PROCESS	TO REVIEW FO	RM 990		
DRAFT OF FORM	4 990 PRESENTED TO MEETING OF BOARD OF D	IRECTORS FOR 1	REVIEW AND		
APPROVAL BEFC	DRE FILING.		••••••		
FORM 990, PAR	RT VI, LINE 15A - COMPENSATION PROCESS F	OR TOP OFFICI	AL		
	TO MANAGEMENT COMPANY APPROVED ANNUALLY		<del></del>		
	10 MANAGAMAT COMPANY AFFROVED ANNOALD	BI BORID.			
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION					
A COPY WILL B	E PROVIDED TO ANVONE REQUESTING SAME				
A COPY WILL B	•••••••••••••••••••••••••••••••••••••••	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W		ULD SEND A		
WRITTEN REQUE	•••••••••••••••••••••••••••••••••••••••	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		
WRITTEN REQUE	ST TO THE ASSOCIATION OFFICE. A COPY W	REQUESTOR SHO	ULD SEND A		

982 Management Associa 52-0854573 FYE: 12/31/2009	tion for Private Federal Statements	Page 1

## Taxable Interest on Investments

	Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
BANK	INTEREST	\$ 315		14		
	TOTAL	\$ 315				

	Federal Statements	
982 Management Association for Private	52-0854573	FYE: 12/31/2009

	Fund Raising	о 
	Management & General	3,204 2,715 849 6,768
	Mana	v v
er Expenses	Program Service	2,391 722 3,113
f - All Oth		v v
Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	3,204 2,715 2,391 849 722 9,881
Form 990, I		v v
	Description	BOARD LIABILITY INSURANCE PROFESSIONAL FEES ANNUAL AWARDS MISC CHAPTERS TOTAL

# MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

## 2008 FORM 990-EZ TAX RETURN

### PRIVACY POLICY

Once a year, the law requires us to disclose our Privacy Policy to you - just as it requires banks, brokerage houses, and other financial institutions to do the same. We hope that by taking a few moments to read this policy, you will have a better understanding of how we strive to protect the information you entrust to us.

## **Types of Information We Collect**

We collect certain personal information about you - but only when it is provided by you or is obtained with your permission. Parties to Whom We Disclose Information

As a general rule, we do not disclose nonpublic personal information about our clients or former clients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed to comply with a validly issued and enforceable subpoena or summons, or to allow us to render appropriate services to you.

#### Confidentiality and Security of Your Personal Information

Except as otherwise described in this notice, we restrict access to nonpublic personal information about you to employees of our firm and other parties who must use that information to provide services to you. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your personal information from unauthorized access, alteration, or premature destruction.

Thank you for allowing us to serve your accounting, tax, and financial planning needs. We value your business and are committed to protecting your privacy. We hope you view our firm as your most trusted adviser and we will work to continue earning your trust. Please call us if you have any questions, or if we can be of further service.

> GEORGEN SCARBOROUGH ASSOCIATES PC **Certified Public Accountants** 243 Church Street NW Suite 100E Vienna VA 22180 703-319-3990 phone 703-319-3995 fax 1-877-319-3990 www.gsacpa.com

	Forms 990 / 990-EZ	Return Summary	
For calendar year	2008, or tax year beginning	, and ending	
	NT ASSOCIATION FO		1573
Net Asset / Fund Balance at Begin	ning of Year		101,104
Direct expenses Net income Other income <b>Total revenue</b> Expenses Program services Management and general Fundraising Payments to affiliates Total expenses Excess / (deficit) Other changes	alance at End of Year	<u>,718</u> ,042      	<u>-96,215</u> 4,889
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities Net assets		Reconciliation Total expenses per financial stater Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per returnation alance Sheet Ending Difference 520, 180 515, 291 4, 889 -96	rn
	Miscellaneous Inform Amended return Return / extended due date Failure to file penalty		

Fo	m 99	90-EZ	Short Form Return of Organization Exempt From Income T Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 assets less than \$2,500,000 at the end of the year may use this form.	e		OMB No. 1545-1150 2008 Open to Public
Dep	partment	of the Treasury enue Service	assets less than \$2,500,000 at the end of the year may use this form.	anu totai nents.		inspection
A	*****		year, or tax year beginning , and ending			2000.000000000000000000000000000000000
в			ase C Name of organization	D	Employ	er identification number
X	Address	schange	RS MANAGEMENT ASSOCIATION FOR PRIVATE			
	Name c	shanna d	el or nt or PHOTOGRAMMETRIC SURVEYORS		52-6	0854573
	Initial re	eturn typ	e. Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	e E	Teleph	one number
Ц	Termina	ation Set	ecific 1760 OLD RESTON AVENUE 205			-787-6665
Ц	Amende	• • • • • • • • • • • • • • • • • • •	truc- City or town, state or country, and ZIP + 4	F	Group	Exemption
		tion pending tio			iri	er
	<ul> <li>Sec</li> </ul>		ganizations and 4947(a)(1) nonexempt charitable trusts must attach G Acco	•	thod:	Cash X Accrual
_	Mahai	te: 🕨 MAPI	a completed Schedule A (Form 990 or 990-EZ). Other (spe	······	1	
1			PS.ORG H Chec sk only one)— X 501(c) ( 6) ◀ (insert no.) 4947(a)(1) or 527 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 900± 90± 9	red to atta	J if the or ich_Sched	ganization is not ule B (Form 990,
<u>к</u>	Check		rganization is not a section 509(a)(3) supporting organization and its gross receipts are normal			
			organization chooses to file a return, be sure to file a complete return.	ing not i	nore tria	τψ23,000. Ατείαπ
L			line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		► \$	782,760
F	Part I		, Expenses, and Changes in Net Assets or Fund Balances (See the ir		ions for	
	1	Contributions, gifts	s, grants, and similar amounts received		1	
	2	Program service			2	438,698
	3	Membership du	e revenue including government fees and contracts es and assessments SEE STATEMENT	1	3	339,020
	4		me		4	5,042
	5a	Gross amount f	rom sale of assets other than inventory5a			
	b	Less: cost or ot	her basis and sales expenses 5b			
ø	C		sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	·	<u>5c</u>	
Snus	6		d activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
Revenue	a		(not including \$ of contributions			
щ	L	reported on line	1) 6a 61			
	b		enses other than fundraising expenses 6b		6c	
	c 7a		oss) from special events and activities (Subtract line 6b from line 6a)	•••••	<u> </u>	
	b	Less: cost of go				
	c		loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (			8	
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	782,760
	10	Grants and simi	ar amounts paid (attach schedule)		10	
	11	Benefits paid to	or for members		11	
ŝ	12	Salaries, other o	compensation, and employee benefits		12	
sus(	13	Professional fee	s and other payments to independent contractors		13	435,750
Expenses	14	Occupancy, ren	t, utilities, and maintenance		14	
щ	15		tions, postage, and shipping		15	3,840
	16		(describe ► SEE STATEMENT 2	•	16	439,385
<u>_</u> 0	17 18		. Add lines 10 through 16		17	<u>878,975</u> -96,215
Net Assets	19		it) for the year (Subtract line 17 from line 9) balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's r		<u>18</u> 19	101,104
t As	20		n net assets or fund balances (attach explanation)		20	
Ne	21	Net assets or fu	nd balances at end of year. Combine lines 18 through 20	•••••	21	4,889
P	art II		Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead			
			(See the instructions for Part II.) (A) Beginning of			(B) End of year
22	Cash, s	savings, and inve	stments 249	,588	22	310,361
					23	
				,681	24	209,819
	Total a	• • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •	,269		520,180
		abilities (describ		,165		515,291
				,104	27	4,889
ror	rrivacy	y Act and Paperv	vork Reduction Act Notice, see the Instructions for Form 990.			Form <b>990-EZ</b> (2008)

DAA

982 Pg 2

Form 990-E 🕻 (2008)

-		1			982 F
Form 8	868		on for Extension of Time To File a kempt Organization Return	า	OMB No. 1545-1709
Department of Internal Reven	,	►	File a separate application for each return.		
		tomatic 3-Month Extension, com	plete only Part I and check this box		► X
			Extension, complete only Part II (on page 2 of this	orm)	
3 1001100110000000000000000000000000000			an automatic 3-month extension on a previously filed		
Part 1	Automati	c 3-Month Extension of Ti	me. Only submit original (no copies need	ed).	
Part I only		·····	omatic 6-month extension—check this box and comple MICs, and trusts must use Form 7004 to request an e		► []
time to file in	come tax returns	э. Э.			
2			form 8868 if you want a 3-month automatic extension of		
			ired to file Form 990-T). However, you cannot file Form		
			nth extension or (2) you file Forms 990-BL, 6069, or 88 u must submit the fully completed and signed page 2 (		n
		•	ww.irs.gov/efile and click on e-file for Charities & Non	,	11
Type or		empt Organization		1	r identification number
print	1	MENT ASSOCIATION	FOR PRIVATE	Employe	
File by the	PHOTOG	RAMMETRIC SURVEY	DRS	52-0	854573
due date for filing your	E .	et, and room or suite no. If a P.O.			
return. See		LD RESTON AVENUE	205		
instructions.	RESTON		or a foreign address, see instructions.		·····
· • • • •		iled (file a separate application for			r1
Form 9			Form 990-T (corporation)		Form 4720
X Form 9			Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
Form 9			Form 990-T (trust other than above)		Form 6069 Form 8870
L					
			TIELLO & ASSOC. INC		
Telephon		3 - 787 - 6996	FAX No. ►		. Π
			ss in the United States, check this box	. If this is	▶⊔
	group, check this		· · · · · · · · · · · · · · · · · · ·	nd attach	
	-	of all members the extension will	- · · · · · · · · · · · · · ·		
			n required to file Form 990-T) extension of time		
until	8/15/09	, to file the exempt organization r	eturn for the organization named above. The extension	n is	
	organization's rei				
► X	calendar year				
	tax year beginn	ing, and ending	J		
2 If this ta	x year is for less	than 12 months, check reason:	🗌 Initial return 🔲 Final return 📋 Chan	ge in accounti	ng period
3a If this ap	oplication is for F	Form 990-BL, 990-PF, 990-T, 4720	, or 6069, enter the tentative tax,		
		credits. See instructions.		3a	\$
		,	efundable credits and estimated tax		•
		e any prior year overpayment allow		3b	\$
		ine 36 from line 3a. Include your p n or, if required, by using EFTPS (I	ayment with this form, or, if required,		
	. See instruction		LICONOMO E GUGIAL FAX C AYMER	3c	\$
		·····	with this Form 8868, see Form 8453-EO and Form 88		· · · · · · · · · · · · · · · · · · ·
for ment in			· ····································	-	
Fc ivacy A	ct and Paperwo	ork Reduction Act Notice, see In	structions.		Form <b>8868</b> (Rev. 4-2009

Form 990-EZ (2008) MANAGEMENT AS	SOCIATION FOR PR	IVATE 52	2-0854573			P	age 2
Part III Statement of Program Sei	rvice Accomplishments (S	ee the instruct	ions for Part III	.)	E	xpenses	
What is the organization's primary exempt purpose?	2				(Requir	ed for 501(c)(3	)
TRADE ASSOCIATION		<u></u>				organizations	
Describe what was achieved in carrying out the org						47(a)(1) trusts;	
describe the services provided, the number of perso	ons benefited, or other relevant info	rmation for each pr	ogram title.		optiona	I for others.)	
28 SEE STATEMENT 5	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • •			
(Grants \$ ) If this a	mount includes foreign grants, che				28a		
29 PUBLICATIONS OF MATERIALS WHICH			<u> </u>		200		
MAPPING & GEOSPATIAL SERVICES TO		• • • • • • • • • • • • • • • • • • • •					
MEMBERS INFORMED OF NEW INFORMAT	TON REFECTIVO THEM						
(Grants \$ ) If this a	mount includes foreign grants, che				29a		
30							
	mount includes foreign grants, che				<u>30a</u>		
31 Other program services (attach schedule)				·	31a		
(Grants \$ ) If this a 32 Total program service expenses (add lines 20	mount includes foreign grants, che				312		
Part IV List of Officers, Directors, Truste				he ins		Part IV.)	
		(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense	
(a) Name and addr	ess	hours per week devoted to position	(If not paid, enter -0)		ee benefit plans ed compensatio		
MARVIN MILLER AERO-METRIC INC	MAPLE GROVE	PRESIDENT					
13400 68TH AVENUE N	MN 55311		0			0	0
JEFF LOVIN, WOOLPERT INC	DAYTON	PRES ELECT					
4454 IDEA CENTER BOULEVARD	OH 45430		0			0	0
DAVID HART, CONT. MAPPING	SUN PRAIRIE	TREASURER					
121 S BRISTOL	WI	47077777	0			0	0
RICHARD MCDONALD, GEOSPATIAL CORP 2529 HOWES RUN ROAD	PA 16055	SECRETARY	0			0	0
ANNE HALE MIGLARESE, BOOZ ALLEN	MCLEAN	DIRECTOR	· · · · · · · · · · · · · · · · · · ·			*	×
8283 GREENSBORO DR	VA 22102		0			0	0
SCOTT PERKINS, WILSON & CO	OVERLAND PARK	DIRECTOR					
9401 REEDS ROAD	KS 66207		0			0	0
SILAS SUAZO, BOHANNAN HUSSTON INC.	ALBUQUERQUE	DIRECTOR					
7500 JEFFERSON ST NE	NM 87109		0			<u></u>	0
W BRANT HOWARD, COMPASSDATA INC.	CENTENNIAL	DIRECTOR					_
12353 EAST EASTER AVENUE	<u>CO 80112</u>		0			0	0
ROBERT J HICKEY, PHOTO SCIENCE	WEST CHESTER	DIRECTOR	0			0	0
104 S CHURCH STREET	PA 19382		•				
		-					
· · · · · · · · · · · · · · · · · · ·							
				ļ			
<i> </i>							
	· · · · · · · · · · · · · · · · · · ·	_					
:						_ <u> </u>	
,	• • • • • • • • • • • • • • • • • • • •						
				+			
		1					
		1		1			
		·					
	<u></u>		1	<b> </b>			

Forn	1990-EZ (2008) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0	854573		F	age 3
P	art V Other Information (Note the statement requirements in the instructions	for Part VI.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,	u			
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	ut not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,	reporting,			
	and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	37a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or				
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			999.443 449.342
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ; section 4912 ; section 4912	•			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit	transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comp	lete Schedule			
	L, Parl I		40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958	▶	_ 📖		
d	the year under sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization	►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		Х
41	List the states with which a copy of this return is filed.  MONE				
42a	The books are in care of  JOHN M PALATIELLO & ASSOC	Telephone no. 🕨 70	03-78	7 - 6	996
	1856 OLD RESTON AVENUE				
	Located at  RESTON, VA	ZIP + 4 🕨 2	0190		
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financ	ial		Yes	No
	account)?		425		X
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		Х
	If "Yes," enter the name of the foreign country:		_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041Check here	· · · · · · · · · · · · · · · · · · ·			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
		. •		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead o	f			
	Form 990-EZ		44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		Х
			Form 99	0-EZ	(2008)

#### Form 990-EZ (2008) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Form	990-EZ	(2008)	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573		F	Page 4
Pa	rt VI	Sect	tion 501(c)(3) orga	nizations only. All	sectior	1 501(c)(3) or	ganizations must answer que	estions 46-4	9	
		and	complete the table	s for lines 50 and 5	1.					
46	Did the	organiza	tion engage in direct or i	ndirect political campaigr	n activitie	s on behalf of or	n opposition to		Yes	No
ł	م الم الم م م		UNITE ACCARD IN INVERTING	and the Colored de C. Doord B				40		

	candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who

each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<ul> <li>(a) Name and address of each employee paid more than \$100,000</li> </ul>	<ul> <li>(b) Title and average hours per week devoted to position</li> </ul>	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of

compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
·····		
otal number of other independent contractors each receiving over \$100,000		A
Under penalties of perjury, I declare that I have examined this return, including accompany and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is b		

-	Signature of officer     Date       Type or print name and title.     Date       Preparer's signature     Date       ORIGINAL SIGNED BY D H     SCARBOROUGH CPA       7/16/09     Preparer's Identifying Number (See Self-employed ►)       Proparer's identifying Number (See Self-employed ►)     Proto 174874       Firm's name (or yours)     GEORGEN SCARBOROUGH ASSOCIATES, PC     EIN ► 26-17767				
Paid s Preparer's F Use Only ii	Signature of officer			Date	
:	Type or print name a	nd title.			
_	Preparer's			self-	Preparer's Identifying Number (See instr.)
	signature				
•	Firm's name (or yours	GEORGEN SCARBOROU	GH ASSOCIATES, PC		EIN 🕨 26-1776766
Use Only	Type or print name and title.       Date       Check if self-employed ▶       Preparer's identify         Preparer's signature       ORIGINAL SAGNED BY D H SCARBOROUGH CPA       7/16/09       Preparer's identify         Firm's name (or yours       GEORGEN SCARBOROUGH ASSOCIATES, PC       EIN ▶ 26         if self-employed),       243 CHURCH ST NW STE 100E       Phone	Phone			
	address, and ZIP + 4	VIENNA, VA 22180	-4437		10. ► 703-319-3990
May the IRS d	scuss this return with the	e preparer shown above? See instruct	ions	<i></i>	Yes No
					Form 990-EZ (2008)

<u> Statement 1 - Form 9</u>	90-EZ, Part I, Line 3 - Membership Dues and Assessments
Description	Amount
MEMBERSHIP STATE DUES	\$ 335,487 3,533
TOTAL	\$339,020
<u>Statement</u> 2	2 - Form 990-EZ, Part I, Line 16 - Other Expenses
Description	Amount
EXPENSES CONFERENCES/MEETINGS	\$ 313,213

CREDIT CARD FEES	23,629
SUPPLIES	2,463
TELEPHONE	2,915
MISCELLANEOUS	2,827
PROFESSIONAL FEES	1,300
WEB SERVICES	23,310
BOARD LIABILITY INSURANCE	
AXA POLICY	35,000
EDUCATION & SUBSCRIPTIONS	
STATE LEGISLATION	18,000
ANNUAL AWARDS	4,083
PAC EXPENSES	8,300
STATE CHAPTER EXPENSES	907
TOTAL	\$ 439,385

<u> Statement 3 - Form 990-EZ, Part II,</u>	Line 24 - Othe	<u>r Assets</u>	
Description	E	Beginning of Year	 End of Year
ACCOUNTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	\$	18,681	\$ 197,771 12,048
		18,681	 209,819

<u> Statement 4 - Form 990-EZ, Part II, L</u>	<u>ine 26 - Tota</u>	<u>l Liabilities</u>	
Description		Beginning of Year	 End of Year
DEFERRED REVENUE	\$	167,165	\$ 515,291
		167,165	 515,291

ſ

## Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

## Description

CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING & GEOSPATIAL SERVICES.

applicable: Please use IRS label or hange print or type. slion Specific Instruc- et return tions.	<ul> <li>The organization may have to use ear, or tax year beginning</li> <li>C Name of organization MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI</li> <li>Number and street (or P.O. box if mail is n 1760 RESTON PARKW.</li> <li>City or town, state or country, and ZIP + 4 RESTON</li> </ul>	(a) (1) of the internal Reve it trust or private founda a copy of this return to sat , and ending ATION FOR PRI URVEYORS not delivered to street address) AY	vare	except black in	ng ents.00 D Employer	OMB No. 1545-0047 <b>2007</b> pen to Public Inspection identification number 854573
te 2007 calendar y applicable: Please schange label or hange print or type. slion Specific Instruc- ed return tions.	Under section 501(c), 527, or 4947 benef The organization may have to use ear, or tax year beginning C Name of organization MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is m 1760 RESTON PARKWA City or town, state or country, and ZIP + 4 RESTON	(a) (1) of the internal Reve it trust or private founda a copy of this return to sat , and ending ATION FOR PRI URVEYORS not delivered to street address) AY	vare	porting requireme	D Employer 52-0	identification number 854573
te 2007 calendar y applicable: Please schange label or hange print or type. slion Specific Instruc- ed return tions.	<ul> <li>The organization may have to use ear, or tax year beginning</li> <li>C Name of organization MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is n 1760 RESTON PARKW.</li> <li>City or town, state or country, and ZIP + 4 RESTON</li> </ul>	a copy of this return to sat , and ending ATION FOR PRI URVEYORS not delivered to street address) AY	isfy state re VATE	porting requireme	D Employer 52-0	identification number 854573
te 2007 calendar y applicable: Please schange label or hange print or type. slion Specific Instruc- ed return tions.	ear, or tax year beginning C Name of organization MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is n 1760 RESTON PARKW. City or town, state or country, and ZIP + 4 RESTON	, and ending ATION FOR PRI URVEYORS not delivered to street address) AY	VATE		D Employer 52-0	854573
applicable: Please use IRS label or hange print or type. slion Specific Instruc- ed return tions.	C Name of organization MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is n 1760 RESTON PARKW. City or town, state or country, and ZIP + 4 RESTON	ATION FOR PRI URVEYORS not delivered to street address) AY		Boom/suite	52-0	854573
schange use IRS label or hange print or type. slion Specific Instruc- ed return tions.	MANAGEMENT ASSOCIA PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is n 1760 RESTON PARKW City or town, state or country, and ZIP + 4 RESTON	URVEYORS not delivered to street address) AY		Poom/suite	52-0	854573
a change label or hange print or type. turn See alion Specific Instruc- ed return tions.	PHOTOGRAMMETRIC SI Number and street (or P.O. box if mail is n 1760 RESTON PARKW. City or town, state or country, and ZIP + 4 RESTON	URVEYORS not delivered to street address) AY		Poom/suite	E Telephor	
hange print or type. turn See alion Specific Instruc- ed return tions.	Number and street (or P.O. box if mail is n <b>1760 RESTON PARKW</b> . City or town, state or country, and ZIP + 4 <b>RESTON</b>	not delivered to street address) AY		Boom/suite		ie numper
turn See slion Specific Instruc- ed return tions,	1760 RESTON PARKW. City or town, state or country, and ZIP + 4 RESTON	AY			1	
alion Specific Instruc- ed return tions.	City or town, state or country, and ZIP + 4 RESTON			515	F Accountin	ig method: Cash
ed relurn tions,	RESTON				X Accrual	Other (specify)
		VA 20190-	3361			
tion pending				not applicable to se	ction 527 organii	zations.
	Section 501(c)(3) organizations and 4947(a) trusts must attach a completed Schedule A	(1) nonexempt charitable (Form 990 or 990-EZ).		nis a group return fo		Yes X No
	trusts must attach a completed Schedule A			/es," enter number (		
site: 🔨 MAPPS	ORG			all affiliates include		Yes No
nization type		5 (T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
		4347 (d) (1/ _0				
k here 🕨 🗌 if t	te organization is not a 509(a)(3) supporting orga	nization and its gross				Yes No
ots are normally not m	pre than \$25,000. A return is not required, but if th	ne organization chooses				
			M CF	eck <b>b</b> X if th	ne organization	is not required
		041 003	1	attach Sch B (Fr	orm 990, 990-E	Z, or 990-PF).
s receipts: Add line	s 6b, 8b, 9b, and 10b to line 12	044,005	alances (	See the instru	uctions.)	
Revenue	, Expenses, and Changes in Ne	Assets of runu ba	101000 (			
Contributions, g	ifts, grants, and similar amounts received:	1	1			
a Contributions to						
b Direct public su	pport (not included on line 1a)					
c Indirect public :	upport (not included on line 1a)					
d Government co	ntributions (grants) (not included on line 1a	a)l				0
e Total (add line	1a through 1d) (cash \$	noncash \$			/ <u> </u>	510,570
Program servic	e revenue including government tees and o		ie 93) ፹ ሮጥሽባ	TEMENT 1	··· }	325,723
Membership d	es and assessments	ан ,	E DIV			8,590
Interest on sav	ngs and temporary cash investments		• • • • • • • • • • •		· · ·	
Dividends and	interest from securities					
a Gross rents			6a			
h Loce rental ex	nenses		L			
c Net rental inco	me or (loss). Subtract line 6b from line 6a					
Other investm	ent income (describe 🕨 💦	) <u></u> )			<u></u>	
Ba Gross amount	from sales of assets other	(A) Securities		(B) Other		
than inventory						
b Less: cost or o	ther basis and sales expenses		<u></u>			
c Gain or (loss)	(attach schedule)				84	
1 Alekasin or Go	an) Combine line 8c, columns (A) and (B)			<u>гт,,,</u> ,,		······
9 Special event	and activities (attach schedule). If any am	nount is from gaming, cheo	ck nere 🕨			
a Gross revenu	e (not including \$	01				
contributions	eported on line 1b)					
	reason other than fundraising expenses		90			
c Net income o	(loss) from special events. Subtract line 9	b from line 9a	$\gamma_{1}$			······································
0a Gross sales o	f inventory, less returns and allowances		10a			
			100		100	
<ul> <li>Gross profit (</li> </ul>	r (loss) from sales of inventory (attach sch	edule). Subtract line 100 fr	om line 10a			
	- Viene Rod VII line 103)			. <b></b> <i></i>	· · · · ·	844,883
12 Total revenu	e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d <u>, 9c, 10</u>	c, and 11	<u></u>			
13 Prooram set	ices (from line 44, column (B))					
14 Managemen	and general (from line 44, column (C))					
45 Eundraisino i	from line 44, column (D))					
A Dovernents to	affiliates (attach schedule)					828,813
47 Total exnen	ses. Add lines 16 and 44, column (A)			<u></u>		16,070
10 Evenes of (d	ficit) for the year. Subtract line 17 from line	e 12			····· \	85,034
to Not secole o	fund balances at beginning of year (from I	line 73, column (A))				007004
	a is not accets or fund halances (attach e)	xplanation)			·····	101,104
	fund halances at end of year. Combine lir	nes 18, 19, and 20		مى بىلىيە بىلىكى بىلىك تىكىيە بىلىك تىك	1 21	Form <b>990</b> (2007
$\times$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$ $(1)$	a only one)       X         here       If it is are normally not more interven, be sure to fille         a recurn, be sure to fille         receipts: Add lines         receipts: Add lines         Contributions, g         Control (add lines)         Program service         Membership du         Interest on savi         Dividends and i         Gross rents         Less: cost or o         Constributions re         Const income or <tr< td=""><td>Sonly one)       X       501(c) (6) ( (6) ) ((insert no.))         here       if the organization is not a 509(a)(3) supporting organization is not a 509(a)(3) supporting organization is not a 509(a)(3) supporting organization is not a son and the expension of /td><td>conly one)       X       501(c) ( 6 ) ◀ (insert no.)       4947(a)(1) or 1 527         here       if the organization is not a 509(a)(3) supporting organization and its gross         s are normally not more than \$25,000. A return is not required, but if the organization chooses         irreturn, be sure to file a complete return.         receipts: Add lines 6b, 8b, 9b, and 10b to line 12       844,883         Revenue, Expenses, and Changes in Net Assets or Fund B:         Contributions, gifts, grants, and similar amounts received:         Contributions to donor advised funds         Direct public support (not included on line 1a)         Indirect public support (not included on line 1a)         Rovernment contributions (grants) (not included on line 1a)         Total (add lines 1 a through 1d) (cash \$</td><td>tonly one)       X       501(c)       (6)       4(insert no.)       4947(a)(1) or       527       (insert no.)         here       if the organization is not a 506(a)(3) supporting organization and its gross as a normally not more than \$25,000. A return is not required, but if the organization chooses       H(d) is the organization is not a 506(a)(3) supporting organization chooses         ireturn, be sure to file a complete return.       M Cr         receipts: Add lines 6b, 8b, 9b, and 10b to line 12       844, 2883         Contributions, gifts, grants, and similar amounts received:       1a         Contributions to donor advised funds       1a         Direct public support (not included on line 1a)       1d         Indirect public support (not included on line 1a)       1d         Government contributions (grants) (not included on line 1a)       1d         Total (add lines 1a through 10) (cash \$       noncesh \$         Program service revenue including government fees and contracts (from Part VII, line 93)         Membership dues and assessments       SEE         Dividends and interest from securities       6a         Other investment income (describe)       3b         a Gross amount from sales of assets other       (A)         than inventory       8a         b Less: cost or other basis and sales expenses       6b         Contributions repore</td><td>conty one)       X       501(c) ( 6 ) 4(insert no.)       4947(a(1) or 1527       F(I) is the asgnate retur organization covered bits in a separate retur.         Contributions gifts, grants, and similar amounts received:       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       &lt;</td><td>conty one)       X       Soft(c)       (f) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f</td></tr<>	Sonly one)       X       501(c) (6) ( (6) ) ((insert no.))         here       if the organization is not a 509(a)(3) supporting organization is not a 509(a)(3) supporting organization is not a 509(a)(3) supporting organization is not a son and the expension of	conly one)       X       501(c) ( 6 ) ◀ (insert no.)       4947(a)(1) or 1 527         here       if the organization is not a 509(a)(3) supporting organization and its gross         s are normally not more than \$25,000. A return is not required, but if the organization chooses         irreturn, be sure to file a complete return.         receipts: Add lines 6b, 8b, 9b, and 10b to line 12       844,883         Revenue, Expenses, and Changes in Net Assets or Fund B:         Contributions, gifts, grants, and similar amounts received:         Contributions to donor advised funds         Direct public support (not included on line 1a)         Indirect public support (not included on line 1a)         Rovernment contributions (grants) (not included on line 1a)         Total (add lines 1 a through 1d) (cash \$	tonly one)       X       501(c)       (6)       4(insert no.)       4947(a)(1) or       527       (insert no.)         here       if the organization is not a 506(a)(3) supporting organization and its gross as a normally not more than \$25,000. A return is not required, but if the organization chooses       H(d) is the organization is not a 506(a)(3) supporting organization chooses         ireturn, be sure to file a complete return.       M Cr         receipts: Add lines 6b, 8b, 9b, and 10b to line 12       844, 2883         Contributions, gifts, grants, and similar amounts received:       1a         Contributions to donor advised funds       1a         Direct public support (not included on line 1a)       1d         Indirect public support (not included on line 1a)       1d         Government contributions (grants) (not included on line 1a)       1d         Total (add lines 1a through 10) (cash \$       noncesh \$         Program service revenue including government fees and contracts (from Part VII, line 93)         Membership dues and assessments       SEE         Dividends and interest from securities       6a         Other investment income (describe)       3b         a Gross amount from sales of assets other       (A)         than inventory       8a         b Less: cost or other basis and sales expenses       6b         Contributions repore	conty one)       X       501(c) ( 6 ) 4(insert no.)       4947(a(1) or 1527       F(I) is the asgnate retur organization covered bits in a separate retur.         Contributions gifts, grants, and similar amounts received:       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       <	conty one)       X       Soft(c)       (f) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f

orm 990 (2007) MANAGEMENT ASSOCIATI	ON FOI	R PRIVATE	52~08545		Page : ion 501(c)(3) and (4)
Functional Expenses organizations a	s must con nd section	4947(a)(1) nonexemp	ot charitable trusts b	(D) are required for sectout optional for others. (S	ee the instructions.)
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Grants paid from donor advised funds (attach schedule) (cash \$ cash \$)					
If this amount includes foreign grants, check here	22a	1			
b Other grants and allocations (attach schedule)					
(cash \$ cash \$ )					
If this amount includes foreign grants, check here	22b				
Specific assistance to individuals (attach					
schedule)	23				
Benefits paid to or for members (attach					
schedule)	24				
a Compensation of current officers, directors,					
key employees, etc. listed in					
Part V-A	25a				<u> </u>
b Compensation of former officers, directors,					
key employees, etc. listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,					
to disqualified persons (as defined under section					
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
<ul> <li>4958(f)(1)) and persons described in section 4958(c)(3)(B)</li> <li>Salaries and wages of employees not included on lines 25a, b, and c</li> </ul>					
	26				
7 Pension plan contributions not included on lines 25a, b, and c					
lines 25a, b, and c	27				
8 Employee benefits not included on lines					
25a – 27	28				
Payroll taxes	29				<u>_</u>
Professional fundraising fees					
1 Accounting fees					
2 Legal fees 3 Supplies	32				
4 Telephone					
5 Postage and shipping					
6 Occupancy	1 1				
7 Equipment rental and maintenance		5,039			
8 Printing and publications		5,059			
9 Travel	39 40	747,991			
0 Conferences, conventions, and meetings		141,004			-
1 Interest					
2 Depreciation, depletion, etc. (attach schedule)	42				
3 Other expenses not covered above (itemize): a SEE STATEMENT 2	43a	75,783			
· · · · · · · · · · · · · · · · · · ·					
b					
¢					
d					
e					
f					
9 4 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	. 44	828,813		0	0
oint Costs. Check ► if you are following SOP 98-2.	·		4		
Are any joint costs from a combined educational campaign and	d fundraisir	ng solicitation reporte	d in (B) Program se	rvices?	▶ 🗌 Yes 🗌 I
"Yes," enter (i) the aggregate amount of these joint costs \$			unt allocated to Propra	m services \$	
ii) the amount allocated to Management and general \$			unt allocated to Fundra		

|DAA

9	8

#### Form 990 (2007) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Part III Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's nd accomplishments

iat is the organization's primary exempt purpose? TRADE ASSOCIATION	Program Service Expenses (Required for 501(c)(3) and
organizations must describe their exempt purpose achievements in a clear and concise manner. State the number slients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING & GEOSPATIAL SERVICES.	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	
PUBLICATIONS OF MATERIALS WHICH EXPLAIN PHOTOGRAMMETRY, MAPPING & GEOSPATIAL SERVICES TO THE PUBLIC AND KEEP MEMBERS INFORMED OF NEW INFORMATION AFFECTING THEM.	•
······	
(Grants and allocations \$ ) If this amount includes foreign grants, check here	
;	•••
	• •
	• •
	· · ·
······	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
If this amount includes foreign drass, clieck liefe	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$ ) If this amount includes foreign grants, check here	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$ ) If this amount includes foreign grants, check here	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$ ) If this amount includes foreign grants, check here	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$ ) If this amount includes foreign grants, check here	· · · · · · · · · · · · · · · · · · ·
(Grants and allocations \$) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here ► (Grants and allocations \$) If this amount includes foreign grants, check here ►	
(Grants and allocations \$) If this amount includes foreign grants, check here	

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
45		91,531	45	55,770
45	Cash-non-interest-bearing	100,000	46	193,818
40	Savings and temporary cash investments	1007000		
472	Accounts receivable 47a			
<del>-</del> , с	Less: allowance for doubtful accounts 47b		47c	
Ľ				
482	Pledges receivable 48a	() 		
ь	Less: allowance for doubtful accounts 48b		48c	
49	Grants receivable		49	
50a				
	key employees (attach schedule)		50a	
ь	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and			
2	persons described in section 4958(c)(3)(B) (att. schedule)		50b	
51a	Other notes and loans receivable (attach			
	schedule)			
h	Less: allowance for doubtful accounts 51b		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	36,503	53	18,681
54a	Investments—publiciy-traded Cost Cost FMV		54a	
b	Investmentsother securities Cost FMV		54b	
550	(attach schedule)			
00a	equipment: basis 55a			
ь	Less: accumulated depreciation (attach			
	schedule) 55b		55c	
56	Investmentsother (attach schedule)		56	
57a	Land, buildings, and equipment: basis 57a			
	Less: accumulated depreciation (attach			
	schedule) 57b		57c	
58	Other assets, including program-related investments			
	(describe > )		58	
59	Total assets (must equal line 74). Add lines 45 through 58		59	268,269
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue SEE STATEMENT 3	143,000	62	167,165
63	Loans from officers, directors, trustees, and key employees (attach			
	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
ь	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe 🕨)		65	
66	Total liabilities. Add lines 60 through 65	143,000	66	167,165
Orga	nizations that follow SFAS 117, check here 🕨 🗶 and complete lines			
	67 through 69 and lines 73 and 74.			
67	Unrestricted	85,034	67	101,104
68	Temporarily restricted		68	
69	Permanently restricted	·	69	
Orga	nizations that do not follow SFAS 117, check here 🕨 📋 and			
	complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	······
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines			
	70 through 72. (Column (A) must equal line 19 and column (B) must			
	equal line 21)	85,034		101,104
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	228,034	74	268,269

Form	990 (2007) MANAGEMENT ASS	SOCIATION FOR PRIVATE	52-085			Page 5
Pa	art IV-A Reconciliation of Rev instructions.)	enue per Audited Financial Stat	tements With I	Revenue per Ref		
a	Total revenue, gains, and other support per	audited financial statements			3	844,883
b	Amounts included on line a but not on Parl I	I, line 12:				
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities					
3	Recoveries of prior year grants					
4	Other (specify):					
	Add lines b1 through b4				b	
с	Subtract line b from line a			1	c	844,883
d	Amounts included on Part I, line 12, but not					
1	Investment expenses not included on Part I		d1			
2	Other (specify):					
	Add lines d1 and d2				<u>d</u>	
е	Total revenue (Part L line 12). Add lines c	and d		🕨 🚺		844,883
P	art IV-B Reconciliation of Exp	penses per Audited Financial St	atements With	Expenses per l	Return	
a	Total expenses and losses per audited final				a	828,813
b	Amounts included on line a but not Part I, lin	ne 17:				
1	Donated services and use of facilities		b1			
2						
3						
4						
	Add lines b1 through b4				b	
с	Subtract line b from line a				<u>c</u>	828,813
d	Amounts included on Part I, line 17, but not					
1	Investment expenses not included on Part I	I, line 6b	d1			
2						
			5 i			
	Add lines d1 and d2			L	d	
е	Total expenses (Part L line 17), Add lines	c and d			-	828,813
P	art V-A Current Officers, Dire	ectors, Trustees, and Key Emplo during the year even if they were not comp	oyees (List each j	person who was an of e instructions.)		
	(A) Name and a		(B) Title and average hour week devoted to posi	(C) Compensation (If not paid, enter ition -0)		(E) Expense account and other allowances

				100101 Million	
MARVIN MILLER	RESTON	PRESIDENT			
1760 RESTON PKWY STE 515	VA 20190	3	0	0	0
SILAS SUAZO	RESTON	PRES ELECT		1	
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
SCOTT PERKINS	RESTON	DIRECTOR	1		
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
DAVID HART	RESTON	TREASURER			
1760 RESTON PKWY STE 515	VA 20190	3	0	0	0
BRANT HOWARD	RESTON	DIRECTOR			
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
ANNE HALE MIGLARESE	RESTON	DIRECTOR		1	
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
RICHARD MCDONALD	RESTON	SECRETARY			
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
ROBERT J HICKEY	RESTON	DIRECTOR			
1760 RESTON PKWY STE 515	VA 20190	2	0	0	0
JEFFREY S LOVIN	RESTON	DIRECTOR			
	VA 20190	2	0	0	0

Form 990 (2007)

For	m 990 (2007) MANAGEMENT ASSOCIATION FOR PRIVAT	E 52-0854	573			Pa	age 6
	art V-A Current Officers, Directors, Trustees, and Key Emplo					Yes	No
<mark>л.</mark> 75а	Enter the total number of officers, directors, and trustees permitted to vote on organia		rd				
	meetings	▶ 9					
t b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, c		d				
ing -	employees listed in Schedule A, Part I, or highest compensated professional and oth						
	contractors listed in Schedule A, Part II-A or II-B, related to each other through family						v.
9	relationships? If "Yes," attach a statement that identifies the individuals and explains	the relationship(s)			75b		X
		- hishast					
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, o compensated employees listed in Schedule A, Part I, or highest compensated profes	-					
U.	independent contractors listed in Schedule A, Part II-A or II-B, receive compensation						
	organizations, whether tax exempt or taxable, that are related to the organization? Se						
	the definition of "related organization."	• • • • • • • • • • • • • • • • • • • •			75c		X
<u>ij</u>	If "Yes," attach a statement that includes the information described in the instructions						
d	Does the organization have a written conflict of interest policy?				75d		X
E	art V-B Former Officers, Directors, Trustees, and Key Employ						
	(If any former officer, director, trustee, or key employee received compe				year, l	ist that	
	person below and enter the amount of compensation or other benefits in	the appropriate colur	·····		- ( /e		
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	employee benefit	acco	<li>Expe unt and</li>	other
<b>I</b>	/		enter -0-)	plans & deferred compensation plans	e	llowand	es
	/A						
	······				-		
	***************************************						······································
· · · /		-					
		•					
a							
					_		
		,					
							··
· · ·	······································						
	· · · · · · · · · · · · · · · · · · ·					÷	
LAD							
	art VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting activitie	es? If "Yes," attach a		(-			
Ĩ.	detailed statement of each change		<i></i>	N/A	76		
77	Were any changes made in the organizing or governing documents but not reported	to the IRS?			77		X
	If "Yes," attach a conformed copy of the changes.						İ.
78a					790		X
	this return? If "Yes," has it filed a tax return on Form 990-T for this year?				78a 78b		<u> </u>
70	Was there a liquidation, dissolution, termination, or substantial contraction during the				100		
79						1.25552555	X
80a	Is the organization related (other than by association with a statewide or nationwide		• • • • • • • • • • • • • • • • • • •				
004	common membership, governing bodies, trustees, officers, etc., to any other exempt						
<b>5</b> .	organization?	-			80a		X
b	If "Yes," enter the name of the organization						
-			ipt or 📋 nor	exempt			
81a		· · · · · · · · · · · · · · · · · · ·	81a	0			
bb	Did the organization file Form 1120-POL for this year?		<u></u>		81b	<u> </u>	X
					Ease	~ aan	(2007)

Form	990	(2007)
------	-----	--------

## Form 990 (2007) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Page 7

Pε	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		<u>x</u>
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption application	s?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r .		8222	
	gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizat	ion			
	received a waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members	85c 0			
d	Section 162(e) lobbying and political expenditures	85d 0			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e 0			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85	ōf			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	7 / 7			
	following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<u>86a</u>			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<u>87a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other				
	sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			ŀ	
	partnership, or an entity disregarded as separate from the organization under Regulations sections		88a		X
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		000		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	•	885		x
00-	meaning of section 512(b)(13)? If "Yes," complete Part XI	•••••••			
098	section 4911 ►				
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				
5	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transposien		89b		
с	Enter: Amount of tax imposed on the organization managers or disqualified				
•		▶			
d	persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	►			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance con	tract?	89f	Victoria	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdir	igs			
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed <b>NONE</b>				
b	Number of employees employed in the pay period that includes March 12, 2007 (See	l f			_
	instructions.)	90b			
91a	instructions.) The books are in care of ► JOHN M PALATIELLO & ASSOC. INC 3760 RESTON PARKWAY		.787	- 6 9	996
	Located at  RESTON, VA	ZIP + 4 ▶ 20190			
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	
	account)?		91b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	nk			
	and Financial Accounts.			4.886	

<sup>с</sup>	other Information (continued)						Yes No
	At any time during the calendar year, did the organization						91c X
92	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Fo and enter the amount of tax-exempt interest received or					<i></i>	
F 92	Section 4947(a)(1) nonexempt charitable trusts hing Fo	orm 990 in lieu	of Form 1	041—Check here	• • • • • • • • • •		▶∟
•							
		ACTIVITIES (3			<u> </u>		
-	: Enter gross amounts unless otherwise			d business income		by section 512, 513, or 514	(E) Related or
indic		Busi	(A) ness code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
93	Program service revenue: PROGRAM SERVICE REVENUE				code		E10 E70
, a	TROGRAM DERVICE REVENUE						510,570
b							
ີ່							
d						······································	
- e	Madiana (Madianida a consta						
	Medicare/Medicaid payments						
9 04	Fees and contracts from government agencies					·····	205 703
94	Membership dues and assessments Interest on savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·					325,723
95 06	Dividende and internet frem exemption	· · · · · · · · · .					8,590
96 97	Dividends and interest from securities Net rental income or (loss) from real estate:						
	· ·						
́а ь	debt-financed property	·····					·····
d 98	not debt-financed property						
99	Net rental income or (loss) from personal property				-		
100	Other investment income Gain or (loss) from sales of assets other than inventory						
100	Not income or (loss) from special events						
	Net income or (loss) from special events						
102	Gross profit or (loss) from sales of inventory						
103	Other revenue: a			·			
d l							
c d e	Subtabl/add adumna (D) (D) and (D)						044 003
с d е 104	Subtotal (add columns (B), (D), and (E))			C		0	
c d 9 104 105	Total (add line 104, columns (B), (D), and (E)) , $\ldots \ldots$			-			
c d 104 105 Note	Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1e, Part I, should equal the amount of	n line 12, Part	l.	· · · · · · · · · · · · · · · · · · ·		····· ►	844,883
c d 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))	n line 12, Part Accomplis	l. shment	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ne No.       Explain how each activity for which income	n line 12, Part Accomplis is reported in	I. shment column (E	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 <u>Note</u> Li	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         he No.       Explain how each activity for which income of the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes	n line 12, Part Accomplis is reported in	I. shment column (E	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         he No.       Explain how each activity for which income of the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes	n line 12, Part Accomplis is reported in	I. shment column (E	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 <u>Note</u> Li	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         he No.       Explain how each activity for which income of the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes	n line 12, Part Accomplis is reported in	I. shment column (E	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 <u>Note</u> Li	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         he No.       Explain how each activity for which income of the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes (other income provided in the organization's exempt purposes	n line 12, Part Accomplis is reported in	I. shment column (E	of Exempt Purp	oses (S	ee the instruction	844,883 ns.)
c d 104 105 Note Pa Li	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         he No.       Explain how each activity for which income of the organization's exempt purposes (other A	n line 12, Part Accomplis is reported in er than by prov	I. shment column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes).	oses (S ed importa	▶	844,883
c d 104 105 Pa Li N,	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the o	n line 12, Part Accomplis is reported in er than by prov	I. shment column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent	oses (S ed importa	ee the instruction	844,883
c d 104 105 Pa Li N,	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization'	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) nage of	I. column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes).	oses (S ed importa	▶	844,883 ns.) ment ns.) (E) End-of-year
c d 104 105 Pa Li N, Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization'	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest	I. column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent	oses (S ed importa	ee the instruction     ntly to the accomplish     cee the instruction     (D)	844,883 ns.) ment ns.) (E)
c d e 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization'	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest %	I. column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent	oses (S ed importa	ee the instruction     ntly to the accomplish     cee the instruction     (D)	844,883 ns.) ment ns.) (E) End-of-year
c d e 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization'	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest %	I. column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent	oses (S ed importa	ee the instruction     ntly to the accomplish     cee the instruction     (D)	844,883 ns.) ment ns.) (E) End-of-year
c d 104 105 <u>Note</u> Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ▶ No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization'	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest % %	I. column (E riding fund	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent	oses (S ed importa	ee the instruction     ntly to the accomplish     cee the instruction     (D)	844,883 ns.) ment (s.) (E) End-of-year
c d e 104 105 Note Pa Li N, Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount on         rt VIII       Relationship of Activities to the         ne No.       Explain how each activity for which income         v       of the organization's exempt purposes (othe         /A	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest % % %	I. shment column (E riding fund es and I N	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent (C)	oses (S ed importa	ee the instruction ntly to the accomplish ee the instruction (D) Total income	844,883 ns.) ment (s.) (E) End-of-year assets
c d e 104 105 Note Pa Li N, Pa N Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ne No.       Explain how each activity for which income         ✓       of the organization's exempt purposes (othe         /A	n line 12, Part Accomplis is reported in er than by prov Subsidiarie B) ntage of ip interest % % % s Associat	I. shment column (E riding fund es and I N ed with	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent (C) ature of activities Personal Benef	oses (S d importa itíes (Se itíes contr	ee the instruction ntly to the accomplish ee the instruction (D) Total income acts (See the inst	844,883 ns.) ment (E) End-of-year assets structions.)
c d e 104 105 Note Pa Li N, Pa	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         De No.       Explain how each activity for which income of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization's exempt purposes (other of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of t	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) nage of ip interest % % % % % S Associat ds, directly or i	I. shment column (E viding fund es and I N ed with ndirectly, t	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent (C) ature of activities Personal Benef o pay premiums on a	it Contr personal	ee the instruction ntly to the accomplish ee the instruction (D) Total income acts (See the inst	844,883
c d e 104 105 Note Pa Li N/ Pa N Pa (a (1)	Total (add line 104, columns (B), (D), and (E))         Line 105 plus line 1e, Part I, should equal the amount or         rt VIII       Relationship of Activities to the         ne No.       Explain how each activity for which income         ✓       of the organization's exempt purposes (othe         /A	n line 12, Part Accomplis is reported in er than by prov Subsidiari B) ntage of ip interest % % % % S Associat ds, directly or indir	I. shment column (E viding fund es and I N ed with ndirectly, t	of Exempt Purp ) of Part VII contribute s for such purposes). Disregarded Ent (C) ature of activities Personal Benef o pay premiums on a	oses (S ed importa itíes (Se itíes (Se itícontr personal l	ee the instruction ntly to the accomplish ee the instruction (D) Total income acts (See the inst	844,883 ns.) ment (E) End-of-year assets structions.) Yes X No Yea Y No

1

Form 990 (2007	MANAGEMENT ASSOCIATION Information Regarding Transfers To	FOR PRIVA	TE 52-085457			Page 9
Part XI	is a controlling organization as define	d in section 512	(b)(13).		·	
	reporting organization make any transfers to a con	rolled entity as define	nd in section 512(h)(13) of		Yes	No
106 Did the the Cor	reporting organization make any transfers to a con de? If "Yes," complete the schedule below for each c	controlled entity.				X
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Descripti transfe		(D) Amount of t	ransfer
a						
ь						
c						
	Totals					
107 Did the	reporting organization receive any transfers from	a controlled entity as	defined in section		Ye	
	(13) of the Code? If "Yes," complete the schedule be	elow for each controll	ed entity.		l	<u> </u>
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Descripti transf		(D) Amount of	transfer
a b	· · · · · · · · · · · · · · · · · · ·					
c						
	Totals					
	e organization have a binding written contract in effe royalties, and annuities described in question 107 a	bove?				is No
Please Sign Here	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of Signature of officer	this roturn including an	companying schedules and stat icer) is based on all information	ements, and to the best of which preparer has ar Date		
	Type or print name and title	-4		·······		
Paid Preparer's	Preparer's signature GEORGEN SCA	LL SCAREAROU(	Date 5/14/C	Check if self- employed F	Preparer's SSN (See Gen. Instr <b>P00174</b> ► 26-17'	. <sup>X)</sup> 874
Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 VIENNA, VA		100E	Phone no.		

Form **990** (2007)