#### 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

Oversight hearing on "Federal Geospatial Spending, Duplication and Land Inventory Management" and Legislative hearing on H.R. 4233 (Lamborn), Map It Once, Use It Many Times Act and H.R. 1620 (Kind/Bishop of UT), Federal Land Asset Inventory Reform Act of 2011 May 3, 2012

Name/Organization: John M. Palatiello/MAPPS

Title/Date of Hearing: <u>Federal Geospatial Spending</u>, <u>Duplication and Land Inventory Management and H.R.</u> 4233 and H.R. 1620. May 3, 2012

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. The American University, Washington, DC, 1977

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.

#### None.

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**

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.

#### None.

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

John M. Palatiello is Executive Director of the Management Association for Private Photogrammetric Surveyors, (MAPPS, www.mapps.org), an association of private firms in the geospatial field. He is also President of the firm of John M. Palatiello & Associates, Inc., (www.jmpa.us) a public affairs consulting firm located in Reston, Virginia, providing government affairs and association management services to firms and organizations in the geospatial, engineering and mapping related fields. He serves as Administrator of the Council on Federal Procurement of Architectural-Engineering Services (COFPAES, www.cofpaes.org), a coalition of the nation's leading design professional societies.

In 2008, John was named by Secretary of the Interior Dirk Kemphtorne as a one of the original members of the National Geospatial Advisory Committee (NGAC).

John has long been involved in public policy issues affecting the geospatial community. He was the first 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. He was appointed to an advisory committee to the Virginia state legislature to create the Virginia Geographic Information Network (VGIN), and was a member of a 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). He is also a member of the Board of the Institute for Geographic Information Systems Studies (IGISS), a non-profit education and research institution. He is a contributing columnist for P.O.B. magazine and has written more than 30 papers and articles on issues affecting the geospatial community and has testified before Congress on more than a dozen occasions on behalf of the profession.

Name/Organization: John M. Palatiello/MAPPS\_

Title/Date of Hearing: Federal Geospatial Spending, Duplication and Land Inventory Management and H.R.

4233 and H.R. 1620. May 3, 2012

#### 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**

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).

None.

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

## Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning

, and ending

MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

Net Asset / Fund Balance at Begin	ning of Year		_	61,052
Revenue				
Contributions				
Program service revenue	85	7,580		
Investment income		125		
Capital gain / loss				
Special events:	-			
Gross revenue				
Direct expenses				
Net income	-			
Other income		4,290		
Total revenue			861,995	
Expenses				
Program services				
Management and general				
Fundraising				
Total expenses			842,258	
Excess / (deficit)		13-13-		19,737
Other changes			-	250
Net Asset / Fund R	alance at End of Year			81,039
Reconciliation of R  Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other  Plus: Investment expenses Other  Total revenue per return	861,995	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp	stments	842,258
Assets	Beginning 593,534	Balance Sheet Ending 648,116	Differences	
Liabilities	532,482	567,077		
Net assets	61,052	81,039	19,987	
	Miscellaneous Info	rmation		
	Return / extended due date	11/15/11		
	Failure to file penalty	//		
	andre to me penalty			

#### Form 990-T Return Summary

For calendar year 2010, or tax year beginning

, and ending

#### MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

Income			
Gross profit			
Capital gain / loss			
Unrelated debt-financed income			
All other income	4,290		
Total income		4,290	
Deductions			
Officer compensation			
Salaries			
All other deductions	1,250		
Net operating loss			
Specific deduction	1,000		
Total deductions		2,250	
Unrelated business taxable income		7 1 7 14	2,040
Taxes / Credits / Payments		=	
Regular tax	306		
Proxy tax			
Alternative minimum tax	25 A		
Tax		306	
Foreign tax credit			
Other credits			
General business credits	7		
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax		306	
Estimated tax payments			
Paid with extension			
Tax withheld			
Other credits / payments			
Estimated tax penalty	-		
Overpayment applied to next year's tax			
Payments / penalty / application			
Net tax due			306
Additions to Tax		_	
Interest on late payments	4		
Failure to file penalty			
Failure to pay penalty	6		
Total additions			10
Balance due			316
Refund			
		1 b=	
Next Year's Estimates	Miscellaneo	us Information	
1st quarter	Amended return		4.
2nd quarter	Return / extended due of	date 11/15/	11
3rd quarter			
4th quarter			
Total			

Form 8879-EC

## IRS e-file Signature Authorization for an Exempt Organization

on \_\_\_\_

OMB No. 1545-1878

040

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

See instructions on back.

MANAGEMENT ASSOCIATION FOR PRIVATE

PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52 - 0854573

Name and title of officer

JOHN M PALATIELLO EXECUTIVE DIRECTOR

Part I	Type of	Return and	Return	Information	(Whole	Dollars	Only)	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

1		~
IX	Lauthoriza	G

GEORGEN SCARBOROUGH ASSOCIATES, PC ERO firm name

\_ to enter my PIN

52085

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date > 08/19/11

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54561054561

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature | \_

\_ Date |

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2010)

Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

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

982 04/30/2012 Pg 4 OMB No. 1545-0047 **2010** 

Open to Public Inspection

Check if applicable: Address change  Name change  Name change  Initial return  Terminated  C Name of organization  MANAGEMENT ASSOCIATION FOR PRIVAT PHOTOGRAMMETRIC SURVEYORS  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)  1856 OLD RESTON AVENUE  City or town, state or country, and ZIP + 4		D	Empl	oyer identification number
Name change  Name change  Number and street (or P.O. box if mail is not delivered to street address)  1856 OLD RESTON AVENUE				
Number and street (or P.O. box if mail is not delivered to street address)  1856 OLD RESTON AVENUE			52.	-0854573
Initial return 1856 OLD RESTON AVENUE	44 1 4 4	-		
** 4	Room/suit	e		hone number 3 - 787 - 6665
	203		,,,,,	
Amended return RESTON VA 20190	***	G	Gross rec	eipts\$ 861,995
Application pending F Name and address of principal officer:	H(a) (a	this a group	roturn for	affiliates? Yes X No
JOHN M. PALATIELLO  1856 OLD RESTON AVENUE STE 205  RESTON VA 20190	10.000	re all affili	ates inclu	
Tax-exempt status: 501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527				
Website: MAPPS.ORG	_	roup exer		
Form of organization; Corporation Trust X Association Other ▶	L Year of format	on: 19	67	M State of legal domicile: VZ
Part I Summary				
TRADE ASSOCIATION				
			LACTER	
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)				
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	n 25% of its net	assets.	1	
3 Number of voting members of the governing body (Part VI, line 1a)			3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)			4	9
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)		*****	5	0
6 Total number of volunteers (estimate if necessary)			6	
7a Total unrelated business revenue from Part VIII, column (C), line 12			7a	4,290
b Net unrelated business taxable income from Form 990-T, line 34	a la		7b	2,040
		rior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)	444		===	055 506
9 Program service revenue (Part VIII, line 2g)		822	,752	857,580
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			315	125
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10.0		272.0	4,290
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		823	,067	861,995
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	121			
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				
16 Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶	100			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	cov.		,904	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,904	
19 Revenue less expenses. Subtract line 18 from line 12	e in C		,163	
	-	of Currer		End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20			,534	
21 Total liabilities (Part X, line 26)	225		482	
		9.1	,052	81,039
Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ACCOUNT AND A STATE OF THE PERSONS AND ASSESSED.	the second second	nowledge	and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledge			
	111			
ign Signature of officer		on Burth	Date	
	ECUTIVE	DIRE	CTOF	ξ
Type or print name and title			_	
Print/Type preparer's name Preparer's signature		ate	Check	
DH SCARBOROUGH, CPA				mployed P00174874
reparer Firm's name > GEORGEN SCARBOROUGH ASSOCIATES, P	C	Firm	n's EIN F	26-1776766
se Only 243 CHURCH ST NW STE 100E				
Firm's address VIENNA, VA 22180-4437		Pho	ne no.	703-319-3990
ay the IRS discuss this return with the preparer shown above? (see instructions)				X Yes No
or Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2010

CONTRACTOR OF STREET	(2010) MANAGEMENT ASSOCIAT		52-0854573		Page 2
Part					(Table
4 D	Check if Schedule O contains a	response to any question	in this Part III		X
	riefly describe the organization's mission:  ADE ASSOCIATION				
110	ADE ASSOCIATION		*******		
	11 EEL 2 KKKKE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		*********	***********	
+				******	
2 D	d the organization undertake any significant progra	m consists during the reason which	(5-4-4 46-		
	- F 000 B00 F70	엄마 아이 있다는 이 집에서 이 사람이 있는 것이다.			Yes X No
	"Yes," describe these new services on Schedule O			******	Yes X No
	d the organization cease conducting, or make sign		any program		
					Yes X No
	"Yes," describe these changes on Schedule O.	*********			165 12 100
	escribe the exempt purpose achievements for each	of the organization's three largest	program services by ex	penses. Section	
	01(c)(3) and 501(c)(4) organizations and section 49				
	hers, the total expenses, and revenue, if any, for ea		- Anna - Sala - Maria - Anna - An	2012 201 221 108 4	
4a (C	code: ) (Expenses \$ 391,	858 including grants of \$	POLICE CONTRACTOR	) (Revenue \$	i samuan marini da
CO	NFERENCES, MEETINGS & SEN	INARS TO EDUCATE	MEMBERS OF		
LA	W, GOV'T ACTIVITIES & BUS	SINESS AND PROFES	SIONAL ISSUE	SS	
AF	FECTING THE PRACTICE OF E	HOTOGRAMMETRY, M	APPING &		
GE	OSPATIAL SERVICES.	************************			
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4b (C	ode: ) (Expenses \$	including grants of \$		) (Revenue \$	)
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4c (C	ode:) (Expenses \$	including grants of \$		) (Revenue \$	1
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	ther program services. (Describe in Schedule O.)				
	xpenses \$ 450,400 including	grants of \$	) (Revenue \$		)
4e To	otal program service expenses	842,258			

2000	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		x	
2	Part III	5	Λ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	11		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			x
	complete Schedule D, Part I	6	-	Δ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1.7		1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-		11	-
	andowments? If "Ves " complete Schedule D. Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	62747474	x
1	complete Schedule D, Part VI	11a		Α.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	- 1	x
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	4.11	1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			177
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	-11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	174		10
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		1	1-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	Fren	- 4	-
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	95.0		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			12
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			14 -
	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	E 14	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	- +1	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	TE	7	1.7
37	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	14	1 9
		1		

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

Page 4 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 X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 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 X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b Schedule L, Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 X 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 35 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V. line 2 . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. x Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders a 11a Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X

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

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X

	tion A. Governing Body and Management		_			V	
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	1	9		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent	1b	-	9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Lin	1		-		
	any other officer, director, trustee, or key employee?						х
3	Did the organization delegate control over management duties customarily performed by or under the direct		£ # (r	100071	. 2		A
	supervision of officers, directors or trustees, or key employees to a management company or other person?					x	-
4		4 4 4 4 4 4	+++	* * * * * * *	. 3	Δ.	v
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		244	*****	. 4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?				. 5	77	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				125		77
	of the governing body?		+   +   +		7a		X
D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		141	بيناتتنا	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				11121		i de
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the In	terna	IR	evenu	e Code	)	
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a	1 1	X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such						1
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?				. 10b		Ш
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				The P		
	form?				11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			my o			
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	41.1	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		0.00	0000000			1
	describe in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?	A 14 (4 (4 (4 (4 (4 )		elelele k elel	13		X
14	Does the organization have a written document retention and destruction policy?		#-+		14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or less employees of the experientless				4 400		X
7	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						
104	with a taxable entity during the year?				16a	200000000	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its				100		
	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	000000000	000000000000000000000000000000000000000
Sac	tion C. Disclosure				100		
- P	List the states with which a copy of this Form 990 is required to be filed NONE		_				_
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ha) ava	ilah	lo.	(0,0,0,0,0,0,0,0	, and	
10	나는 아이들이 살아보고 하는데 아이들이 아이들이 아이들이 살아가지 않는데 아이들이 아이들이 되었다. 그는데 아이들이 아이들이 아이들이 아이들이 아이들이 살아내셨다면데 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	iy) ava	mdC	ii.			
	for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request						
40		st malt-					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st polic	у,				
	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						
- 17	organization: ▶ JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVI	FUOR					94.

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

DAA

(A) Name and Title	(B) Average				C) k all	that a	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	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
(1) SCOTT PERKINS DIRECTOR	2.00	x				. 1	11	0	0	0
(2) W BRANT HOWARD DIRECTOR	2.00	x						0	0	0
(3) ERIC ANDELIN DIRECTOR	2.00	x						0	0	0
(4) CRAIG MOLANDER DIRECTOR	2.00	x						0	0	0
(5) MARK SAFRAN DIRECTOR	2.00	x						0	0	0
(6) JEFF LOVIN PRESIDENT	3.00	1	1	x				0	0	0
(7) RICHARD MCDONALD PRESIDENT ELECT	3.00		Ē	x				0	0	0
(8) ROBERT J HICKEY TREASURER	3.00		Ī	x	E			0	0	0
(9) MIKE TULLY SECRETARY	2.00			x	1			o	0	0
(10)				1						
(11)										
(12)			Ī							
(13)				Ī						
(14)				1	J	= 1				
(15)				Ţ	-					
(16)				1						

Form **990** (2010)

(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat ap	(vlac	(D) Reportable	(E) Reportable		(F Estim		
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	_		Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amou	nt of er sation the zation lated	
(17)		П		7									
(18)				Ħ	Ī	Ţ							
(19)													
(20)				T									
(21)	i E					Fi							
(22)													
(23)		7	H	Ť			17						
(24)													
(25)	+		X										
(26)													
(27)	1-0 - 1		Ĭ				7						
(28)				Ħ									
Sub-total     Total from continuation sheet     Total (add lines 1b and 1c)     Total number of individuals (included included includ	ts to Part VII, S	ectionited	n A .		444		b vve) w	tho received more than \$10	00,000 in			Yes	No
<ul> <li>Did the organization list any fore employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization continues.</li> <li>Did any person listed on line 1a for services rendered to the organization.</li> </ul>	complete Sched 1a, is the sum of cations greater to receive or accr	ule J I f repo han \$  ue co	for su ortab 150, mpe	le co 0007	ndivi	dual ensati Yes,"	on ar comp	nd other compensation from plete Schedule J for such prelated organization or ind	ividual		3 4 5		x x
Section B. Independent Contracto  1 Complete this table for your five	rs								The state of the s				
compensation from the organiza	(A) business address	nouto	- 1110	- CPC					(B)		Co	(C)	tion
JOHN M PALATIELLO ASS	SOCIATES,	INC			185	6 0	111500	RESTON AVE				100	),750
						0				- 1			
Total number of independent correctived more than \$100,000 in								sted above) who	- 2.				

rt VI	II Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
	Membership dues	1b					
	Fundraising events	1c					
d	Related organizations	1d					
f	Government grants (contributions)  All other contributions, gifts, grants,	1e					
g	and similar amounts not included above  Noncash contributions included in lines 1a-	1f   f: \$					
h	Total. Add lines 1a-1f		D 0				
20	CONTENENCES & MEETI	Mac	Busn. Code	440,273			440,27
2a b	CONFERENCES & MEETI MEMBERSHIP	NGS		411,807			411,80
c	MISC REVENUE			5,500			5,50
e	All other program service rever						
	Total. Add lines 2a-2f			857,580		-1	
3	Investment income (including dand other similar amounts)	THE RESERVE OF THE PARTY OF THE		125			12
	Income from investment of tax-	exempt bond pr	oceeds >		14		
5	Royalties(i) Real	(ii)	Personal				
6a	Gross Rents			0.0000000000000000000000000000000000000		2,000,000	
	Less: rental exps.	-					
C	Rental inc. or (loss)	= = = = = = = = = = = = = = = = = = = =					
	Gross amount from sales of assets other than inventory	s (i	) Other				
b	Less: cost or other						
	basis & sales exps.						
C	Gain or (loss)						
d	Net gain or (loss)		Þ				
	Gross income from fundraising ever (not including \$	1014					
	See Part IV, line 18	. а	-				
	Less: direct expenses	b					
	Net income or (loss) from fund					1	
	Gross income from gaming activities						
	See Part IV, line 19 Less: direct expenses	a					
	Net income or (loss) from gami	no activities					
	Gross sales of inventory, less	ng activities					
	Set chee heat all and conserve	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales	of inventory					
	Miscellaneous Revenue		Busn. Code				
11a	ADVERTISING ON WEBSI	re	518112	4,290		4,290	
b	***************************************		171	7			
C			1 4				
d	All other revenue						
е	Total. Add lines 11a-11d			4,290			
12	Total revenue. See instruction	s		861,995		0 4,290	857,70

#### 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).

	o not include amounts reported on lines 6b, b, 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				
13	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
10	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	400 570			
a	Management	429,570			
b		0 000			
C	Accounting	8,000			
d		41,180			
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		***************************************		
9					
12	Advertising and promotion				
14	Office expenses				-
15	Information technology				
	Royalties				
16	Occupancy Travel	1,875			
18	Payments of travel or entertainment expenses	1,075			
10				2	
10	for any federal, state, or local public officials  Conferences, conventions, and meetings	292,760			
19	COLUMN TO THE PARTY OF THE PART	232,100		1	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	WEB SERVICES	16,500			
b	OFFICE SUPPLIES & EXPENSE	13,374			
c	CREDIT CARD FEES	12,074		3-1	
d	DUES & MEMBERSHIPS	8,000			
e	SALARY SURVEY	8,000			
f	All other expenses	10,925			
25	Total functional expenses. Add lines 1 through 24f	842,258	0	0	0
26	Joint costs. Check here   SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation			1	Form <b>990</b> (2010)

		(A)	- 1	(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	228,825	2	336,932
2	Savings and temporary cash investments	220,023	3	3307332
3	Pledges and grants receivable, net	349,911	4	277,796
4	Accounts receivable, net	349,311	4	277775
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		5	
1.2	Schedule L		3	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		6	
100	employees' beneficiary organizations (see instructions)		7	
7 8	Notes and loans receivable, net		8	
8	Inventories for sale or use	14,798	9	33,38
9	Prepaid expenses and deferred charges	111100	-	33733
102	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
1 2			10c	
11.50	***************************************		11	
11	Investments—publicly traded securities		12	-
12	Investments—other securities. See Part IV, line 11		13	
13	Investments—program-related. See Part IV, line 11		14	
14	Intangible assets		15	
15	Other assets. See Part IV, line 11	593,534	16	648,11
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,088	17	6,90
17	Accounts payable and accrued expenses	3,000	18	0,50
18	Grants payable	527,394	19	560,17
19	Deferred revenue	321,331	20	500,17
20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22			21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
	를 보면하다. 하나 말이다. 그리고 있다면 살아보고 하나면 된 1000 New Person (1997) 하는 1000 New Person (1997) 하는 1000 New Person (1997)		22	
ON	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
23	The second decay and be seen on other as received their bounders		24	
25			25	
26	Other liabilities. Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	532,482		567,07
-	Organizations that follow SFAS 117, check here ▶ X and complete	332/102	20	301701
	lines 27 through 29, and lines 33 and 34.			
27		61,052	27	81,03
28	***************************************	02/002	28	02,00
29	Temporarily restricted net assets		29	
23	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ ☐ and		23	
	complete lines 30 through 34.			
27 28 29 30 31 32 33	TENNING OF THE STREET OF THE TOTAL CONTROL OF THE STREET O		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33		61,052	33	81,03
33	Total net assets or fund balances  Total liabilities and net assets/fund balances	593,534	34	648,11

Form 990 (2010)

Pa	art XI Reconciliation of Net Assets			age 12
NAVA	Check if Schedule O contains a response to any question in this Part XI		mm.	
1	Total revenue (must equal Part VIII, column (A), line 12)	8	61.	995
2	Total expenses (must equal Part IX, column (A), line 25)			258
3	Revenue less expenses. Subtract line 2 from line 1		_	737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			052
5	Other changes in net assets or fund balances (explain in Schedule O) 5			250
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		81,	039
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			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
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	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	15		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

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

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

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

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

Na	me of organization	PHOTOGRAMMETRIC			Employer identification 52 - 08545	73
Pa	rt I-A Con	nplete if the organization	is exempt under section 501	(c) or is a secti	on 527 organization	1.
1 2 3	Political expend		and indirect political campaign activities			
pa	rt I-B Con	nolete if the organization	is exempt under section 501	(c)(3).		
1 2 3 4a	Enter the amou Enter the amou If the organizati Was a correction If "Yes." describ	int of any excise tax incurred by the int of any excise tax incurred by or ion incurred a section 4955 tax, disponent on made?	e organization under section 4955 ganization managers under section 495 d it file Form 4720 for this year?	5 		Yes No
-			is exempt under section 501		tion 501(c)(3).	
2 3 4 5	activities Enter the amou 527 exempt fun Total exempt ful line 17b Did the filing or Enter the name organization ma the amount of p	int of the filing organization's funds action activities anction expenditures. Add lines 1 and aganization file Form 1120-POL for es, addresses and employer identificate payments. For each organizationlitical contributions received that	organization for section 527 exempt functions for secontributed to other organizations for second 2. Enter here and on Form 1120-PO of this year?  Thi	ection  DL,  political organization  a filing organization  a separate political	s to which the filing 's funds. Also enter organization, such	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
101						
(2)						
(3)						
(4)						
(5)						
(6)						72.2

000000000		ANAGEMENT AS				7 5 5 5
Par	t II-A Complete if the organ section 501(h)).	nization is exemp	t under section 5	01(c)(3) and fil	ed Form 5768 (elec	tion under
	Check  if the filing organiz				5.2230	
5 (	Check ▶ ☐ if the filing organiz			ontrol provision		W. S. 1999
	(The term "expenditures	obbying Expendit " means amounts p			(a) Filing organization's totals	(b) Affiliated group totals
b c d	Total lobbying expenditures to influence and Total lobbying expenditures to influence and Total lobbying expenditures (add lines 1 and Other exempt purpose expenditures and Total exempt purpose expenditures (add	a legislative body (direct and 1b)	lobbying)			
f	Lobbying nontaxable amount. Enter the a	mount from the following	ig table in both			
Ιſ	columns.  If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	exable amount is:			
	Not over \$500,000	20% of the amount o				
	Over \$500,000 but not over \$1,000,000		f the excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000		f the excess over \$1,000,0			
	Over \$1,500,000 but not over \$17,000,000	-1 150.550 111 577	the excess over \$1,500.00			
1	Over \$17,000,000	\$1,000,000.	and divided dividing in the design			
j	Subtract line 1f from line 1c. If zero or les If there is an amount other than zero on a reporting section 4911 tax for this year?  (Some organizations to columns be	either line 1h or line 1i, o	ng Period Under on 501(h) election	Section 501(h) n do not have to	o complete all of th	
-	Lo	bbying Expenditu	res During 4-Yea	ar Averaging Po	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					15

Page 3

_	(election under section 501(h)).	(4	a)		b)	
		Yes	No	Am	ount	
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?	1	17.34			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	UT III	II y			
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		11.00			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar 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)?					
b	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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	till-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5), c	or se	ction		
-	501(c)(6).				To	Local
4	Wass substantially all (00% as mars) dues received pendadustible by mambars?				Yes	s No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2	+	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				+-	X
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					21
il fill to the	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,					
	"Yes."	10.75		D.27 (P. J. 2010)		
1	Dues, assessments and similar amounts from members	5555	1	14	411	,807
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
a	Current year		2a		41	, 180
b	Carryover from last year		2b			
C	Total		2c		41	,180
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		41	,180
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	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			
Pa	t IV Supplemental Information					
Com	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	1i. Als	0,			
omp	lete this part for any additional information.					
	************************************					
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999 811					******	*****

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·	art IV		Suppl	ement	al Inf	ormati	ion (c	ontinu	ied)												27.35
										175											
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52 - 0854573

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS  MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT  EVENTS AND LEGISLATION IMPACTING BUSINESS.
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED  MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES, INC.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ORGANIZED WITH MEMBERS. MEMBERS ARE PRIVATE BUSINESSES ENGAGED IN PHOTOGRAMMETRIC SURVEYING.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30 DAYS FOLLOWING RECEIPT OF REQUEST.

Form 990-T  Department of the Treasury Internal Revenue Service		Exempt Organization Busin (and proxy tax under For calendar year 2010 or other tax year	r section or beginnin	n 6033(e)) ng,	and	Oper	OMB No. 1545-0687  2010  It to Public Inspection for
. Check box if		ending .		ee separate instructi		T 100 T	(c)(3) Organizations Only
B Exempt under section  X 501( C)( 6)	Print	Name of organization ( Check box if name of MANAGEMENT ASSOCIATION PHOTOGRAMMETRIC SURVEY	N FOR				fication number e instructions.)
408(e) 220(e)	100	Number, street, and room or suite no. If a P.O. box, see instruc		205	52-0		
408A 530(a)	Туре	1856 OLD RESTON AVENUE City or town, state, and ZIP code	5		E Unrelate		ess activity codes
C Book value of all assets		RESTON	VA 2	20190	5181		
at end of year	F G	roup exemption number (See instructions.)					
648,116	G C	neck organization type > X 501(c) corp	oration	501(c) trust	401(a) trus	t F	Other trust
		ry unrelated business activity.  WEBSITE IN "MEMBERS ON		SECTION OF	STTE		
		oration a subsidiary in an affiliated group or a pa				-	Yes X No
		tifying number of the parent corporation.	irent-sobsi	diary controlled group		***	Tes A No
J The books are in care of	▶ J	OHN M PALATIELLO & ASSO	OC	Tele	ohone number	70	03-787-6996
Part I Unrelated	1 Trade	or Business Income	4.00	(A) Income	(B) Expense		(C) Net
1a Gross receipts or sales	3						
b Less returns and allow	THE T T TO 0	c Balance	1c				
2 Cost of goods sold (Sc	hedule A	, line 7)	2				
3 Gross profit. Subtract li	ine 2 from	m line 1c	3				
4a Capital gain net income	e (attach	Schedule D)	4a				
b Net gain (loss) (Form 4	797, Par	rt II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c				
5 Income (loss) from partnerships	and S corpo	orations (attach statement)	5				
6 Rent income (Schedule	e C)	AAAAA A	6				
7 Unrelated debt-finance	d income	(Schedule E)	7				
8 Interest, annuities, royaltie	s, and ren	its from controlled organizations (Schedule F)	8				
		c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activities	ty incom	e (Schedule I)	10				
44 Advardising ingame /Co	badula I		11			- T	
12 Other income (See inst	tructions;	attach schedule.) SEE STMT 1	12	4,290			4,290
13 Total. Combine lines 3	through	12	13	4,290			4,290
Part II Deductio	ns Not	Taken Elsewhere (See instructions to be directly connected with the unrel			ons.) Except	for co	ontributions,
		tors, and trustees (Schedule K)				14	
15 Salaries and wages	101 011 021			excessive in the		15	
16 Repairs and maintenar	ice	********************	manni			16	
17 Bad debts			e, cecercio			17	
18 Interest (attach schedu	le)	****************				18	
19 laxes and licenses						19	
20 Charitable contributions	s (See in	structions for limitation rules.)				20	
21 Depreciation (attach Fo	rm 4562	)	+41++++++	21			
22 Less depreciation claim	ned on S	chedule A and elsewhere on return		22a		22b	0
23 Depletion		411111111				23	
24 Contributions to deferre	ed compe	ensation plans		add dhannan and an area		24	
25 Employee benefit progr	ams					25	
26 Excess exempt expens	es (Sche	edule I)				26	
27 Excess readership cos	ts (Sched	dule J)				27	
28 Other deductions (attac	ch sched	dule J)		SEE STATEM	ENT 2	28	1,250
29 Total deductions. Add	lines 14	through 28				29	1,250
30 Unrelated business tax	able inco	me before net operating loss deduction. Subtra	ct line 29 fr	rom line 13		30	3,040
31 Net operating loss ded	uction (lir	nited to the amount on line 30)				31	175
		ome before specific deduction. Subtract line 31 f	rom line 30	)		32	3,040
		1,000, but see line 33 instructions for exceptions		an line 22	,,,,,,,,,,,,	33	1,000
34 Unrelated business to enter the smaller of zer		icome. Subtract line 33 from line 32. If line 33 is	greater th	an line 32,		34	2.040

200000000000	990-1 (2 <b>rt III</b>	Tax Computation					[00000000000]	
35		ations Taxable as Corporat			ed group			
		s (sections 1561 and 1563) c			ar contract			
	Enter yo	our share of the \$50,000, \$25,		(3) \$	at order);			
b	Enter or	ganization's share of: (1) Add	itional 5% tax (not more	than \$11,750)			4 1	
		itional 3% tax (not more than	\$100,000)		\$			200
		tax on the amount on line 34					35c	306
36		Taxable at Trust Rates. See				1.2		
		angles from the control of the contr		Schedule D (Form 1			36	
37		ax. See instructions				tittet.	37	
38	CW 752 - 1 0 - 12						38	306
PROTEST OF THE PARTY OF THE PAR	SCHOOL SCHOOL SCHOOL	dd lines 37 and 38 to line 35c	or 36, whichever applie	S			39	300
		Tax and Payments		L F 4440	140-		T	
40a		tax credit (corporations attach			40a 40b		-	
b	Other cr	redits (see instructions)	2000		40c			
C	General	business credit. Attach Form	3800		40d		-	
d		or prior year minimum tax (atta					40e	
9	Cubtroo	redits. Add lines 40a through	400				41	306
41	Other tax		Form 8611 Form 86				42	500
42	Check if i				Other		43	306
44a		its: A 2009 overpayment cred	ited to 2010		44a	0,0,0,0,0,0,0,0,0,0,0,0	-	
b	2010 es	timated tax payments	ned to 2010	e, a . a . a . a . a . a . a . a . a . a	44b			
c	Tax den	osited with Form 8868	*****		44c			
d	Foreign	organizations: Tax paid or wit	thheld at source (see ins	tructions)	44d			
e		withholding (see instructions)			44e			
f	Credit fo	or small employer health insur	rance premiums (Attach	Form 8941)	44f			
g		redits and payments:		A THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLU				
		m 4136	Other	Total ▶	44g			
45		ayments. Add lines 44a throu					45	
46		ed tax penalty (see instruction					46	
47		e. If line 45 is less than the tot					47	306
48		yment. If line 45 is larger than					48	
49		amount of line 48 you want: Cred			111111111111111111111111111111111111111	tefunded >	49	
Pa	rt V	Statements Regardi			ation (see instruc	ctions)	30-	
1	At any tin	ne during the 2010 calendar year,						Yes No
	account (	bank, securities, or other) in a fore	eign country? If YES, the or	ganization may have to file Forn	n TD F 90-22.1, Report	of Foreign		
	Bank and	Financial Accounts. If YES, enter	r the name of the foreign co	untry here				X
2	During t	he tax year, did the organizati	ion receive a distribution	from, or was it the grantor	of, or transferor to, a	foreign trust	?	X
	If YES,	see instructions for other form	s the organization may	have to file.				
3	Enter th	e amount of tax-exempt interes	est received or accrued	during the tax year > 3	3			
Sch	edule /	A - Cost of Goods Sol	d. Enter method o	f inventory valuation				2.00000
1	Inventor	ry at beginning of year	1	6 Inventory at end	d of year		6	
2	Purchas	ses	2	7 Cost of goods	sold. Subtract line 6	from		
3	Cost of		3	line 5. Enter he	re and in Part I, line 2	2	7	
4a	costs (att	al sec. 263A tach sch.)	4a	8 Do the rules of	section 263A (with re	espect to		Yes No
ь	Other cos	sts chedule)	4b	property produc	ced or acquired for re	sale) apply		
5		dd lines 1 through 4b	5	to the organizat				
	COTTO	r penalties of perjury, I declare that I have ct, and complete. Declaration of preparer				owledge and belie	f, it is true,	Landan and Called and an
Sig	n		(4.1.2)	an mannagari ar riman proparar mas	any mamooga.			May the IRS discuss this return with the preparer shown below
Her	e P						-	(see instructions)?
_	Sign	ature of officer	Date	Title	1			X Yes No
2		Print/Type preparer's name	DH SCARBOROUGH, C	PA	Date	Chec	k Lif	PTIN
Paid		Preparer's signature			04/30/1	2 self-e	mployed	P00174874
	arer			UGH ASSOCIATE	S, PC		Firm's EIN	
use	Only	Firm's address ▶ 243 C					Phone no.	703-319-3990
		VIEND	NA, VA 2218	0-4437				
								Form 990-T (2010

Add columns 6 and 11.

Enter here and on page 1,

Part I, line 8, column (B).

Add columns 5 and 10.

Enter here and on page 1,

Part I, line 8, column (A).

Totals

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

1. Description of income	е	2. Amount of income	3. Deduction directly connect (attach scheduction)	ected		i-asides schedule)	100	5. Total deductions nd set-asides (col, 3 plus col.4)
(1) N/A			- 4 2 - 4 - 4 - 4				14	
(2)								
(3)			0 1 1 2					
(4)							11	
(+)		ean and days					Ent	er here and on page 1,
Totals		Enter here and on pag Part I, line 9, column (/	e 1, A).				Par	t I, line 9, column (B).
Totals Schedule I – Exploited Exe	mpt Activity In	come, Other Th	nan Advertising I	ncome (	see instruc	tions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cots. 5 through 7.	from a	oss income activity that unrelated ess income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A								
		27						
(2)								
(3)		_		-				
(4)	-			-				
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and or page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26,
Totals								
Schedule J - Advertising Ir	come (see inst	ructions)						
			nsolidated Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If	5. 0	irculation ncome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A								
(2)								
(3)	-		$\dashv$				_	+
(4)				-				
Totals (carry to Part II, line (5)) ▶ Part II Income From F 2 through 7 on			parate Basis (For	each p	eriodical li	isted in P	art II, f	ill in columns
(1) N/A	2, 111,0							
(2)								
			-					
(3)					~ 7		-+	
(4)						L		
(5) Totals from Part I  Totals, Part II (lines 1-5)	Enter here and or page 1, Part I, line 11, col. (A).	Enter here and o page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	on of Officers.	Directors, and	Trustees (see instr	uctions)				
1. Nam			2. Title		time	Percent of devoted to usiness		ensation attributable to related business
(1) N/A					Di			
						%		
(2)						%		
(3)						%		
(4)						%		
Total. Enter here and on page 1. Pag	rt II. line 14							

982 Management Association for Private
52-0854573 Federal Statements

4/30/2012 Page 1

FYE: 12/31/2010

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

	Amount
\$\$	4,290
\$	4,290
	\$ \$

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

Description	Amount
WEBSITE EXPENSES	\$ 1,250
TOTAL	\$ 1,250

990-T	ear heginning	, and endi	na		2010
For calendar year 2010, or tax yearne	ar beginning	, and endi	ng T	Taxpayer	Identification Number
MANAGEMENT ASSOCIATION FOR PR	RIVATE				
PHOTOGRAMMETRIC SURVEYORS		11 A. PHIL 144	+ le + s f	52-08	54573
Interest on I	Late Payments and Fa				
Description	Amount	Balance	No. of Days	Rate	Late Interest
TAX ON RETURN 5/15	306	306	5,5		Carried House Sales
INTEREST 5/16-6/30		306	46	4.00	
INTEREST 7/1-8/19		308	50	4.00	
					-
			-	_	
			-		
			—		
Total interest on late payments					
Total failure to file penalty CALC'D TO M.	INIMUM				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			114444444	-
Fa	ilure to Pay Penalty W	/orksheet			
Fa	ilure to Pay Penalty W	Vorksheet	No. of	t.	
Description	ilure to Pay Penalty W	Balance	No. of Month		FTP Penalty
			Month		FTP Penalty
Description		Balance	Month		FTP Penalty
Description		Balance	Month		FTP Penalty
Description		Balance	Month		FTP Penalty
Description		Balance	Month		FTP Penalty
Description		Balance	Month		FTP Penalty
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Description		Balance	Month		FTP Penalty
Description		Balance	Month		FTP Penalty

982 Management Association for Private
52-0854573 Federal Statements

4/30/2012 Page 1

FYE: 12/31/2010

#### Taxable Interest on Investments

	Descri	ption						
			Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
BANK	INTEREST							1
		\$	125		14			
	TOTAL	\$	125					

	4/30/201
ents	Рапе

982 Management Association for Private 52-0854573 FYE: 12/31/2010

Federal Statements

	rorm ago,	Form 330, Part IA, Line 241 - All Other Expenses	I-All Om	er Expenses			
Description		Total Expenses		Program Service	Management & General	જ	Fund Raising
STATE LEGISLATION BOARD LIABILITY INSURANCE ANNUAL AWARDS WEB SVC RE: ADVERTISING MISC	to.	4,500 3,006 2,169 1,000 250	W.	4,500 3,006 2,169 1,000 250	₹0÷		₩
TOTAL	₩.	10,925	ŧ⁄s-	10,925	₩	0	₩

982 Management Association for Private
52-0854573 Federal Statements

4/30/2012 Page 3

FYE: 12/31/2010

## Form 990-T - Other Deductions Not Taken Elsewhere

Description	Amount
WEBSITE EXPENSES	\$ 1,250
TOTAL	\$ 1,250

# 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

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#### Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

#### MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

Net Asset / Fund Balance at Begir	nning of Year		<u></u>	4,889
Revenue				
Contributions				
Program service revenue	8	22,752		
Investment income		315		
Capital gain / loss				
Special events:				
Gross revenue	<u></u>			
Direct expenses				
Net income				
Other income		0		
Total revenue			823,067	
Expenses				
Program services				
Management and general		<u> </u>		
Fundraising				
Total expenses			766,904	
Excess / (deficit)				56,163
Othershause			<del></del>	
Other changes			<del>,,</del>	
Net Asset / Fund B	alance at End of Year			61,052
Reconciliation of F			Reconciliation of Exper	
Total revenue per financial statements Less:	823,067		financial statements	766,904
		Less:		
Unrealized gains  Donated services		Donated service		***
Recoveries	<del></del>	Prior year adju	stments	
Other		Losses	Porto	
Plus:		Other		
		Plus:		
Investment expenses Other		Investment exp	enses _	
	823,067	Other		766,904
Total revenue per return	023,007	i otai expe	enses per return <u> </u>	700,904
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	520,180	593,534		
Liabilities	515,291	532,482		
Net assets	4,889	61,052	56,163	
	Miscellaneous Info	ormation		
	Amended return			
	Return / extended due date	11/15/10		
	Failure to file penalty			

Department of the Treasury

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

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

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

982 Pg 2 2009 Open to Public

INIC	Trai Neverio	C OCIVICE	The digarazation may have to use a copy of this return to satisfy state reporting re	quirent	ents.	mapecuon
<u>A</u>	For the 20	09 calendar y	ear, or tax year beginning , and ending			
В	Check if applic		C Name of organization MANAGEMENT ASSOCIATION FOR PRIVATE	٥	Emplo	yer identification number
$\bigcap$	Address chang	ge use IRS	PHOTOGRAMMETRIC SURVEYORS			
$\overline{\Box}$	Name chance	label or print or	Doing Business As		52-	0854573
Li		type.	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E		one number
	Inilial return	See	1760 OLD RESTON AVENUE 205			-787-6665
	Termination	Specific	City or town, state or country, and ZIP + 4		Gross rece	
	Amended retu	Instruc- rn tions.	RESTON VA 20190-3361	۲	GIUSS IECE	1015 \$ 025 / 00 /
L			and address of principal officer:	─	(m) (m)Ein	
LJ	Application per	nung	HN M. PALATIELLO	"		a group return for es? Yes X No
		l l	60 OLD RESTON AVE. SUITE #205	l Hr	affiliate (b) Are all	affiliales
		i i			include	ed? Yes No
_				—	If "No,"	altach a list. (see instructions)
$\overline{}$	Tax-exempt	<del>~~~~</del>	501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527			
~~~~		► MAPPS	47373			exemption number
******	Type of organ	****************	poration Trust X Association Other ▶ L Year of formation	196	67	M State of legal domicile: VA
	art I	Summai				
			ne organization's mission or most significant activities:			
ø	T	RADE ASS	SOCIATION			
anc.						
Activities & Governance						
Š	2 Che	ck this box	if the organization discontinued its operations or disposed of more than 25% of its net as	ssets.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
O			members of the governing body (Part VI, line 1a)		3	9
ŝ			endent voting members of the governing body (Part VI, line 1b)		4	9
iţie					5	0
çį			Charles Carlington if a command		6	
Ř					7a	
	to Niet	argross unrea	ated business revenue from Part VIII, column (C), line 12		1	0
	<b>b</b> Net	unrelated bus	iness taxable income from Form 990-T, line 34	or Year	7b	Current Year
	8 Con	tributions and	grants (Part VIII, line 1h)	Ji i Cui		Various roas
Revenue	9 Prod	ram coniico i	revenue (Part VIII, line 2g)			822,752
ver	40 1000	otmont incom	o (Port VIII. pakers (A) Since 2.4 and 74)			315
Re	44 046	stinent incom	e (Part VIII, column (A), lines 3, 4, and 7d)			313
	11 Othe	errevenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			823,067
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)			623,007
	13 Grai	nts and simila	r amounts paid (Part IX, column (A), lines 1-3)		-	<del></del>
	<b>14</b> Ben	efits paid to o	r for members (Part IX, column (A), line 4)			
S			mpensation, employee benefits (Part IX, column (A), lines 5-10)			
enses	16a Prof	essional fund	raising fees (Part IX, column (A), line 11e)	************		
Expe	b Tota	al fundraising	expenses (Part IX, column (D), line 25) ▶			
ш			Part IX, column (A), lines 11a-11d, 11f-24f)			766,904
	<b>18</b> Tota	ıl expenses. A	kdd lines 13–17 (must equal Part IX, column (A), line 25)			766,904
	19 Rev		enses. Subtract line 18 from line 12			56,163
Net Assets or Fund Balances		Beginning o				End of Year
set	20 Tota	ıl assets (Parl		520,		593,534
A B	21 Tota	ıl liabilities (Pa	art X, line 26)	<u>515,</u>	291	532,482
ž.5	22 Net	assets or fund	d balances, Subtract line 21 from line 20	4,	889	61,052
Р	art II	Signatur	e Block			
		Under penalti	es of perjury. I declare that I have examined this return, including accompanying schedules and statements,	, and to t	he best of	f my knowledge
		and belief, it i	s true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	n prepare	er has any	/ knowledge.
Sig	n					
Hei	1	Signatur	e of officer		Date	
	i	l N				
		Type or	print name and title			
			Bate   Cl	heck if		Preparer's identifying number
Pai	d	Preparer's signature	ABIGINAL CICHEN BY N H. CCADBORNICH CPA	elf-		(see instructions)
	parer's	aignatule	V   U9/U9/IU  en	nployed		P00174874
	Only	Firm's name	GEORGEN SCARBOROUGH ASSOCIATES, PC	$\longrightarrow$	EłN 🕨	26-1776766
(	,	if self-employ			Phone	
		address, and	ZIP+4 VIENNA, VA 22180-4437		no.	703-319-3990

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

Nο

X Yes

	n 990 (2009) MANAGEMENT ASS		ATE 52-0854573	Page <b>2</b>
		Service Accomplishments		
1	Briefly describe the organization's mission  FRADE ASSOCIATION			,
		*************		
2	Did the organization undertake any signific the prior Form 990 or 990-EZ?	· -	r which were not listed on	Yes X No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting, or services?		onducts, any program	Yes X No
	If "Yes," describe these changes on Scheo	tule O.		
4	Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organization		e largest program services by expenses. e required to report the amount of grants an	d
	allocations to others, the total expenses, a	nd revenue, if any, for each program	service reported.	
I A	·	& BUSINESS AND PR E OF PHOTOGRAMMETR	OFESSIONAL ISSUES	
4b	(Code: ) (Expenses \$	including grants	of \$ ) (Rever	nue \$
	*		***************************************	
	· · · · · · · · · · · · · · · · · · ·			
			***************************************	
			****	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Code: ) (Expenses \$	including grants	of \$ ) (Rever	nue \$
	, , , , , , , , , , , , , , , , , , ,	g granto	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	* *************************************		••••••••••	
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			******************************	
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	• •••••••••••••••••••••••••••••••••••••			
4d	Other program services. (Describe in Sche	dule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	621,896		

Part 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 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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 Х 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." X complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 Х 9 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 X 10 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 X 11 • 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 investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X. 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. X 12 12A 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. X 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? Х 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 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 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 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 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 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009)

20

XX

If "Yes," complete Schedule G, Part III

Page 4

52-0854573

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

v .			Yes	Νo
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		Х
<b>24</b> a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Parl 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,			
	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):			
а	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		_X
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		_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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u> </u>
35	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_	٠,	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2009)

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

P	art V Statements Regarding Other IRS Filings and Tax Compliance					1
4-	Establish sumbaras and in Box 2 of Francisco Ave. 10 and 17 and 17 and 17			[3000000000	Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,		_			
_	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	1 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and repo gaming (gambling) winnings to prize winners?			1c		a salah
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b		
	<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					
•	instructions)	ı				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	cial				
	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 Ba					
	and Financial Accounts.					Kes
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ling				
_	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
.,	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	. da				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?			7a		10000
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?				$\vdash$	<del> </del>
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was					<del>                                     </del>
J	vanciand to file Ferry 00000			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	]			<b>†</b>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	-				
	benefit contract?			7e		
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?					1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a					
	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			N. 184		
а	Did the organization make any taxable distributions under section 4966?	<i>.</i>		9a		<u> </u>
b				9b	127 107 5 75.	
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	<del> </del>			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	1	ı			
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	446				
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b	I		1000	1000000
12a	- Section 4547 (a)(1) non-exempt charitable trusts. IS the organization liling from 950 in ileu of Form 1	U41 !		12a		1

12b

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 Schodulo O. See instructions

	Schedule O. See instructions.					
Sec	tion 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		Х
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		Х
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		Х
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	<u> </u>		9		X
	tion B. Policies (This Section B requests information about policies not required by the In	ternal				
Rev	enue Code.)	~~~				
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ł		
	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
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
C	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
4	Does the organization have a written document retention and destruction policy?		,	14		X
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	, ,		15a	Х	
þ	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.)					
6a	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
þ	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 faw, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed ► NONE					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)				
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st				
	policy, and financial statements available to the public.					
0	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 AV					
RE	STON VA 201	90	7	03-78	7 – 6	996

# 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	Posi	ition (	(( chec	•	hat a	oply)	(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						0	0	0
W BRANT HOWARD, C	OMPASSDA		I	NC	•				***************************************	***************************************
DIRECTOR	2.00	X						0	0	0
ERIC ANDELIN, BOH	ANNAN HU	ST	ON	,	EN(				<del></del>	
DIRECTOR	2.00	X						0	0	0
CRAIG MOLANDER, S	URDEX CO	RP	OR.	AT:	ľO:	1				
DIRECTOR	2.00	x						0	0	0
MARK SAFRAN, BAE	SYSTEMS	IN	c.							
DIRECTOR	2.00	Х						0	0	0
JEFF LOVIN, WOOLE	ERT INC									
PRESIDENT	3.00			X				0	0	0
RICHARD MCDONALD,	GEOSPAT	ΙA	L,	COI	RР					
PRESIDENT ELECT	3.00			X				0	0	0
ROBERT J HICKEY,	PHOTO SC	ΙE	NC:							
TREASURER	3.00			X				0	0	0
MIKE TULLY, AERIA	3	ES	,	IN	Ξ.					
SECRETARY	2.00			X				0	0	0

(A)  Name and Title	(B)			(C) (Check all that apply)			(D)	(E)	(F)	
Name and me	Average hours per week	ndividual trustee or director	γ <del></del>	Officer	Key employee	Highest compensated employee		- companeation	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
· · · · · · · · · · · · · · · · · · ·										
•										
		·								
								}		
Total     Total number of individuals (incireportable compensation from the compens	luding but not lim	ited					<b>▶</b> ve)	who received more than \$1	00,000 in	
<ul> <li>Did the organization list any former officer, director or trustee, key emplement on line 1a? If "Yes," complete Schedule J for such individual</li> <li>For any individual listed on line 1a, is the sum of reportable compensation the organization and related organizations greater than \$150,000? If "Yes individual</li> <li>Did any person listed on line 1a receive or accrue compensation from a services rendered to the organization? If "Yes," complete Schedule J for</li> </ul>							ion es,'	and other compensation from complete Schedule J for su unrelated organization for	n ch	3 X 4 X
Section B. Independent Contracto  1 Complete this table for your five	highest compen	sate	d inc	leper	nden	t cor	ntrad	ctors that received more than	n \$100,000 of	
compensation from the organization from the	ation. (A) pusiness address						<u> </u>	Descript	(B) ion of services	(C) Compensation
JOHN M PALATIELLO ASS RESTON					185	6 C		RESTON AVE		452,570
				••••						
Total number of independent co more than \$100,000 in compens		_			ited	to th	ose	listed above) who received		1

P	art V	<u>'III Stater</u>	nent of Reve	nue					
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
9 0	1 1 2	Federated car	nnaigns	1a			revenue		512, 513, or 514
ant	10			1b					
50	D	Membership d							
ifts	C	0		1c		4			
0.0	a	Related organ		1d		1			
Sin	e	Government grants		1e		4			
her	T	All other contribution	ns, gitts, grants, s not included above						
Į,				1f					
Contributions, gifts, grants and other similar amounts	9		ns included in lines 1a-1						
	<u>n</u>	Total. Add line	es 1a-1f						
Program Service Revenue					Busn. Code				420 652
eve	2a	*	NCES & MEETII	NGS		439,651			439,651
ě	b					383,001			383,001
ž	C	LEGAL D	EFENSE FUND			100	 		1.00
Š	d								
Ta I	e								
õ	<b>\$</b>	. •	am service reven			000 750			
	ł		s 2a-2f			822,752			
	3		ome (including di			315			226
		otner similar a	mounts)			315			315
	4		vestment of tax-		•				
	5	Royalties		<del></del>					
		O D1-	(i) Real		(ii) Personal				
	6a	Gross Rents							
	b	Less: rental exps.			····				
	C	Rental inc. or (loss)							
	d 7a	Net rental inco Gross amount from	me or (loss) (i) Securities		(ii) Other				
		sales of assets	(i) decurries		(ii) Other				
		other than inventory				-			
	b	Less: cost or other							
	_	basis & sales exps.				-			
		Gain or (loss)							
	d		ss) , , ,						
en.	8a		m fundraising even	is					
/en		(not including \$							
Re			eported on line 1c).						
Other Reven			18						
ð			penses		ents 🕨				
			(loss) from fundra m gaming activities		ems,				
	ซล								
	L		19						
ĺ			penses (loss) from gamir		es 🕨				
				ig activiti	es . , . , . ,				
	104	Gross sales of returns and allo							
	L			. a	·				
		Less: cost of g	oods sold (loss) from sales	. `	orv •				
			ellaneous Revenue	OF BIVEIN	Busn. Code				
	11a						parriaceasus saati 1999 (1996) (1997) 	pe vojapas es, perti Nilitates, Pit, Pita, Pita  -	wiczane kuracza (A) kilonorowa kiele (A) (A).
	b	• • • • • • • • • • • • • • • • • • • •							
	C				• • • • • • • • • • • • • • • • • • • •				
İ	d		ue						
		Total. Add line			· · · · · · · · · · · · · · · · · · ·				
	12		. See instruction			823,067	0	0	823,067

### Part IX Statement of Functional Expenses

Form 990 (2009)

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

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

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
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):				
а	Management	414,270			
b	Legal		······································	***************************************	
С	Accounting	2,637			
d	Lobbying	38,300			
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	F 024			
17	Travel	7,014			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	240 022			
	Conferences, conventions, and meetings	248,032			
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization		<del>                                     </del>		
23	Insurance				
24	Other expenses. Itemize expenses not				
24	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			
b	CREDIT CARD FEES	10,576			
C	STATE LEGISLATION	8,521	- "		
d	DUES & MEMBERSHIPS	8,325			
е	WEB SERVICES	7,500			
f	All other expenses	9,881			
	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				

Part	X Balance Sheet				1
			(A) Beginning of year		(B) End of year
1	Cash—non-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. Comp Schedule L			5	
6	Receivables from other disqualified persons (as defined			8 (%)	
	4958(f)(1)) and persons described in section 4958(c)(3)(	B). Complete			
	Part II of Schedule L		6	, , , , , , , , , , , , , , , , , , , ,	
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use		8		
ζ <sub>9</sub>	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			
l h	Less: accumulated depreciation	10b		10c	\$00.00 1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11	Investments—publicly traded securities	[, 100]		11	,
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11		13		
14			14		
15	Intangible assets Other assets See Red IV line 11			15	
16	Other assets. See Part IV, line 11		520,180	16	593,534
17	Total assets. Add lines 1 through 15 (must equal line 34		17	5,088	
18	Accounts payable and accrued expenses			3,000	
	Grants payable	515,291	18	527,394	
19	Deferred revenue			19	321,394
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of			21	
22	Payables to current and former officers, directors, truster	-			
21 22	employees, highest compensated employees, and disqu			******	
	persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third			23	
24	Unsecured notes and loans payable to unrelated third pa	arties		24	
25	Other fiabilities. Complete Part X of Schedule D		F1F 001	25	F20 400
26	Total liabilities. Add lines 17 through 25		515,291	26	532,482
3	Organizations that follow SFAS 117, check here	A and			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		4,889	27	61,052
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
2	Organizations that do not follow SFAS 117, check he				
27 28 29	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	
30 31 32 33 34			4,889	33	61,052
34	Total liabilities and net assets/fund balances		520,180	34	593,534

Form 990 (2009)

Form	990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Pa	ge 12
Pa	art 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
þ	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	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			l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>
		Forn	n <b>990</b>	(2009)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Na	ne of organization MANAGEMENT ASSOCIATION PHOTOGRAMMETRIC SURVEY			Employer identification 52 - 08545	
Pa	til-A Complete if the organization is exempt	under section 501(c)	or is a section	i 527 organizatioi	1.
1	Provide a description of the organization's direct and indirect po	litical campaign activities in P	art IV.		
2	Political expenditures				
3	Volunteer hours			–	
Pa	t I-B Complete if the organization is exempt				
1	Enter the amount of any excise tax incurred by the organization	under section 4955			
2	Enter the amount of any excise tax incurred by organization mai	nagers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form 47	720 for this year?		, , , , , , , , , , , , , , , , , , , ,	Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV.				11111111
Pa	t I-C Complete if the organization is exempt			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization for	r section 527 exempt functi <b>o</b> n			
	activities			▶ \$	
2	3 - 3	-			
	527 exempt function activities			► \$ <u> </u>	
3	Total exempt function expenditures. Add lines 1 and 2. Enter he	·			
	line 17b			<b>&gt;</b> \$	Yes No
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification number	•	•	. ,	
	were made. For each organization listed, enter the amount paid	• •		•	
	contributions received that were promptly and directly delivered			eparate segregated	
	fund or a political action committee (PAC). If additional space is		in Part IV.		
	(a) 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
•					
				····	
		-			·····
		**************************************			

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
200	edule C (Form 990 or 990-EZ) 2009 Mart II-A Complete if the orga	ANAGEMENT AS	······································			
UNITED SE	under section 501(h)	-	. under Section of	ricy(s) and me	u romi 5766 (ele	Clion
A		ation belongs to ar	affiliated group			
	tanning — —	ation checked box		ntrol" provisions	apply.	
	<del></del>	obbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures				organization's totals	group totals
1a	Total lobbying expenditures to influence					
t	Total lobbying expenditures to influence	a legislative body (direct	lobbying)			
c	Total lobbying expenditures (add lines 1a	and 1b)				
c						
е	Total exempt purpose expenditures (add					
1	f Lobbying nontaxable amount. Enter the a					
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			
	Not over \$500,000	20% of the amount on	iline 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 \$1,000,00	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over \$1,500,000	<u>).                                    </u>		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	% of line 1f)				
h	<ul> <li>Subtract line 1g from line 1a. If zero or le</li> </ul>	ss, enter -0-				
i	i Subtract line 1f from line 1c. If zero or les	ss, enter -0-		,		
j	if there is an amount other than zero on e	either line 1h or line 1i, di	id the organization file I	orm 4720 reporting		
	section 4911 tax for this year?					Yes No
	(Some organizations t columns b			do not have to		he five
	Lo	bbying Expenditu	res During 4-Yea	r Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

982 Pg 16 Schedule C (Form 990 or 990-EZ) 2009 MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Page 3 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) Amount Yes No 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)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 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)? b 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 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No X Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Х Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 383,001 1 1 Dues, assessments and similar amounts from members 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). 38,300 2a Carryover from last year 2b 38,300 2c 38,300 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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? Supplemental Information Complete 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 1i. Also, complete this part for any additional information.

Schedule C (For	rm 990 or 990	)-EZ) 2009	MANAGE	MENT .	ASSOCIA	TION	FOR	PRIVAT	<u> </u>	0854573	Page <b>4</b>
Part IV	Suppler	nental Info	ormation (c	ontinue	d)			***************************************			
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer identification number MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS 52-0854573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	Provide A Constitution of the Constitution of	T ASSOCIATIO			)85 <u>4573</u>				age
ئىتىنىنىد	rt III Organizations Maintaining	<del></del>	· ·		<del></del>	ssets (d	<u>continu</u>	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, ched	ck any of the following	g that are a significa	nt use of its				
а	Public exhibition	<b>d</b> Loar	n or exchange progra	ıms					
b	Scholarly research	e Othe	er						
С	Preservation for future generations	Amounter Company							
	Provide a description of the organization's colle Part XIV.	ections and explain how t	hey further the organ	ization's exempt pui	rpose in				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, it	nistorical treasures, c he organization's col	r other similar lection?			∏ Ye	s	No
	t IV Escrow and Custodial Arra IV, line 9, or reported an am	ingements. Compl	ete if the organiz	zation answered			0, Part		·
1a	Is the organization an agent, trustee, custodian								
		•					Ye	. [	No
	If "Yes," explain the arrangement in Part XIV ar	and complete the following					[ ] 1 <b>G</b>	3	.} 144
~	in 163, explaintile arrangement in half XIV ar	id complete the sollowing	table.		[	T	Amoun	<del></del>	
•	Beginning balance				1c	<u> </u>	71110011		
					,	<del> </del>			—
d	Additions during the year				1d	-			
	Distributions during the year								
f I	Ending balance					<u> </u>		(***	
za i	Did the organization include an amount on Form	m 990, Part X, line 217					Ye	s [	_] No
	If "Yes," explain the arrangement in Part XIV.  *** Endowment Funds. Complete:			t- C 000 D		^			
T#I	t V Endowment Funds. Comple	T		<del></del>			(-) [		
4 - 1	Products of a state	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars back	(e) Fou	years	Dack
	Beginning of year balance			-			<del> </del>		
	Contributions	<u></u>		_			<b></b>		
	Net investment earnings, gains,					0.000			
	and losses						·		-
	Grants or scholarships			_			<b> </b>	Y 2011	
	Other expenditures for facilities					4 10 OO			
	and programs					Sec. 3. 3			
f /	Administrative expenses						<b></b>	•	
	End of year balance								
	Provide the estimated percentage of the year e								
	Board designated or quasi-endowment 🕨 🔝	%							
b f	Permanent endowment ▶ %								
С	Term endowment ► %								
3a /	Are there endowment funds not in the possess	ion of the organization th	at are held and admi	nistered for the			ſ		<del>,</del>
	organization by:						ــــــــــــــــــــــــــــــــــــــ	Yes	No
(	(i) unrelated organizations						3a(i)		_
(							3a(ii)		
b i	f "Yes" to 3a(ii), are the related organizations li	sted as required on Sche	edule R?				3b		
	Describe in Part XIV the intended uses of the o	rganization's endowmen	t funds.						
Par	LVI Investments—Land, Buildi	ngs, and Equipme	nt. See Form 99	0, Part X, line	10.				
	Description of investment	(a) Cost or other basis	(b) Cost or	other (c)	Accumulated		(d) Book	value	
		(investment)	basis (oth	er) d	epreciation				
1a L	and								
b E	Buildings								
c L	_easehold improvements								
	Equipment								
	Other								

Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value	Part VII Investments—Other Securities. See Form				
Financial derivatives Closely-held equity interests Other  Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)  Part VIII: Investments—Program Related. See Form 990, Part X, line 13.  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX: Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) Method of valuation:  (d) Description of investment type  (d) Description of investment type  (e) Book value  (b) Book value  (b) Book value  (c) Method of valuation:  (c) Method of valuation:  (d) Description of investment type  (e) Book value  (f) Book value  (b) Book value  (c) Method of valuation:  (d) Description of investment type  (e) Book value  (f) Book value  (g) Book value  (h) Book value  (h) Book value  (b) Book value  (c) Method of valuation:  (d) Description of investment type  (e) Book value  (f) Book value  (h) Book value  (b) Book value  (c) Method of valuation:  (d) Description of investment type  (e) Book value  (f) Book value  (g) Book value  (h) Book value		(1	) Book value		
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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.	EIN 49 Englands In Darf VIII available 4-13 - 545 - 5-14-14-1		ancial statemen	ate that renorte the	

3.00	dule D (Form 990) 2009 MANAGEMENT ASSOCIATION FOR PRI		52-085457		Page <b>4</b>
P	irt XI Reconciliation of Change in Net Assets from Form 990 to			ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	823,067
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	766,904
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<i></i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	56,163
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses		, , , , , , , , , , , , , , , , , , , ,	6	
7	Prior period adjustments			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
Pŧ	rt XII Reconciliation of Revenue per Audited Financial Statemer			urn	
1	Total revenue, gains, and other support per audited financial statements			1	823,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	<del> </del>		-	
	Add lines 2a through 2d		<del> </del>	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:	γγ		00000000000000000000000000000000000000	020,001
a a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
				4c	
5	Add lines 4a and 4b  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	nte With	Evnances nor F		023,007
<u>∗</u> 1				4	766,904
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:				700,304
a		2a		2000	
	Donated services and use of facilities	2b	<del></del>		
þ	Prior year adjustments Other leases				
C	Other losses	2c			
d	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	766,904
3	Subtract line 2e from line 1	Ţ		3	700,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	······	-	
		4b			
	Add lines 4a and 4b			4c	766 004
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	766,904
	rt XIV Supplemental Information				
	elete 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. A	Also complete		
nis p	art to provide any additional information.				
			<u></u>		
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## SCHEDULE O

(Form 990)

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> Attach to Form 990. MANAGEMENT ASSOCIATION FOR PRIVATE

Employer identification number 52-0854573

PHOTOGRAMMETRIC SURVEYORS	52-0854573
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED	
MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOC	IATES
•	<del></del>
FORM OOD PARKET LINE 112 ORGANIZATION A RECORD	a no privilly norw 000
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF	DIRECTORS FOR REVIEW AND
APPROVAL BEFORE FILING.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFICIAL
COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALL	Y BY BOARD.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME.	,
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY	MITT BE SEMI MILLIM 30
DAYS FOLLOWING RECEIPT OF REQUEST.	.,,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

982 Management Association for Private
52-0854573 Federal Statements

FYE: 12/31/2009

Page 1

# <u>Taxable Interest on Investments</u>

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal <u>Code</u>	
BANK INTEREST	\$ 315		14		
TOTAL	\$ 315				

	T					
Page 2		Fund Raising	\$			
	- Transfer	Management & General	849			
	f - All Other Expenses	Program Service \$	2,391 722 \$ 3,113			
Federal Statements	Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses \$ 3,204	2,391 849 722 \$ 9,881			
982 Management Association for Private 52-0854573 FYE: 12/31/2009		Description BOARD LIABILITY INSURANCE PROFESSIONAL FEES	ANNUAL AWARDS MISC CHAPTERS TOTAL			

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## Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

# MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

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		323,067
Expenses		
Program services		
Management and general	· · · · · · · · · · · · · · · · · · ·	
Fundraising		
Total expenses	-	766,904
Excess / (deficit)		56,163
Other changes		
Net Asset / Fund Balance at End of	f Year	61,052
Reconciliation of Revenue  Total revenue per financial statements 823		Reconciliation of Expenses financial statements 766,904
Less:	Less:	
Unrealized gains	Donated service	es
Donated services	Prior year adjus	stments
Recoveries	Losses	<del></del>
Other	Other	
Plus:	Plus:	
Investment expenses	Investment exp	enses
Other	Other	
Total revenue per return 823	, 067 Total expe	nses per return 766,904
	Balanca Shoot	
	Balance Sheet	D:#f
Paringia		Differences
Beginning		
Assets520	,180 593,534	
Assets <u>520</u> Liabilities <u>515</u>	,180 593,534 ,291 532,482	56 162
Assets <u>520</u> Liabilities <u>515</u>	,180 593,534	56,163
Assets         520           Liabilities         515           Net assets         4	,180     593,534       ,291     532,482       ,889     61,052	56,163
Assets         520           Liabilities         515           Net assets         4	, 180 , 291 , 889 cellaneous Information	56,163
Assets         520           Liabilities         515           Net assets         4	, 180 593,534 , 291 532,482 , 889 61,052	56,163

Department of the Treasury Internal Revenue Service

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

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

benefit trust or private foundation)

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

982 Pg 2 OMB No. 1545-0047 2009 Open to Public Inspection

Α	For the 2009	9 calendar ye	ar, or tax year beginning , and ending			
В.,	Check if applicab		C Name of organization MANAGEMENT ASSOCIATION FOR PRIVATE	٥	Employ	yer identification number
	Address change	use IRS label or	PHOTOGRAMMETRIC SURVEYORS	_	= 0	0054550
	Name change	print or	Doing Business As			0854573
	Initial return	type. See	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  1760 OLD RESTON AVENUE  205	E		one number -787-6665
	Termination	Specific	1760 OLD RESTON AVENUE 205  City or town, state or country, and ZIP + 4	<del></del>	Gross recei	
	Amended return	Instruc- tions.	RESTON VA 20190-3361		Gross recei	023,007
3	Application pendi	e 11	and address of principal officer:	— Н	(a) Isthisa	group return for
	дрисакоп репо	urg	HN M. PALATIELLO		affiliates	[""] (55)
		17	60 OLD RESTON AVE. SUITE #205	H	(b) Are all a included	affiliates 7
		RE	STON VA 20190		If "No,"	attach a list. (see instructions)
	Tax-exempt s		501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website: 🕨	MAPPS				exemption number
44444	Type of organiza		oration Trust X Association Other ▶ L Year of formation	n: 196	57	M State of legal domicile: VA
Р	T	Summar				
			e organization's mission or most significant activities:			
Se	TR	CADE ASS	OCIATION			
Activities & Governance						
ver	2 Check	k this box ▶	if the organization discontinued its operations or disposed of more than 25% of its net a			****************
ů			members of the governing body (Part VI, line 1a)		3	9
න් ග	4 Numb	per of indene	ndent voting members of the governing body (Part VI, line 1b)		4	9
itie					5	0
cţi	6 Total	number of v	mployees (Part V, line 2a) plunteers (estimate if necessary)		6	<del></del>
۷	7a Total	aross unreis	ted business revenue from Part VIII, column (C), line 12		7a	-
			iness taxable income from Form 990-T, line 34		7b	0
				or Year		Current Year
ø	8 Contri	ibutions and	grants (Part VIII, line 1h)			
Revenue	9 Progra	am service r	evenue (Part VIII, line 2g)			822,752
Şe ve	10 Invest	tment incom	e (Part VIII, column (A), lines 3, 4, and 7d)			315
Œ.	11 Other	revenue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	<del>}</del>	<del></del>	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)			823,067
			r amounts paid (Part IX, column (A), lines 1–3)			<del>.</del>
			for members (Part IX, column (A), line 4)			<del></del>
ses			mpensation, employee benefits (Parl IX, column (A), lines 5–10)		-	
penses			raising fees (Part IX, column (A), line 11e)	A. 334 (1884) A.		
Α̈́			expenses (Part IX, column (D), line 25) >			766,904
	19 Total	expenses (	Part IX, column (A), lines 11a–11d, 11f–24f) dd lines 13–17 (must equal Part IX, column (A), line 25)		<del></del>	766,904
			enses. Subtract line 18 from line 12			56,163
P S		1000 010	Beginning .			End of Year
Net Assets or Fund Balances	20 Total	assets (Part		520,		593,534
at As Id B	21 Total I		rt X, (ine 26)	515,		532,482
		··-	balances. Subtract line 21 from line 20	4,	889	61,052
Р		Signatur	······································			
		Under penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and statements s true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whic	s, and to t	he best of	my knowledge
٠.		<b>L</b>	trial, correct, and complete. Declaration of property (cure that billion) to caped on all mornianon of while	on propur	1	Monougo.
Sig		<u> </u>				
Hei	re	Signatur	e of officer		Date	
		Type or	print name and title			
				Therefore		Preparer's identifying number
ai	. n	Preparer's signature	9 to 1 to 2 to 3	heck if elf-		(see instructions)
	eparer's ⊢	agnature	<del></del>	mployed		P00174874   26-1776766
	e Only	Firm's name (	or yours		EIN 🕨	Z0-T1/0/00
	;	if self-employ- address, and			Phone	703-319-3990
400					no.	72-21
vidy	1110 IL/O (180	.uss (1115 1 <del>0</del> 11	urn with the preparer shown above? (see instructions)			X Yes No

	m 990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573	Page 2
	art III Statement of Program Service Accomplishments	
1_	, v	
'-	TRADE ASSOCIATION	
_		
2	Did the organization undertake any significant program services during the year which were not listed on	[] . (T) .
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	and the same of th	m. se.
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  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.	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
	a (Code: ) (Expenses \$ 621,896 including grants of \$ ) (Revenue \$	<u> </u>
	CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF	
	LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES	
7		
•		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
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	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	

2.1950	Oncorner of Required Ochedules						
1	le the organization denotined in parties 504(s)/2) or 4047(s)/4) (site of the provincial for add 1, s) 0.16(6) (s)					Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A				,		X
2					1		X
3	Is the organization required to complete Schedule B, Schedule of Contributors?				2		<u> </u>
J	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 !				_		х
4	***************************************				3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						ļ
_	Schedule C, Part II				4	ļ	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				_	٠,,	
	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,"						٠,,
_	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
_	complete Schedule D, Part III				8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part						
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	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 investments—other securities in Part X, line 12 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	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						
	Schedule D, Parts XI, XII, and XIII.				12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			N. 15
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		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
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						l
	Part VIII, lines 1c and 8a? if "Yes," complete Schedule G, Part II				18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				<del></del>		<u> </u>
	If "Yes," complete Schedule G, Part III				19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		Х

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

34	Did the organization reped more than CC 000 of greats and attached the second state of		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 Both IX, column (A), line 12 if "IX or "complete States on Both IX, column (A), line 12 if "IX or "complete States on Both IX.			₹.
_	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			77
_	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	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
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		X
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		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
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
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			771737
•	Part IV instructions for applicable filling thresholds, conditions, and exceptions):	0.000000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		47
D		00.		v
_	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,	l		7,
	Part IV	28c		X
3	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			
	conservation contributions? If "Yes," complete Schedule M	30		<u> X</u>
l	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
ļ	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
;	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		Х
i	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	<del>'</del>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		27		X
}	Part VI	37		
,	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	x	
			****	

Statements Regarding Other IRS Filings and Tax Compliance

18 Effect the number reproted in Box 3 of Form 1068, Annual Summary and Transmittal of U.S. Information Returns. Effect of First applicable U.S. Information Returns. Effect of First applicable U.S. Information Returns. Effect of First applicable D. Effect the number of Forms W.25 included in line 1s. Exter 0-0 if not applicable D. Did the organization comely with beauty withholding rules for reportable symmetric type and reproduced providing							
b Enter the number of Forms W-26 included in line 1s. Exter -0- if not applicable or patients of the ventors and reportable or patients of the patients of th	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				Yes	No
b Enter the number of Forms W-26 included in line 1s. Exter -0- if not applicable or patients of the ventors and reportable or patients of the patients of th		U.S. Information Returns. Enter -0- if not applicable	1a	0			
againing (agambling) winnings to prize winners?  Slatements, Red for the caller dar year ending with or within the year covered by this return  I statements, Red for the caller dar year ending with or within the year covered by this return  I statements, Red for the caller dar year ending with or within the year covered by this return  I statements, Red for the caller dar year ending with or within the year covered by this return  I state sure of lines 1s and 2s is greater than 260, you may be required for -file this return (see instructions)  I may be a structions?  I may the sum of lines 1s and 2s is greater than 260, you may be required for -file this return (see instructions)  I may the sum of lines 1s and 2s is greater than 260, you may be required for -file this return (see instructions)  I may the sum of lines 1s and 2s is greater than 260, you may be required for -file this return.  I may the during the calendar year, did the organization have an interest in, or a significant or other riturnal account.  I may the during the calendar year, did the organization have an interest in, or a significant or other riturnal account.  I may the during the calendar year, did the organization have an interest in, or a significant or other file and account.  I may the sum of the foreign country when a sub this account, as other file and a significant organization and the organization and the sum of the foreign country with a sum of the sum of the foreign country with a sum of the sum of the foreign country with a sum of the sum of the foreign country with a sum of the sum of the foreign country with a sum of the sum of the foreign country with a sum of the foreign country with a sum	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Eler the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, field or the calendar year endly with or within the year covered by this return.  Balatements, field or the calendar year endly with or within the year covered by this return.  Note: if the sun of lines 1 and 2a is greater than 250, you may be required to e-tile this return. (see instructions)  Both the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Both the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Both the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Both the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Both the organization have an interest in, or a signature or other authority over, a financial accountry.  See the instructions for exceptions and filing requirements for form TD F90-221, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for form TD F90-221, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for form TD F90-221, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for form TD F90-221, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for form TD F90-221, Report of Foreign Bank and Financial Accounts.  See the instructions of the companization file to expanization file form 8288-1. Disclosure by Tax-Excmpt Zimby Regarding Prohibited Tax Scheller Transaction?  Both and the organization have annual gross receipts that are normally greater than \$1,000,000, and did the organization have annual gross receipts that are normally greater than \$1,000,000, and did the organization have annual gross receipts that are normally greater tha	¢		able		1c		
Statements, filed for the callendar year ending with or within the year covered by this return 2	2a		[ ]				
b if a least one is reported on line 2a, did the organization file air required feeding employment tax returns?  Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Jain Note: The sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Jain Note: The sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  Jain Note: The sum of lines (see an instructions)  Jain Note: The sum of line (see an instructions)  Jain Note: The sum of line (see an instructions)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The sum of line (see an instruction)  Jain Note: The s			2a	0			
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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 Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Х 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 . X 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? 10a 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 11 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 X 12a 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 Does the organization have a written whistleblower policy? 13 Х Does the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization X 15b 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? X 16a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

Own website Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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

VA 20190

703-787-6996

RESTON

# 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 (B) (C) (D) (E) (F) Name and Title Average Reportable Estimated Position (check all that apply) Reportable hours per compensation compensation amount of Individual trustee or director nstitutional trustee righest compensated week from from related other director organizations the compensation employee organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) and related organizations SCOTT PERKINS, WILSON & DIRECTOR 2.00 X 0 0 0 W BRANT HOWARD, COMPASSDATA INC 0 DIRECTOR 2.00 X 0 0 ERIC ANDELIN, BOHANNAN HUSTON X DIRECTOR 2.00 0 0 0 CRAIG MOLANDER, SURDEX CORPORATION 0 0 DIRECTOR 2.00 Х 0 MARK SAFRAN, BAE SYSTEMS INC. 0 DIRECTOR 2.00 X 0 0 JEFF LOVIN, WOOLFERT INC PRESIDENT 3.00 0 0 0 RICHARD MCDONALD GEOSPATIAL CORP PRESIDENT ELECT 3.00 Х 0 0 0 ROBERT J HICKEY, PHOTO SCIENCE X 0 0 TREASURER 3.00 0 MIKE TULLY, AERIAL SERVICES, INC. SECRETARY 2.00 Х 0 0 0

(A)  Name and Title	(B) (C) Average Position (check all that a						******		(E) Reportable	(F) Estimated	
	nours 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	
				·							
									14		
									200		
1b Total						<u> </u>	<u> </u>	<u> </u>	1		
2 Total number of individuals (inc reportable compensation from t	-		to the	ose	liste	d abo	ve)	who received more than \$1	00,000 in		
<ul> <li>Did the organization list any for employee on line 1a? If "Yes," of the organization and related organization and related organization and related organization.</li> <li>Did any person listed on line 1a services rendered to the organization.</li> </ul>	complete Schedu  1a, is the sum of panizations greate receive or accru zation? If "Yes," (	le J f repo er tha  ie co	for su ortabl an \$1  mpei	uch i le co 150,0 nsati	ndivi impe 200? ion fi	idual ensat lif "Y rom a	ion a es,"	and other compensation from complete Schedule J for su unrelated organization for	m uch	Yes No  3 X  4 X  5 X	
Complete this table for your five compensation from the organization.	highest compen	sate	d ind	lepei	nder	t cor	ntrac	ctors that received more tha	n \$100,000 of		
Name and I	(A) ousiness address								(B) tion of services	(C) Compensation	
JOHN M PALATIELLO AS: RESTON	SOCIATES, VA				185	6 C	ŧ	RESTON AVE		452,570	
Total number of independent co more than \$100,000 in compens		-				to th	ose	listed above) who received		1	

P	art V	<b>/III Stateme</b>	nt of Reve	nue						
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10.10	1			4 -				revenue		512, 513, or 514
ants	la L	Federated campa Membership due:	- ,,,,,,,	1a						
200	D	Fundraising even		1b 1c						
ifts	4	Related organiza		1d						
S,E	٦	Government grants (cor		1e		······································				
ion	,	All other contributions, g	` }	-15	·····		1			
but	'	and similar amounts not		1f						
ntri d o	_ n	Noncash contributions in	L ncluded in lines 1a.1		 }					
ပ္ပန္	h	Total. Add lines					to the Media Auditation of the Europe Control Connection			
Program Service Revenue   Contributions, gifts, grants						Busn. Code				
/en	<b>2</b> a	CONFERENC	ES & MEETIN	IGS			439,651	18.61.00.8.00		439,651
Re.	b		· · · · · · · · · · · · · · · ·				383,001			383,001
/ice	С	LEGAL DEF	ENSE FUND		,,,,,,		100			100
Sen	d									
E	е									
J. So.	f All other program service revenue									
	g	Total. Add lines 2	2a2f	<u> </u>		<b>&gt;</b>	822,752			
	3	Investment incom		vidend:	s, interest	, and				
		other similar amounts)				<b>&gt;</b>	315			315
	4	4 Income from investment of tax-exempt bond pro		ceeds 🕨						
	5	Royalties			<u></u>	<u>.,,,,</u>				
			(i) Real		(ii) P	ersonal				
	6a	Gross Rents		-	<del></del>					
	b	Less: rental exps.								
	C	Rental inc. or (loss)								
	d   7a	Net rental income Gross amount from	or (loss) (i) Securities		/ii\	Other				
		sales of assets	(i) Decurities		(11)	Ottlei				
	b	other than inventory Less: cost or other			······					
	~	basis & sales exps.								
:	С	Gain or (loss)				.,				
	d	Net gain or (loss)				<b>.</b>		100000000000000000000000000000000000000		*******************************
a.	8a	Gross income from t		Г						
nne		(not including \$								
eve		of contributions repo								
Other Reven		See Part IV, line 18		a						
the s	b	Less: direct exper	nses ,,,,,,,,	, b[						
ر		Net income or (lo			vents	🕨				20002-000000
	9a	Gross income from g								
		See Part IV, line 19								
		Less: direct exper								
		Net income or (los	=	g activ	ities	<u> </u>				
	10a	a Gross sales of inventory, less								
		b Less: cost of goods sold b								
				<b>&gt;</b>						
	G	c Net income or (loss) from sales of inventory  Miscellaneous Revenue		Busn. Code						
	 11a			<del></del>						
	b									
	c									
	d	All other revenue				······································				
		Total. Add lines 1				<b>&gt;</b>				
	12	Total Revenue. S					823,067	0	0	823,067

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and and and and and and and				
;	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				
4	U.S. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	two stages and how a manufactures				
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):				
2	***************************************	414,270			
. t	Legal	0 605		····	
C	Accounting	2,637	***************************************		
	Lobbying  Professional fundralsies and fees Cas Bert IV line 47	38,300			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		***************************************		
9 12	Other Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	\	······································		
16	Occupancy				
17	Travel	7,014			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings	248,032		······································	
20	Interest				
21	Payments to affiliates	····-			
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	OFFICE SUPPLIES & EXPENSE	11,848			
b	CREDIT CARD FEES	10,576	-		
С	STATE LEGISLATION	8,521			
d	DUES & MEMBERSHIPS	8,325			
6	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	and the second s				Form <b>990</b> (2009)

Total liabilities and net assets/fund balances . . .

MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Form 990 (2009) Page 11 Part X **Balance Sheet** (B) (A) End of year Beginning of year Cash—non-interest bearing 1 Savings and temporary cash investments 310,361 2 228,825 Pledges and grants receivable, net 197,771 349,911 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 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 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets, See Part IV, line 11 15 593,534 520,180 16 Total assets. Add lines 1 through 15 (must equal fine 34) . . . 16 5,088 Accounts payable and accrued expenses 17 17 18 Grants payable 515,291 527,394 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 515,291 532,482 Total liabilities. Add lines 17 through 25. Assets or Fund Balances Organizations that follow SFAS 117, check here > |X| and complete lines 27 through 29, and lines 33 and 34. 61,052 4,889 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 61,052 4,889 Total net assets or fund balances 33 33

> 593,534 Form 990 (2009)

520,180

Form	990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Pag	ge <b>12</b>
Рε	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
þ	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	Ĺ
	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	990	(2009)

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

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Nai	ne of organization MANAGEMENT ASSOCIATION PHOTOGRAMMETRIC SURVE			Employer identific 52 - 08545	
Pa	rt I-A Complete if the organization is exemp	ot under section 501(c)	or is a section	n 527 organization	1.
1	Provide a description of the organization's direct and indirect p	politi <mark>cal</mark> campaign activities in F	Part IV.		
2	Political expenditures	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Pa	t I-B Complete if the organization is exemp	ot under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization	on under section 4955		<b></b>	
2	Enter the amount of any excise tax incurred by organization m	nanagers under section 4955		▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file Form $$	4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	t I-C Complete if the organization is exemp	ot under section 501(c),	except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization f	for section 527 exempt function	ı		
	activities			<b>▶</b> \$	
2		•			
	527 exempt function activities				
3	Total exempt function expenditures. Add lines 1 and 2. Enter h				
	line 17b			<b>&gt;</b> \$	Yes No
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification numb	ber (EIN) of all section 527 polit	ical organizations t	o which payments	
	were made. For each organization listed, enter the amount pa				
	contributions received that were promptly and directly delivere			eparate segregated	
	fund or a political action committee (PAC). If additional space	is needed, provide information	in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization. If none, enter -0

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

Page 2

52-0854573

Pa	ct II-A Complete if the organ under section 501(h)	•	t under section 5	01(c)(3) and file	d Form 5768 (ele	ection
	Check ▶ ☐ if the filing organize	ation belongs to a				
<u>B</u>		obbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures				rganization's totals	group totals
	Total lobbying expenditures to influence p					
t	Total lobbying expenditures to influence a					
	Total lobbying expenditures (add lines 1a					
	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add					
,	Lobbying nontaxable amount. Enter the a columns.	mount from the followin	g table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			
Ì	Not over \$500,000	20% of the amount of	η line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000	<u></u>		
ŀ	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	<u>).</u>		
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter 25					
	Subtract line 1g from line 1a. If zero or les					
	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?	· ·	•			Yes No
	economic fri tak for this year.				.,	[]100 []100
	(Some organizations the columns b		, ,	do not have to	•	the five
		obying Expenditu				
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

MANAGEMENT ASSOCIATION FOR PRIVATE

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

52-0854573

	2
-ane	

		(8	1)	(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:			
a	Maturity and	30000000	10200040	
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1
c	Madica advantage and to			
	Mailings to members, legislators, or the public?			
	Publications, or published or broadcast statements?	-		
f	Grants to other organizations for lobbying purposes?		·····	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	-		
b h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
i	Takal Add Saaa 4a kbaa aab 43	NEW SE	Š. 1924	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	.16 /5.5+1	d yörrind Yör	
	If "Voo " onto the amount of any touring under section 4040			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?		rugovičes i	
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5), c	r se	ction
	501(c)(6).			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?			2 X
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(			<u> </u>
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "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		ALMA.	303,001
-	expenses for which the section 527(f) tax was paid).			
а			2a	38,300
	***************************************		2b	50,500
	Carryover from last year Total		2c	38,300
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<i>.</i> .	3	38,300
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u> </u>	307300
А	in notices were sent and the amount of time 2c exceeds the amount of time 5, what portion of the		CONTRACTOR (**)	
4	excess does the organization agree to carpyover to the reasonable estimate of pondeductible labbying			
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4	
	and political expenditure next year?		4	
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		<u>4</u> 5	
<sub>5</sub> Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information			
<sub>5</sub> Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information			
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  Determine the 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.	 e 1i.	5	
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  tiV Supplemental Information  lete 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	 e 1i.	5	
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  Determine the 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.	 e 1i.		
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  Determine the 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.	 e 1i.		
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  Determine the 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.	e 1i.	5	
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  † IV Supplemental Information  Delete 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.	e 1i.	5	
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  † IV Supplemental Information  Determine 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.	e 1i.	5	
5 Par	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  † IV Supplemental Information  Determine 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.	e 1i.	5	

Schedule C (Forn	n 990 or 990-EZ) 2009	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573	Page <b>4</b>
Part IV	Supplemental Inf	ormation (continue	ed)				
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					**********		
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					, , , , , , , , , , , , , , , , , , , ,		
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						.,	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer identification number MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS 52-0854573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

:									<del>9</del> 02 FÇ
Sche	dule D (Form 990) 2009 MANAGEMENT	ASSOCIATION	FOR PRIV	ATE	52-08	54573		P	age 2
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Trea	sures, or	Other S	Similar Asse	ts (continu		
3	Using the organization's acquisition, accession, collection items (check all that apply):		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~***				
а	Public exhibition	d Hoan or	exchange progra	ıms					
b	Scholarly research	e Other							
Ç	Preservation for future generations	o [ Other	*****	···· ··· ···	····· ····		-		
	<u> </u>								
4	Provide a description of the organization's collect Part XIV.	ctions and explain how they	further the organ	ization's exe	mpt purpo	se in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	e maintained as part of the	organization's coll	lection?		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	🗍 ү	es	No
	ift IV Escrow and Custodial Arrai IV, line 9, or reported an amo	ount on Form 990, P	art X, line 21.	<del></del>		Yes" to Form	n 990, Par	t 	
1a	Is the organization an agent, trustee, custodian	-					/// ANN VI		
	included on Form 990, Part X?	*					🗍 Y	es 📗	No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following tal	ble:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year	,,,,.,.,.,,.,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1e			
f	Ending balance								
2a	Did the organization include an amount on Form	1 990, Part X, line 21?					Π <sub>Y</sub>	es	No
	If "Yes," explain the arrangement in Part XIV.								
	rt V Endowment Funds. Comple	te if organization ans	swered "Yes"	to Form 9	90. Par	t IV. line 10.			
	in the second	(a) Current year	(b) Prior year	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ears back	(d) Three years	back (e) For	ır years	back
1a	Beginning of year balance			44.00					
	Contributions							i waka i	
	Net investment earnings, gains,								
-	and losses			00000000					
Ч	Grants or scholarships								
	Other expenditures for facilities								
•									
	and programs					-			<u> 2002/000</u> 1026/1000
	Administrative expenses			-		<b> </b>			
g	End of year balance					l			
2	Provide the estimated percentage of the year en								
	Board designated or quasi-endowment ▶	%							
	Permanent endowment • %								
	Term endowment ► %								
3a	Are there endowment funds not in the possession	on of the organization that a	are held and admir	nistered for	the				т
	organization by:						f	Yes	No
	(i) unrelated organizations						3a(i)	ļ	
	(ii) related organizations						3a(ii)	1	ļ
þ	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schedu	le R?				3b	<u></u>	<u></u>
4	Describe in Part XIV the intended uses of the or				····				
Pa	rt VI Investments—Land, Buildin	gs, and Equipment.	See Form 99	90, Part X	, line 10				
	Description of investment	(a) Cost or other basis	(b) Cost or o	other	(c) Acc	cumulated	(d) Boo	k value	
		(investment)	basis (othe	er)	depr	eciation			
			1	100	w.paringstreet				

Schedule D (Form 990) 2009

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Description of security of category	990, Part X, line 12.	7-3 14 11 - 1 7 - 1 7
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
		Cost of end-or-year market value
Financial derivatives		
Closely-held equity interests		
Other	_	
	<del>-  </del>	
	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>▶</b>	
Part VIII Investments—Program Related. See Form	990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
		······································
	<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15	r	
	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Bock value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Bock value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Bock value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	r	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description	r	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Bock value
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability		
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  1. (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability	25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line  (a) Description of liability  Federal income taxes	25. (b) Amount	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 1.  (a) Description of liability Federal income taxes	25. (b) Amount	

-	edule D (Form 990) 2009 MANAGEMENT ASSOCIATION FOR P			Page <b>4</b>
P	art XI Reconciliation of Change in Net Assets from Form 990			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	823,067
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	766,904
3	Excess or (deficit) for the year. Subtract line 2 from line 1			56,163
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments	,	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	9		56,163
P	art XII Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements			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		2b		
С	Recoveries of prior year grants	2c		
d		2d		
Θ	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1			823,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2000 A	
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5			5	823,067
Pa	nt XIII Reconciliation of Expenses per Audited Financial State	ments With		
1	Total expenses and losses per audited financial statements		1 . 1	766,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d	L	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 (Departue in Red VIV)	4b		
	Add lines 4a and 4h		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	766,904
	rt XIV Supplemental Information	<del> </del>		7007501
******	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lir	os 12 and 4: Pa	art IV lines 1h	
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin			
	art to provide any additional information.	les zu anu 4b. A	diso complete	
по р	art to provide any additional information.			
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Sche	dule l	D (Fo	orm 9	990)	200	9	M	AN.	AG.	EM)	EN'	$\Gamma$ Z	ASS	300	CIZ	AT.	IOI	N I	7OF	<u>₹</u>	?R.	[VZ	AT I	<u> </u>	5	2 - 1	08	<u>54</u>	57	/ 3						Page <b>5</b>
Pa	rt X	IV	Sι	qqı	len	nen	tal	Info	orm	atio	on	(cor	ntin	uec	j)																					
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# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52 - 0854573

711010010111111111111111111111111111111	
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED	
MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES	
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990	<i>.</i>
DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND	
APPROVAL BEFORE FILING.	<i>.</i>
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	
COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.	<i>.</i>
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A	
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30	
DAYS FOLLOWING RECEIPT OF REQUEST.	

982 Management Association for Private
52-0854573 **Federal Statements** 

FYE: 12/31/2009

Taxable interest on investments

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

Page 1

# Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

# MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

Net Asset / Fund Balance at Begin	ning of Year			4,889
Revenue				
Contributions				
Program service revenue	8	22,752		
Investment income		315		
Capital gain / loss				
Special events:				
Gross revenue				
Direct expenses	<del></del>			
Net income				
Other income		0		
Total revenue		····	823,067	
Expenses				
Program services				
Management and general		<del></del> ,		
Fundraising				
Total expenses			766,904	
Excess / (deficit)		· · · · · · · · · · · · · · · · · · ·		56,163
Other changes				
Other changes				
Net Asset / Fund B	alance at End of Year			61,052
Reconciliation of R Total revenue per financial statements Less: Unrealized gains		Total expenses per Less: Donated servic		
Donated services		Prior year adju	stments	
Recoveries		Losses	_	
Other		Other		
Plus:		Plus:		
Investment expenses	<u></u>	Investment exp	enses	
Other	002 067	Other		B.C.C. 004
Total revenue per return	823,067	Total expe	enses 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 In	formation		
	Amended return			
	Return / extended due date Failure to file penalty	11/15/10		

Department of the Treasury Internal Revenue Service

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

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

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

982 Pg 2 2009 Open to Public Inspection

					3 - 1		
<u>A</u>	For the 20		ear, or tax year beginning , and ending		<del></del>		
В	Check if applic		C Name of organization MANAGEMENT ASSOCIATION FOR PRIVE	ATE	D	Empl-	oyer identification number
	Address chan	ge label or					
	Name change		Doing Business As			52.	-0854573
100.13	_	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	uite E	Telepl	none number
	Initial return	See	1760 OLD RESTON AVENUE	205		703	3-787-6665
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G	Gross rec	
	Amended retu		RESTON VA 20190-3361		F	0,033,100	5,000
g			e and address of principal officer:			l/al la Hia	a menua catura fan
L)	Application pe	moning 3	HN M. PALATIELLO		"		a group return for es? Yes X No
		1	· · — ·		н	affilial (b) Are al	l affiliates
						includ	1
						If "No	" attach a list. (see instructions)
	Tax-exemp		501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527	·····			
J	Website:	► MAPPS		······································	<del></del>		exemption number
K	Type of organ	nization: Co	poration Trust X Association Other ▶	L Year of form	nation: 19	67	M State of legal domicile: VA
P	art I	Summa	Ty				
	1 Brie	efly describe t	ne organization's mission or most significant activities:				
4.	3	RADE AS	SOCIATION				
ž							
E H	• • • •						*****************
Governance	2 Ch	sak thia hay	if the organization discontinued its operations or disposed of more than				
ဖွ						.	0
00	3 Nur	nder of voting	members of the governing body (Part VI, line 1a)			3	9
Ęį	4 Nur	nber of indep	endent voting members of the governing body (Part VI, line 1b)			4	9
Activities	<b>5</b> Tota	al number of $\epsilon$	employees (Part V, line 2a)			5	0
Act	6 Tota	al number of v	olunteers (estimate if necessary)			6	
	7a Tota	al gross unrel	ated business revenue from Part VIII, column (C), line 12			7a	
	<b>b</b> Net	unrelated but	siness taxable income from Form 990-T, line 34			7b	0
	ļ				Prior Year		Current Year
o.	8 Cor	ntributions and	l grants (Part VIII, line 1h)	,			
Revenue	<b>9</b> Pro	gram service	revenue (Part VIII, line 2g)				822,752
eve.	10 Inve	estment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)				315
œ	11 Oth	er revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,			
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)				823,067
			r amounts paid (Part IX, column (A), lines 1–3)				
			s for members (Part IV, column (A), line 4)				
			r for members (Part IX, column (A), line 4)				
S	15 Sala	aries, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)				······································
oenses	16a Pro	tessional tunc	raising fees (Part IX, column (A), line 11e)		000000000000000000000000000000000000000	2000.2010.000	
Exp	Į.		expenses (Part IX, column (D), line 25) ▶				
ш			Part IX, column (A), lines 11a-11d, 11f-24f)				766,904
	18 Tota	al expenses. A	Add lines 13–17 (must equal Part IX, column (A), line 25)				766,904
	<b>19</b> Rev	enue less ex	penses. Subtract line 18 from line 12	.,			56,163
Net Assets or Fund Balances				Beginn	ing of Curren		End of Year
alan	20 Tota	al assets (Par	t X, line 16)		520,		593,534
d As	<b>21</b> Tota	al liabilities (P	art X, line 26)		515,	,291	532,482
52	22 Net	assets or fun	d balances. Subtract line 21 from line 20		4 ,	,889	61,052
Ρ	art II	Signatu	e Block		·		
		Under penali	ies of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to	the best o	of my knowledge
			is true, correct, and complete. Declaration of preparer (other than officer) is based on all in				
Sig	ın	<b>L</b>				1	
Her		Cianatu	e of officer			I	······
1161	C	Signatu	e of officer			Date	
		Tuna	nriot name and file				<del></del>
		r type or	print name and title				Preparer's identifying number
Pai	Ч	Preparer's	Date	_	Check if self-	ſ	(see instructions)
		signature	<b>V</b> 09.	/09/10	employed	<u> </u>	P00174874
	parer's	Firm's name	GEORGEN SCARBOROUGH ASSOCIATES	, PC		EIN 🕨	26-1776766
US	Only	if self-employ	• • • • • • • • • • • • • • • • • • •			Phone	
		address, and	**				703-319-3990
Mav	the IRS d	scuss this ref	urn with the preparer shown above? (see instructions)				X Yes No
			<ul> <li>T = 0.00 = 0.000 = 0.000 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</li></ul>			<i>.</i>	

	Part III Statement of Program Service Accomplishments		Page 2
<u>ा</u> 1			
	TRADE ASSOCIATION		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	b a serious of the se	overage and the same and the sa	
		Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	entering the property of the state of the st		
	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.		
I I	A (Code: )(Expenses \$ 621,896 including grants of \$ ) (Revenue \$ CONFERENCES, MEETINGS & SEMINARS TO EDUCATE MEMBERS OF LAW, GOV'T ACTIVITIES & BUSINESS AND PROFESSIONAL ISSUES AFFECTING THE PRACTICE OF PHOTOGRAMMETRY, MAPPING & GEOSPATIAL SERVICES.		
	·		
		• • • • • • • •	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
	·		
		• • • • • • •	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
	·		
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 621,896	<del></del>	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 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 Х 5 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 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Х • 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 investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X Did the organization maintain an office, employees, or agents outside of the United States? Х 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III Х 16 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 X 17 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 X 18 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 X 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

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

04	Did the acceptable and the owner of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			.,
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	g	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	ļ
25a	( )( ) ( )( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	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		Ĺ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			İ
	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,			
	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):			
а	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
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,			į
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		
• •	D-45	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N. Part II	1 22		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
, ,		20		v
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u> X</u>
<b>,-</b>	181 17 17 17 181	١.,		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		_ <u>X</u> _
				77
	Schedule R, Part V, line 2	35		<u> </u>
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
7	organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	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		<u> </u>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<u>-</u>	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2009)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 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 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a 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 Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ь 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

12b

	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Iva
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	ction C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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	
R.	ESTON VA 20190 703	3 – 78

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# 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.

(A) Check this box if the organization	(B)	Ĭ	×L.\		<u>::( ):</u>		311	(D)	(E)	(F)
Name and Title	Average hours per			(chec	k ali t	hat ap		(D)  Reportable  compensation	(E) Reportable compensation	(r) Estimated amount of
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SCOTT PERKINS, WIDIRECTOR	LSON & C	o X						0	O	
	OMPASSDA		I	NC						
DIRECTOR ERIC ANDELIN, BOH	2.00	X	ON	<u> </u>	LN			0	0	
DIRECTOR	2.00	X	CIN	′	T. 141	1		o	0	
CRAIG MOLANDER, S	URDEX CO	RP	OR	AT:	CO1	N I				
DIRECTOR	2.00	Х	<u></u>					0	0	
MARK SAFRAN, BAE DIRECTOR	SYSTEMS	IN	C.					o	0	
JEFF LOVIN, WOOLE	2.00 ERT INC	X						0		
PRESIDENT	3.00			х				o	0	
RICHARD MCDONALD,	3	IA	L	CO	RP			_	_	***************************************
PRESIDENT ELECT	3.00 PHOTO SC	7 77	27.0	X				0	0	
ROBERT J HICKEY, TREASURER	3.00	1	INC	X				o	o	
MIKE TULLY, AERIA	L SERVIC	ES	,	IN	۲.					
SECRETARY	2.00	ļ	ļ	Х				0	0	
					1					
	A Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont									
									······································	

compensation from the organization.			
(A) Name and business ad	dress	(B) Description of services	(C) Compensation
JOHN M PALATIELLO ASSOCIA RESTON	res, INC. 1856 ( VA 20190	OLD RESTON AVE MANAGEMENT	452,570
Total number of independent contractors more than \$100,000 in compensation from		nose listed above) who received	1

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Part VIII Statement of Revenue (B) Related or (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections revenue revenue 512, 513, or 514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f Program Service Revenue Busn. Code 439,651 439,651 CONFERENCES & MEETINGS MEMBERSHIP 383,001 383,001 100 100 LEGAL DEFENSE FUND f All other program service revenue ....... 822,752 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 315 other similar amounts) 315 Income from investment of tax-exempt bond proceeds ▶ Royalties .... (i) Real (ii) Personal 6a Gross Rents b Less: rental exps. Rental inc. or (loss) d Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ...... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue ...... e Total. Add lines 11a-11d Total Revenue. See instructions. 823,067 823,067

### Part IX Statement of Functional Expenses

Form 990 (2009)

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).

D	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
71	b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	_				
	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 calaries and wages				
. 8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
. 9					
1	Other employee benefits Payroll taxes				
10					
11	Fees for services (non-employees):	414 270			***************************************
a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	414,270			
b	•	2 627			
. с		2,637			
d	f M + 2 + 2 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4	38,300			
e	Professional fundraising services. See Part IV, line 17				
f					
g				<b></b>	<u> </u>
. 12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
. 17	Travel	7,014			
18	Payments of travel or entertainment expenses			<u> </u>	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	248,032			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	OFFICE SUPPLIES & EXPENSE	11,848			
b	CREDIT CARD FEES	10,576			
C	STATE LEGISLATION	8,521			
d	DUES & MEMBERSHIPS	8,325			
е	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	ransamong conocanon		<u> </u>		Sorm 990 (2000)

Form 990 (2009) Part X **Balance Sheet** (A) (B) End of year Beginning of year Cash---non-interest bearing 1 310,361 228,825 2 2 Savings and temporary cash investments Pledges and grants receivable, net 197,771 349,911 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 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 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 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 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 520,180 593,534 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 16 17 Accounts payable and accrued expenses ...... 17 18 18 Grants payable 527,394 515,291 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 515,291 532,482 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here \( \big| X \) and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 4,889 61,052 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net/ 4,889 61,052 Total net assets or fund balances 33 33 593,534 520,180 34 Total liabilities and net assets/fund balances .....

Form 990 (2009)

Form **990** (2009)

orn	1990 (2009) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Pa	ge 1 <b>2</b>
Pε	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			3 / c
	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
	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	No.		
За	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		

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

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2009 Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

Inspection

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then
  - Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
  - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
  - · Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Na	me of organization MANAGEMENT ASSOCIATI PHOTOGRAMMETRIC SURV			Employer identifi 52 - 08545	
Pa	rt I-A Complete if the organization is exe	mpt under section 501(c)	or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indire				
2	Political expenditures			▶ \$ _	
3	Volunteer hours				
15.4	rt I-B Complete if the organization is exe	mpt under section 501(c)	/2)		
ा <u>ः व</u> 1	Enter the amount of any excise tax incurred by the organiz				
2	Enter the amount of any excise tax incurred by the organization	a managers under section 4955		<b>&gt;</b> \$	<u> </u>
3	Enter the amount of any excise tax incurred by organization if the exception incurred a position 4955 tax, did it file to	or 4720 for this year?			Yes No
ې 4a	If the organization incurred a section 4955 tax, did it file Fo Was a correction made?				5 1 2 6 1 2 2
	If "Yes." describe in Part IV.				[] Tes [] NO
described to	t I-C Complete if the organization is exer	mpt under section 501(c)	excent secti	on 501(c)(3).	· · · · · · · · · · · · · · · · · · ·
1	Enter the amount directly expended by the filing organization	<del> </del>	······································	011 00 1 (0)(0)1	
•		,		<b>▶</b> \$	
2	activities  Enter the amount of the filing organization's funds contribu	ted to other organizations for sect		······································	
-	5 0			<b>▶</b> \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent				
-				<b>&gt;</b> \$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu				فسط لسط
	were made. For each organization listed, enter the amount	, ,	=	· ·	
	contributions received that were promptly and directly deliv	,		•	
	fund or a political action committee (PAC). If additional spa			, ,	
	(a) 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

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 <b>MAI</b>	JAGEMENT AS	SOCIATION F	OR PRIVATE	52-08545	73 Page 2
Part II-A Complete if the organizunder section 501(h)).	zation is exempt	t under section 5	01(c)(3) and file	d Form 5768 (elec	
A Check ► if the filing organizat	on holonge to a	a offiliated group			
B Check ► if the filing organizat			ntrol" provisions	apply.	
Limits on Lot	bying Expendit	ures		(a) Filing	(b) Affiliated
(The term "expenditures"			0	rganization's totals	group totals
1a Total lobbying expenditures to influence put	olic opinion (grass roc	ots lobbying)			
b Total lobbying expenditures to influence a le					
c Total lobbying expenditures (add lines 1a ar	nd 1b)				
d Other exempt purpose expenditures	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
e Total exempt purpose expenditures (add lin	es 1c and 1d)				
f Lobbying nontaxable amount. Enter the amount					
columns.					
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			
Not over \$500,000	20% of the amount or				
Over \$500,000 but not over \$1,000,000		the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000		the excess over \$1,000,0	1800000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	the excess over \$1,500,000	o. 1		
Over \$17,000,000	\$1,000,000.	······	\$34.54 \$742.55		
g Grassroots nontaxable amount (enter 25%					- in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
h Subtract line 1g from line 1a. If zero or less,	enter -0-				
i Subtract line 1f from line 1c. If zero or less,	enter -0-				
j If there is an amount other than zero on eith	er line 1h or line 1i, d	id the organization file I	Form 4720 reporting		
section 4911 tax for this year?		*			Yes No
(Some organizations that columns bel	4-Year Averagir It made a sectio ow. See the ins	ng Period Under t n 501(h) election tructions for lines	Section 501(h) do not have to s 2a through 2f	complete all of th on page 4.)	e five
Lopt	ying Expenditu	res During 4-Yea	r Averaging Per	<u>.ióa</u>	(
Calendar year (or fiscal year 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					

Schedule C (Form 990 or 990-EZ) 2009

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  Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	52 - 0 filed I		<del></del>		Page <b>3</b>
(election under section 501(h)).	·		,		
	Yes	a)		(b)	
	165	No		Amou	ing in the second
1 During the year, did the filing organization attempt to influence foreign, national, state or local	1.0000				
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			2,800,800		
	1880588				
a Volunteers?     b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	<del>                                     </del>			
- Martin and a R company to the	<u> </u>		1967(0)66607	5,685,885,865,973 to	8-8,023,000,000,00
d Mailings to members, legislators, or the public?  • Publications, or published or broadcast statements?					
f. Cropto to athor are animations for talent in a recovery of the					
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				•	<del></del>
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)?	200000000	3000000000000			
b If "Yes," enter the amount of any tax incurred under section 4912			000000000000000000000000000000000000000	\$100,1000 J\$000\$1	500 S000 G00 G00 G00 G00 G00 G00 G00 G00
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				· · · · · · · · · · · · · · · · · · ·	·
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), (	or se	ction		
001107/07					Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		,,,,,		2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c			ction		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."	ne 3	is an	swere	d	
1 Dues, assessments and similar amounts from members		1		3 8	3,001
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).					
a Current year		2a		- 5	8,300
b Carryover from last year		2b			
c Total		2c			8,300
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			8,300
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	<u> </u>		<del></del>
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Complete 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	1i.				
Also, complete this part for any additional information.					

Schedule C (Forn	n 990 or 990-EZ) 2(	)09 <b>LIANA</b> G.	CMUNT WOO	OCTATION	FOR PRI	VAIL	52-06545/	Page 4
Part IV	n 990 or 990-EZ) 20 Supplementa	I Information	(continued)					
			***************************************					
}								
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer identification number MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS 52-0854573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_ \_ \_ \_ Number of states where properly subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Parl XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (F		MANAGEMENT ASSOC			E 52-0854573	Page 3
Part VII		—Other Securities. See F	orm 990,	······································	····	
		tion of security or category ing name of security)		(b) Book value	, ,	of valuation: ear market value
Financial deriv					Cost of end-of-y	ear market value
Other						
			[			
····· ···· ···			[			
<del></del>						
		<del></del>				
Total. (Column	(b) must equal Fo	rm 990, Part X, col. (B) line 12.)	<b>•</b>			
Part VIII		—Program Related. See I	Form 990,			
	(a) Descr	ption of investment type		(b) Book value		of valuation;
					Cost or end-of-y	ear market value
·····						
		·······				
Tatal (Calumn	(h) marret agreed Fig.	000 D-4 V1 (D) E 40 V	<b>———</b>			
Part IX	Other Assets	rm 990, Part X, col. (B) line 13.) <b>s.</b> See Form 990, Part X, li		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
	Other Abbett		scription			(b) Book value
***************************************						
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				· · · · · · · · · · · · · · · · · · ·		
			······	······································		
		rm 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·		<u></u>	
Part X		ties. See Form 990, Part)	(, line 25.			
1. 		escription of liability		(b) Amount		
Federal income	taxes		<del></del>			
	·					
4						
		······································			_	
					$\dashv$	
Total. (Column	(b) must equal For	m 990, Part X, col. (B) line 25.)	<b>•</b>			
		provide the text of the footnote to		on's financial stateme	nts that reports the	<u>, and a second second and the secon</u>
		tax positions under FIN 48.			,	

27.217.77	edule D (Form 990) 2009 MANAGEMENT ASSOCIATION FO art XI Reconciliation of Change in Net Assets from Form		0854573	Page <b>4</b>
				000 007
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			56,163
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities			
6	Investment expenses		6	
7	Prior period adjustments			
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	F.C. 1.C.
10	Excess or (deficit) for the year per audited financial statements. Combine lines			56,163
-	Reconciliation of Revenue per Audited Financial S			000 065
1	Total revenue, gains, and other support per audited financial statements			823,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1		
	Net unrealized gains on investments	2a		
b	***************************************	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1			823,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
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.)	industrial and advantage of the control of the cont		823,067
Pa	nt XIII Reconciliation of Expenses per Audited Financial			
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 :		
а		2a		
b	Prior year adjustments	2b		
¢	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	766,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	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.	)		766,904
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa			
ind 2	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 comp	olete	
his p	art to provide any additional information.			
	·			
	· ···· ··· ··· ·· · · · · · · · · · ·			
			······ ····· ····· ····· ·····	
	- <b> </b>	· · · · · · · · · · · · · · · · · · ·		

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ş	arı	l XI	٧	Si	upp	len	nen	tal	Infe	orm	nati	on	(co	ntin	ue	(t																				
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### SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

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

Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization

MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52 - 0854573

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED
MANAGEMENT CONTRACT WITH JOHN M. PALATIELLO & ASSOCIATES
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
DRAFT OF FORM 990 PRESENTED TO MEETING OF BOARD OF DIRECTORS FOR REVIEW AND
APPROVAL BEFORE FILING.
· · · · · · · · · · · · · · · · · · ·
FORM OOO DIRECT LITTER 151 GOVERNMENTON PROGRAM FOR MORE APPLIED.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION TO MANAGEMENT COMPANY APPROVED ANNUALLY BY BOARD.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
A COPY WILL BE PROVIDED TO ANYONE REQUESTING SAME. REQUESTOR SHOULD SEND A
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30
WRITTEN REQUEST TO THE ASSOCIATION OFFICE. A COPY WILL BE SENT WITHIN 30 DAYS FOLLOWING RECEIPT OF REQUEST.
DAYS FOLLOWING RECEIPT OF REQUEST.

982 Management Association for Private
52-0854573 Federal Statements

Page 1

FYE: 12/31/2009

### **Taxable Interest on Investments**

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

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## 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

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### Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning

, and ending

### MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 PHOTOGRAMMETRIC SURVEYORS

Net Asset / Fund Balance at Beginn	ing or rear		-	101,104
Revenue				
Contributions				
Program service revenue		777,718		
Investment income		5,042		
Capital gain / loss	Bastratian (1997)			
Special events:				
Cross roughtie				
Direct expenses	<del></del>			
Net income				
Other income				
Total revenue			782,760	
Expenses				
Program services				
Management and general	***************************************			
Fundraising	***************************************			
Payments to affiliates				
Total expenses	Went and a state of the state o		878,975	
Excess / (deficit)			-	-96,215
Other changes			-	
Net Asset / Fund Ba	lance at End of Year		=	4,889
		ı	= Reconciliation of I	
Reconciliation of R	evenue		Reconciliation of I	≟xpenses
Reconciliation of Rotal revenue per financial statements	evenue	Total expenses per		
Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Reconciliation of Rec	evenue		financial statement	Expenses
Reconciliation of Retail revenue per financial statements	evenue	Total expenses per Less: Donated servic	financial statement	Expenses Is
Reconciliation of Reportal revenue per financial statements ess: Unrealized gains	evenue	Total expenses per Less:	financial statement	Expenses Is
Reconciliation of Reconciliati	evenue	Total expenses per Less: Donated servic Prior year adju:	financial statement	Expenses Is
Reconciliation of Reconciliati	evenue	Total expenses per Less: Donated servic Prior year adju Losses	financial statement	Expenses Is
Reconciliation of Restal revenue per financial statements ass:  Unrealized gains  Donated services  Recoveries  Other  us:	evenue	Total expenses per Less: Donated servic Prior year adju Losses Other Plus:	financial statement es stments	Expenses Is
Reconciliation of Restal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	evenue	Total expenses per Less: Donated servic Prior year adju: Losses Other	financial statement es stments	Expenses Is
Reconciliation of Reconciliati	evenue	Total expenses per Less: Donated service Prior year adju- Losses Other Plus: Investment exp	financial statement es stments	Expenses Is
Reconciliation of Reconciliati	evenue	Total expenses per Less:	financial statement res stments penses	Expenses Is
Reconciliation of Restal revenue per financial statements ass: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	evenue	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	financial statement res stments penses	Expenses Is
Reconciliation of Restal revenue per financial statements ss:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Beginning	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	financial statement res stments penses	Expenses Is
Reconciliation of Restal revenue per financial statements ass:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets	Beginning 268, 269	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	financial statement res stments penses	Expenses Is
Reconciliation of Restal revenue per financial statements ass:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 268, 269 167, 165	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total experiment Ending 520,180 515,291	financial statement res stments penses enses per return Differences	Expenses
Reconciliation of Restal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets	Beginning 268, 269	Total expenses per Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	financial statement res stments penses	Expenses
Reconciliation of Reconciliati	Beginning 268, 269 167, 165	Total expenses per Less:  Donated service Prior year adjust Losses Other Plus: Investment export Total expenses  Balance Sheet Ending 520,180 515,291 4,889	financial statement res stments penses enses per return Differences	Expenses
Reconciliation of Restal revenue per financial statements ass:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 268,269 167,165 101,104	Total expenses per Less:  Donated service Prior year adjust Losses Other Plus: Investment export Total expenses  Balance Sheet Ending 520,180 515,291 4,889	financial statement res stments penses enses per return Differences	Expenses
Reconciliation of Reconciliati	Beginning 268,269 167,165 101,104  Miscellaneous I	Total expenses per Less:  Donated service Prior year adjust Losses Other Plus: Investment exporter Other Total experiments  Balance Sheet Ending 520,180 515,291 4,889	financial statement res stments penses enses per return Differences	Expenses

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150 2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

Α	For the	e 2008 calenc	ar year	or tax year beginning , and ending			
В	Check if	f applicable:	Please	D	yer identification number		
X	Address	s change	use IRS				
	Name c	hange	label or print or		52-	0854573	
	Initial re	eturn	type.	E	Teleph	one number	
	Termina	ation	See	1760 OLD RESTON AVENUE 205		703	-787-6665
П	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4	F	Group	Exemption
П	Applicat	tion pending	tions.	RESTON VA 20190-3361		Numbe	*
			) organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	no meth		Cash X Accrual
		, , ,	npleted Schedule A (Form 990 or 990-EZ).  Other (specify	٠.	L		
<u> </u>	Websit	te: ▶ MA	~~~	· · · · · · · · · · · · · · · · · · ·		if the or	roanization is not
J	Organi	ization type (d	check only	one)— X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527 required 990-EZ, or 10 constant of the	o attad	h Sched	rganization is not ule B (Form 990,
K	Check			eation is not a section 509(a)(3) supporting organization and its gross receipts are normally			
•				nization chooses to file a return, be sure to file a complete return.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010 11101	,
1				to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	782,760
Ī	art I	<del></del>	***************************************	penses, and Changes in Net Assets or Fund Balances (See the insti		·	· · · · · · · · · · · · · · · · · · ·
- C. 1983	1			to and similar amounts received		4	i i ait i.)
	2				· · ├	2	438,698
	3	Momborobin	dues en	nue including government fees and contracts d assessments SEE STATEMENT 1	⊢	3	339,020
		Investment	oues an	Jassessments DIMIEMENT L		4	5,042
	4			le of coasts allow the sign of supplies	🛭	4	3,042
	5a	Gross amou	ni irom s	ale of assets other than inventory 5a			
	b			sis and sales expenses 5b			
ō	C			of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	1 🔯	5c	
Revenue	6			ties (complete applicable parts of Schedule G). If any amount is from gaming, check here	]		
ě	a			cluding \$ of contributions			
II.		reported on I			®		
	b			other than fundraising expenses 6b			
	C			rom special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales	of invent	ory, less returns and allowances 7a			
	b	Less: cost of	-	( · · · · · · · · · · · · · · · · · · ·			
	С			from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu	,		. )	8	
	9	Total revenu	u <b>e.</b> Add li	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>&gt;</b>	9	782,760
	10	Grants and s	similar an	nounts paid (attach schedule)		10	
	11	Benefits paid	to or for	members	L	11	
S	12	Salaries, oth	er compe	nsation, and employee benefits		12	
beuses	13	Professional	fees and	other payments to independent contractors		13	435,750
	14	Occupancy,	rent, utilii	ies, and maintenance	, , L	14	
ŭ	15	Printing, publ	lications,	postage, and shipping		15	3,840
	16	Other expens	ses (des	wibe ► SEE STATEMENT 2	. )	16	439,385
	17			lines 10 through 16	<b>&gt;</b>	17	878,975
Net Assets	18	Excess or (de	eficit) for	the year (Subtract line 17 from line 9)	L	18	-96,215
1SS	19	Net assets or f	und balan	ces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return	)	19	101,104
et/	20	Other change	es in net	assets or fund balances (attach explanation)	L	20	
	21	Net assets or	r fund ba	ances at end of year. Combine lines 18 through 20		21	4,889
P	art II	Baland	ce She	ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of	Form	990-E2	<u>7</u> .
				the instructions for Part II.) (A) Beginning of year	r		(B) End of year
22	Cash, s	savings, and in	nvestmer	ts249,5	88	22	310,361
23	Land ar	nd buildings 🛒	· · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23	
24	Other a	ssets (describ	e 🕨	SEE STATEMENT 3 ) 18,6	81	24	209,819
25	Total a	ssets		268,2	69	25	520,180
26	Total li	abilities (desc	cribe 🕨	SEE STATEMENT 4 ) 167,1	65	26	515,291
27	Net ass	sets or fund b	alances	(line 27 of column (B) must agree with line 21) 101, 1			4,889
				Reduction Act Notice see the Instructions for Form 990			Form 990-F7 (2008)

Form **8868** (Rev. April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of t		File a separate application for each return.			
		tomatic 3-Month Extension, complete only Part I and check this box			<b>▶</b>  X
		ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).			
1		ess you have already been granted an automatic 3-month extension on a previously filed Form	8888		
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).			
2		Form 990-T and requesting an automatic 6-month extension—check this box and complete			٠ ا
Part I only					<b>&gt;</b> []
	orations (includi ome tax returns	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension.	n of		
Electronic Fi	ling (e-file) Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file		
		w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868	to me		
		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gi	านก		
		nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II		m	
		e electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.	, 0, , 0,	,,,	
Type or	T		imploy	ar idant	ification number
print MANAGEMENT ASSOCIATION FOR PRIVATE			.iiipioy	er lacric	meanon number
File by the	DIVOTO CONTRACTOR CONT		52 <b></b> 0	8545	73
due date for		eet, and room or suite no. If a P.O. box, see instructions.	, <u>L</u> U	0343	7.3
filing your return. See		LD RESTON AVENUE 205			
instructions.		post office, state, and ZIP code. For a foreign address, see instructions.			
· · · · · · · · · · · · · · · · · · ·	RESTON				
· [		iled (file a separate application for each return):		اسا	
Form 99		Form 990-T (corporation)			Form 4720
Form 99		Form 990-T (sec. 401(a) or 408(a) trust)		Ш	Form 5227
X Form 99		Form 990-T (trust other than above)			Form 6069
[   Form 99	90-PF	Form 1041-A			Form 8870
Telephone If the orga If this is for	No. ► 70		this is		▶□
		s of all members the extension will cover.			
		3-month (6 months for a corporation required to file Form 990-T) extension of time			
		, to file the exempt organization return for the organization named above. The extension is			
	rganization's ref				
	calendar year				
▶ 📙	tax year beginn	ing, and ending			
2 If this tax	vear is for less	s than 12 months, check reason: Initial return Final return Change in a	secount	ina perio	od
		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
		credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
		e any prior year overpayment allowed as a credit.	3b	\$	
		line 3b from line 3a. Include your payment with this form, or, if required,			
		n or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instruction	· · · · · · · · · · · · · · · · · · ·	3c	\$	
Caution. If you or timent ins		ake an electronic fund withdrawał with this Form 8868, see Form 8453-EO and Form 8879-EC			
Fc ıvacy Ac	t and Paperwo	ork Reduction Act Notice, see Instructions.		Fo	orm <b>8868</b> (Rev. 4-2009)

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Form 990-EZ (2008) MANAGEMENT ASSOCIATION FOR PR.		-00343/3				Page 2
Part III Statement of Program Service Accomplishments (S	ee the instructi	ons for Part III	)		Exp	enses
What is the organization's primary exempt purpose?				•	•	for 501(c)(3)
TRADE ASSOCIATION				а	nd (4) or	ganizations
Describe what was achieved in carrying out the organization's exempt purposes. In a c						(a)(1) trusts;
describe the services provided, the number of persons benefited, or other relevant info	rmation for each pro	ogram title.			ptional fo	or others.)
28 SEE STATEMENT 5						
:						
(Grants \$ ) If this amount includes foreign grants, che-			<del></del> .	28a	İ	
29 PUBLICATIONS OF MATERIALS WHICH EXPLAIN PHOTOGRAMMETRY,	ok nore in the interest	····				
MAPPING & GEOSPATIAL SERVICES TO THE PUBLIC AND KEEP			• • • •			
MEMBERS INFORMED OF NEW INFORMATION AFFECTING THEM.						
(Grants \$ ) If this amount includes foreign grants, che		<b></b>	<u> </u>	29a		
30	ok 15010					
** ,					l	
(Grants \$ ) If this amount includes foreign grants, che	ck here		Π,	30a		
31 Other program services (attach schedule)		•				
(Grants \$ ) If this amount includes foreign grants, che				31a		
			>	32		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each			ne in	struction	ons for P	art IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation	( <b>d</b> ) emplo	Contribi oyee bene	utions to efit plans & pensation	(e) Expense account and other allowances
MARVIN MILLER AERO-METRIC INC MAPLE GROVE	PRESIDENT					***************************************
13400 68TH AVENUE N MN 55311		0			0	
JEFF LOVIN, WOOLPERT INC DAYTON	PRES ELECT				ĺ	
4454 IDEA CENTER BOULEVARD OH 45430		0			0	
DAVID HART, CONT.MAPPING SUN PRAIRIE	TREASURER					
121 S BRISTOL WI		0			0	0
RICHARD MCDONALD, GEOSPATIAL CORP SARVER	SECRETARY					
2529 HOWES RUN ROAD PA 16055		0			0	(
ANNE HALE MIGLARESE, BOOZ ALLEN MCLEAN	DIRECTOR					
8283 GREENSBORO DR VA 22102		0			0	
SCOTT PERKINS, WILSON & CO OVERLAND PARK	DIRECTOR					_
9401 REEDS ROAD KS 66207	· · · · · · · · · · · · · · · · · · ·	0.			0	(
SILAS SUAZO, BOHANNAN HUSSTON INC. ALBUQUERQUE 7500 JEFFERSON ST NE NM 87109	DIRECTOR	0			٥	(
W BRANT HOWARD, COMPASSDATA INC. CENTENNIAL	DIRECTOR					
12353 EAST EASTER AVENUE CO 80112	1	0			o	Ç
ROBERT J HICKEY, PHOTO SCIENCE WEST CHESTER	DIRECTOR					
104 S CHURCH STREET PA 19382	]	0			0	(
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Form 990-EZ (2008) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

-		854573		F	age 3
P	ort V Other Information (Note the statement requirements in the instructions	for Part VI.)		·····	ı
••	<b>8</b> 111			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				•
2.4	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,"	•			t)·
35	attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		34		X
55	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	R NOL			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,	renortina	(A440,000)		Kristana.
-	and array to a 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		Х
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:				
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ► ; section 4912 ► ; section 4955 ↓				
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, Part I		40b	0.000000000	90000000000
C	Enter amount of tax imposed on organization managers or disqualified persons during				
	the year under sections 4912, 4955, and 4958	<u> </u>	-		
d	Enter amount of tax on line 40c reimbursed by the organization	<u> </u>	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				v
4 4	transaction? If "Yes," complete Form 8886-T		40e	i	<u> </u>
11 12a	List the states with which a copy of this return is filed.   NONE  The books are in care of JOHN M PALATIELLO & ASSOC	Tolombono no N 7	03-78	7 - 6	006
+2a	1856 OLD RESTON AVENUE	Telephone no. >7	93.7.9.	1.7.9	220
	Located at RESTON, VA	ZIP+4 ▶ 2	0190		
h	At any time during the calendar year, did the organization have an interest in or a signature or other auth-	1.4			
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•	1	Yes	No
	account)?		42b	100	X
	If "Yes," enter the name of the foreign country:		1.		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			
	and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
	If "Yes," enter the name of the foreign country:				
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
			1		
			المتعددتان	Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead o				250 H
	Form 990-EZ		44	253333373	<u> </u>
15	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)				\$ 100 SA.
	"Yes," Form 990 must be completed instead of Form 990-EZ		45	Ll	X

Form **990-EZ** (2008)

Form	990-EZ (	(2008) MANAGEMENT ASSOCIATION FOR PR	IVAT	'E 52	2-0854	1573			P	age 4
Par	t VI	Section 501(c)(3) organizations only. All section 501	(c)(3)	organiza	tions mu	ıst ans	wer questions	46-4		
		and complete the tables for lines 50 and 51.								
		organization engage in direct or indirect political campaign activities on be	ehalf of	or in opposi	ition to				Yes	No
								46		<del></del>
47	Did the	organization engage in lobbying activities? If "Yes," complete Schedule C	, Part II					47	ļ	
		ganization operating a school as described in section 170(b)(1)(A)(ii)? If						48	-	-
		organization make any transfers to an exempt non-charitable related orga was the related organization(s) a section 527 organization?						49a 49b		<b> </b>
		te this table for the five highest compensated employees (other than office		ectors trust				100		
		beived more than \$100,000 of compensation from the organization. If the				) omplo	,000, 11110			
		, , , , , , , , , , , , , , , , , , ,								
		(a) Name and address of each employee paid more than \$100,000	hou	le and average rs per week ed to position	(c) Comp		<ul> <li>(d) Contributions to employee benefit plans &amp; deferred compensation</li> </ul>	acc	Expeni count ar r allowar	nd
Total r	number c	of other employees paid over \$100,000								
51	Complet	e this table for the five highest compensated independent contractors when	no each	received m	ore than \$	100,000	of			
	compens	sation from the organization. If there is none, enter "None."								
	(-) )			(1-)	T					
	(a) r	Name and address of each independent contractor paid more than \$100,000		(0)	Type of se	rvice	(6) (	Compen	Sauon	
					···					
									·····	
Total n	umber o	of other independent contractors each receiving over \$100,000	<b>&gt;</b>	·····	······					
Sign		Under penalties of perjury, I declare that I have examined this return, including ac and belief, it is true, correct, and complete. Declaration of preparer (other than off								
Here		Signature of officer			Dat	e				
		Type or print name and title.				·				
		Preparer's		Date	1	heck if	Preparer's Ider	ntifying Nu	umber (S	ee instr.)
Paid	1	signature MRIGHAL SIGNED BY D H SCARBOROUGH	CPA	7/16		elf- mployed 🕨	. ☐ P0017	487	4	
Prep:	arer's	Firm's name (or yours GEORGEN SCARBOROUGH AS					<del> </del>	26-1		766
Jse (	Only	if self-employed), 243 CHURCH ST NW STE		-			Phone			
		address, and ZIP+4 VIENNA, VA 22180-443					no. ▶ 703	3-31		990
May th	ne IRS di	iscuss this return with the preparer shown above? See instructions					<b>&gt;</b>		es	No
							F	orm 99	90-EZ	(2008)

FYE: 12/31/2008

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### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
MEMBERSHIP STATE DUES	\$ 335,487 3,533
TOTAL	\$ 339,020

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount	
EXPENSES	\$	_
CONFERENCES/MEETINGS	313,2	13
CREDIT CARD FEES	23,6	29
SUPPLIES	2,40	63
TELEPHONE	2,9	15
MISCELLANEOUS	2,8	27
PROFESSIONAL FEES	1,3	00
WEB SERVICES	23,3	10
BOARD LIABILITY INSURANCE	3,20	04
AXA POLICY	35,0	00
EDUCATION & SUBSCRIPTIONS	23	34
STATE LEGISLATION	18,0	00
ANNUAL AWARDS	4,0	33
PAC EXPENSES	8,30	00
STATE CHAPTER EXPENSES	91	0.7
TOTAL	\$ 439,3	85

### Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year
ACCOUNTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	\$ 18,681	\$	197,771 12,048
	18,681	*	209,819

### Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	<u></u>	Beginning of Year	 End of Year
DEFERRED REVENUE	\$	167,165	\$ 515,291
		167,165	 515,291

982 Management Association for Private

52-0854573

## **Federal Statements**

FYE: 12/31/2008

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

### Description

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

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