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

Legislative hearing on H.R. 1604 (Lamborn), Map It Once, Use It Many Times Act and H.R. 916 (Kind), Federal Land Asset Inventory Reform Act of 2013 December 5, 2013

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Jeff Lower
- 2. Name of Organization(s) You are Representing at the Hearing: MAPPS, President
- 3. Business Address: [Information redacted for privacy]
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Jeff Lower / MAPPS

Title/Date of Hearing: Legislative hearing on **H.R. 1604 (Lamborn)**, *Map It Once, Use It Many Times* Act and **H.R. 916 (Kind)**, *Federal Land Asset Inventory Reform Act of 2013 /* December 5, 2013

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.

- BS in Geography, University of Florida
- MS in Geography, University of Florida
- 20 years of management and business ownership experience in surveying and mapping

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.

- Registered Professional Photogrammetrist (RPP), Oregon
- Surveyor Photogrammetrist (SP), Virginia
- MAPPS President 2013-2015

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.

- 20 years of management and business ownership experience in surveying and mapping
- Managed over 200 million dollars in Federal contract work related to Geospatial. Experience working as a contractor for USACE, NOAA, USGS, DoD (Navy, Army, Air Force, Marine Corps), BLM, CENSUS, NGA, BIA, DOT (federal and multiple states), FEMA, DHS

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (*and /or other agencies invited*) 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. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

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

Witnesses Representing Organizations

Name/Organization: <u>Jeff Lower / MAPPS</u> Title/Date of Hearing: <u>Legislative hearing on H.R. 1604 (Lamborn)</u>, *Map It Once, Use It Many Times* <u>Act and H.R. 916 (Kind)</u>, *Federal Land Asset Inventory Reform Act of 2013 /* December 5, 2013

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

President of MAPPS from 2013-2015

i. 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

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

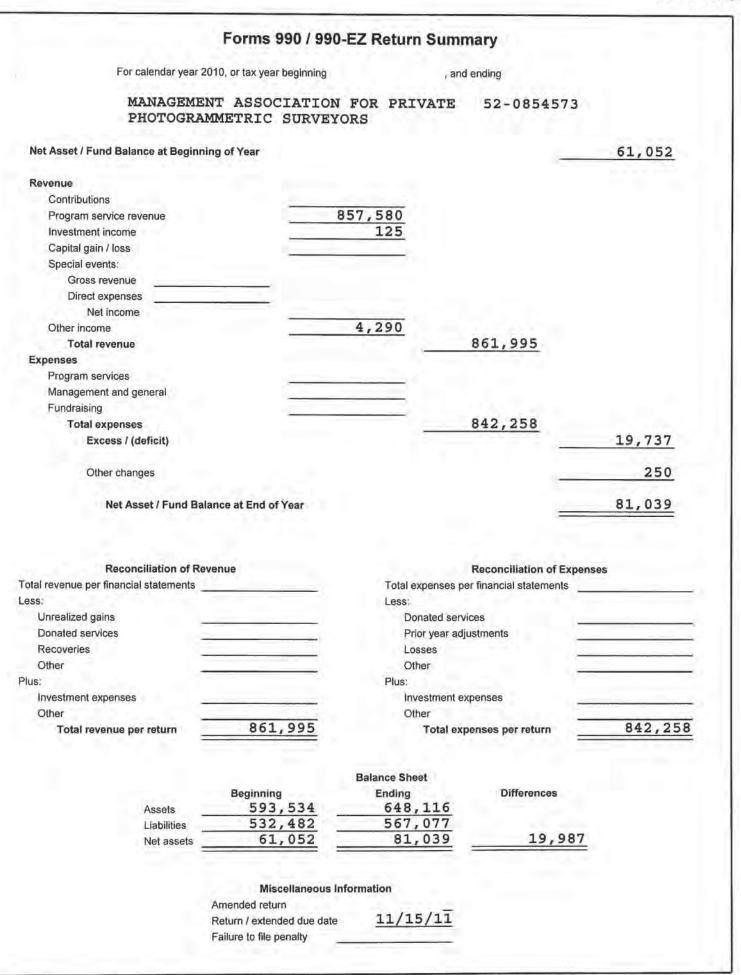
None

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

None

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

Filed separately.



Forn	n 990-T Return Summar	У	
For calendar year 2010, or tax year be	eginning , and	ending	
MANAGEMENT ASSOCI. PHOTOGRAMMETRIC S		52-0854573	
ncome			
Gross profit			
Capital gain / loss			
Unrelated debt-financed income			
All other income	4,290		
Total income		4,290	
eductions			
Officer compensation			
Salaries			
All other deductions	1,250		
Net operating loss	A LOW AND A		
Specific deduction	1,000		
Total deductions		2,250	
Unrelated business taxable income			2,040
Taxes / Credits / Payments			
Regular tax	306		
Proxy tax			
Alternative minimum tax			
Тах		306	
Foreign tax credit			
Other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes	All shares and shares		
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		1.2	316
Refund		0.000	
Next Year's Estimates	A#2	ous Information	
1st quarter	Miscellane Amended return	ous information	
2nd quarter		data 11/15/17	
3rd quarter	Return / extended due	date 11/15/11	
4th quarter			
Au quarter			

					982 04/30/2012 Pg 3
0070 50	IRS e-	file Signature Auth	orization		Î.
Form 8879-EO	for	an Exempt Organiz	zation		OMB No. 1545-1878
Department of the Treasury	For calendar year 2010, or fiscal year Do not	t send to the IRS. Keep for y	our records.		2010
Internal Revenue Service	NA OBVENUE A GOOGTA T	See instructions on ba	ck.		
	NAGEMENT ASSOCIAT: OTOGRAMMETRIC SUR		1		identification number
	HN M PALATIELLO	VEIORS		52-01	354573
	ECUTIVE DIRECTOR				
	urn and Return Information	n (Whole Dollars Only)			
	which you are using this Form 8879		mount if any from	the	
return. If you check the box on li	ne 1a, 2a, 3a, 4a, or 5a, below, and	the amount on that line for the	return being filed w	vith	
this form was blank, then leave	line 1b, 2b, 3b, 4b, or 5b, whichever	r is applicable, blank (do not er	nter -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 I	Part I.		
1a Form 990 check here 🕨		m 990, Part VIII, column (A), li			b 861,995
2a Form 990-EZ check here	b Total revenue, if any	(Form 990-EZ, line 9)		2	b
3a Form 1120-POL check here	b Total tax (Form 112	20-POL, line 22)		3	b
4a Form 990-PF check here	b Tax based on investme	ent income (Form 990-PF, Pa	rt VI, line 5)	4	b
5a Form 8868 check here 🕨	b Balance Due (Form 8868,	Part I, line 3c or Part II, line 8	c)	5	b
	and Signature Authorizati			1	
involved in the processing of the resolve issues related to the pay electronic return and, if applicab Officer's PIN: check one box of	er than 2 business days prior to the p electronic payment of taxes to receir ment. I have selected a personal ide le, the organization's consent to elect only <u>GEN SCARBOROUGH AS</u> ERO firm name	ive confidential information neo entification number (PIN) as m stronic funds withdrawal.	cessary to answer in	nquiries and organization's] as my signature
	ERO MINI NAME			Enter five numb do not enter all	
on the organization's tax	year 2010 electronically filed return	. If I have indicated within this	return that a copy o	f the return	
is being filed with a state	agency(ies) regulating charities as enter my PIN on the return's disclos	part of the IRS Fed/State prog	ram, I also authoriz	e the	
filed return. If I have indi	nization, I will enter my PIN as my s cated within this return that a copy o RS Fed/State program, I will enter m	of the return is being filed with a	a state agency(ies)	ronically regulating	
Officer's signature			Date	08/19/	11
Part III Certification	n and Authentication				
ERO's EFIN/PIN. Enter your six-	digit electronic filing identification				EARCOORAECA
number (EFIN) followed by your	five-digit self-selected PIN.				do not enter all zeros
certify that the above numeric a	entry is my PIN, which is my signatur	on the 2010 plastronia it. St	ad roturn for the same	noizotion	No line differ di 20105
	am submitting this return in accordar				
	IRS e-file Providers for Business R	The second second second second second second second	ub. 4105, Woderniz	eu e-rile	
· · · · · · · · · · · · · · · · · · ·					
ERO's signature			Date >		
	ERO Must Re Do Not Submit This Fo	etain This Form—See I orm To the IRS Unless		Do So	
For Paperwork Reduction Act					Form 8879-EO (2010)

1.

	990	
Form		
FUIII		

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 04/30/2012 Pg
1	OMB No. 1545-0047
	2010
	Open to Public

A F	or the 2010 cal	endar year, or tax year beginning , and ending			
	neck if applicable: Idress change	C Name of organization MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS	2	1100	oyer identification number
	ame change	Doing Business As	6	52.	0854573
	itial return	Number and street (or P.O. box if mail is not delivered to street address) 1856 OLD RESTON AVENUE	Room/suite 205	and the second se	none number 3 - 787 - 6665
T	erminated	City or town, state or country, and ZIP + 4		b. and	
A	mended return	RESTON VA 20190		G Gross rec	eipts \$ 861,995
A	pplication pending	F Name and address of principal officer: JOHN M. PALATIELLO 1856 OLD RESTON AVENUE STE 205 RESTON VA 20190		affiliates inclu	.
	ax-exempt statu		- 1. Carlos 1		1.12
JV	Vebsite: 🕨 🖪	IAPPS.ORG	H(c) Group		
	orm of organization Irt I Si	Corporation Trust X Association Other L	Year of formation:	1967	M State of legal domicile: VA
Revenue Activities & Governance	 3 Number 4 Number 5 Total nur 6 Total nur 7a Total unr b Net unre 8 Contribut 	is box ► ☐ if the organization discontinued its operations or disposed of more than 25 of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) nber of individuals employed in calendar year 2010 (Part V, line 2a) nber of volunteers (estimate if necessary) elated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34 tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	Prior Y	3 4 5 6 7a 7b	9 9 0 4,290 2,040 Current Year 857,580
evel		ent income (Part VIII, column (A), lines 3, 4, and 7d)		315	125
Ř		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	- + T	4,290
1.1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82	23,067	861,995
Expenses	 Grants a Benefits Salaries, Profession 			_	
	17 Other ex 18 Total exp	nd similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ penses (Part IX, column (A), lines 11a–11d, 11f–24f) benses. Add lines 13–17 (must equal Part IX, column (A), line 25) Less expenses. Subtract line 18 from line 12	76	56,904 56,904 56,163	842,258 842,258 842,258 19,737
	17 Other ex 18 Total exp	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ penses (Part IX, column (A), lines 11a–11d, 11f–24f)	7 6 Beginning of C	56,904 56,163 urrent Year	842,258 19,737 End of Year
	17 Other ex 18 Total exp 19 Revenue	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ penses (Part IX, column (A), lines 11a–11d, 11f–24f) benses. Add lines 13–17 (must equal Part IX, column (A), line 25) eless expenses. Subtract line 18 from line 12	7 6 Beginning of C	56,904 56,163	842,258 19,737
Net Assets or Fund Balances Ex	 Other ex Total exp Revenue Total ass Total liab 	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ penses (Part IX, column (A), lines 11a–11d, 11f–24f) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7 6 Beginning of C 5 5	56,904 56,163 urrent Year	842,258 19,737 End of Year

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

Sign Here	Signature of officer JOHN M PALATIELLO	EXECUTIVE	DIREC	Date CTOR	
	Type or print name and title				
Paid	Print/Type preparer's name DE SCARBOROUGH, CPA	Preparer's signature	Date 04/30/12		PTIN P00174874
Deserves	Firm's name Firm's name	ROUGH ASSOCIATES, PC	Firm's	EIN 20	6-1776766
Use Only	243 CHURCH ST Firm's address > VIENNA, VA 22		Phone	e no. 70:	3-319-3990
May the IR	S discuss this return with the preparer shown above	? (see instructions)			X Yes No
	work Reduction Act Notice, see the separate inst				Form 990 (2010)

Briefly des	Statement of Program Ser	vice Accomplishm	nents		Pag
	Check if Schedule O contain cribe the organization's mission:	ins a response to a	any question in	this Part III	
	ASSOCIATION				
- essentiat		•••••••	************	*********************	*****
* 11222	*******************************	••••••	• • • • • • • • • • • • • • • • • • • •	**********************	**********
*	**********				***************************************
Did the org	anization undertake any significant	program services during	the year which wer	e not listed on the	
	990 or 990-EZ?				Yes X
If "Yes," de	scribe these new services on Sche	dule O.			
Did the org	anization cease conducting, or mak	ke significant changes in	how it conducts, an	y program	
services?					Yes X
	scribe these changes on Schedule				
	ne exempt purpose achievements for				
	nd 501(c)(4) organizations and sec			the amount of grants and a	llocations to
others, the	total expenses, and revenue, if any	, for each program servi	ce reported.		
LAW, GO)(Expenses \$ ENCES, MEETINGS & OV'T ACTIVITIES & ING THE PRACTICE (TIAL SERVICES.	BUSINESS AN	EDUCATE I D PROFESS METRY, MAI	MEMBERS OF IONAL ISSUES PPING &	Revenue \$

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3			*****************	***********************	
(Code:) (Expenses \$	includin	g grants of \$) (F	Revenue \$

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	990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 APRILY Checklist of Required Schedules		6	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			177
	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	100		
	candidates for public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1.0
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		v	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
	complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1121		x
5.1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8	-	A
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			1.1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		x
2	complete Schedule D, Part IV	. 9		•
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	10		x
	endowments? If "Yes," complete Schedule D, Part V	10		•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
1	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1.00	12.11	v
12	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		4
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	11.	x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			4
d		11d		x
	Did the organization report an amount for other liabilities in Part IX.	110		X
6	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
b	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		-	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		1000	21	X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		- 4	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	111.	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	111	x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		100	11 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1.1	1.0
	If "Yes," complete Schedule G, Part III	19	1 . j. j.	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	2.21	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			1
	Form 990 filers that operate one or more bosnitals must attach audited financial statements (see instructions)	201	1000	1.1.1

Form 990 (2010)

P	art IV Checklist of Required Schedules (continued)			age 4
		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		1991	1.2
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1.22	X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	1	1	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1.11	x
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	1.0		
	employees? If "Yes," complete Schedule J	23	1.11	x
4a		20	-	
	\$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			v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
		24b	-	
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
١.	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		
5a			-	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	
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?	1.1		1
	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	1.227		10.1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1.00
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			1
	If "Yes," complete Schedule L, Part III	27		х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		X
b		28a		•
N.	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
5	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1.11	
31	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	4.74	X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	0.00	11.11	
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1.11		
	Part I	31		х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1.1		
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	100	1.00	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	
	IV, and V, line 1	34	21	x
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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,	1.1		
0	Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1.00		
6				1
	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
7				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	(-1)	121	1
	192 Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010)

Form	990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-085	4573	<u> </u>		F	Page 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part	V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	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	1				
	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 return	s?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	11.1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			1.00		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	incial				5.0
	account)?	Lanses		4a		X
b	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 A	Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		annened de de de de de la serve	5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3				v
	organization solicit any contributions that were not tax deductible?		*******	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			111	111
4	gifts were not tax deductible?		*********************	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods			P	\$
- 14	and services provided to the payor?			7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b	-	
c	required to file Form 92822	5		70		AL.
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	J	16		
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntra et 2		7e	3000000	******
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contra-		******************	71		1.
g	If the organization received a contribution of qualified intellectual property, did the organization file For		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			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		1
9	Sponsoring organizations maintaining donor advised funds.	1000000	*******			
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1				
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1 404				
c	Enter the amount of reserves on hand	13b		-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	130		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14a	-	- 47

Form	1990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		20	Page 6
	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ow, and	d for	a
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI	in oon	euui	X
Sec	tion A. Governing Body and Management			
	g	100	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		100	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	0.000	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1.1	1	1.
15	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6 7a	Does the organization have members or stockholders?	6	X	-
10	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	1 20		v
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		A
2	the year by the following:			
a	The governing body?	8a	X	
b	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		1.000	1
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
		1.4	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such		1.00	1.7
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	105		
11a				
h	form?	11a	X	
b 12a	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	10-		x
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		-
	rise to conflicts?	12b		1.1
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	-	-
	describe in Schedule O how this is done	12c		1.1
13	Does the organization have a written whistleblower policy?	13	1	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	X	-
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
- 6	with a taxable entity during the year?	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1100		-
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			000
R	ESTON VA 20190 70	3-78	41.57	996

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
organization's		
• List all o	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 o	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 a	nd any related organizations.	
 List all of 	of the organization's former officers, key employees, and highest compensated employees who received more than	
\$100,000 of r	eportable compensation from the organization and any related organizations.	
. List all o	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	n the following order: individual trustees or directors; institutional trustees; officers; key employees; highest	
compensated	employees; and former such persons.	
X Chack this	s hav if neither the organization nor any related organizations companyated any current officer director or trustee	

(B) Average	Pos	ition (C) k all 1	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated	
hours per week (describe hours for related organizations in Schedule O)	1000		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	
2.00	x						0	0	0	
2.00	x						0	0	0	
2.00	x						0	0	0	
2.00	x						0	0	0	
2.00	x						0	0	0	
3.00	1	I	x				0	0	0	
1.50			x		Ū		0	0	0	
1.00%			x	Ę			0	0	0	
- 1 T.			x					0	0	
14.27										
				1		1				
100										
-										
	hours per week (describe hours for related organizations in Schedule O) 2.00 2.00 2.00 2.00	hours per week (describe hours for related organizations in Schedule O) 2.000 X 2.000 X 2.000 X 2.000 X 2.000 X 2.000 X 3.000 3.000	hours per week (describe hours for related organizations in Schedule O)or infividual furstee2.00X2.00X2.00X2.00X2.00X2.00X2.00X3.00-3.00-3.00-	hours per week (describe hours for related organizations in Schedule O)or individual institutional rustee eOfficer officer2.00X-2.00X-2.00X-2.00X-2.00X-2.00X-2.00X-2.00X-3.00X-3.00XX3.00XX	hours per week (describe hours for related organizations in Schedule O) institutional trustee Officer schedule Key employee 2.00 X - - - 3.00 X - - - 3.00 X - X -	hours per week (describe hours for related or director O)Officer rKey employee employee2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X3.00X3.00X3.00X3.00X	hours per week (describe hours for related O)Institutional trusteeOfficer relatedKey employee2.00XIII2.00XIII2.00XIII2.00XIII2.00XIII2.00XIII2.00XIII2.00XIII3.00XIII3.00XXII3.00XXII3.00XIII	hours per week (describe hours for related O)in in titutional trusteeOfficer in stitutional trusteeKey employee employeein mer mercompensation from the organization (W-2/1099-MISC)2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO2.00XIIIIO3.00IXIIII3.00IXIIII3.00IXIIII	hours per week (describe hours for related O) O Key method (describe hours for related O) Note of the method organizations (W-2/1099-MISC) Compensation from the organizations (W-2/1099-MISC) Compensation related organizations (W-2/1099-MISC) 2.00 X - - - 0 0 3.00 X - - - 0 0 3.00 X - - - 0 0	

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(A)	(B)			(C)		_	Highest Compensated I (D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	 Individual trustee or director 	-	chec Officer	_	at Highest compensated	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
17)				T						
8)					U.					
19)						11		1 1		
20)	1771					11				
H)	Č.									
22)		1					11			
23)		11	in i				1			
24)										
25)										
26)										
7)							1	1		
28)							-			
 1b Sub-total c Total from continuation sheet d Total (add lines 1b and 1c) 2 Total number of individuals (inclureportable compensation from the reportable compensation from the structure of the organization list any form employee on line 1a? If "Yes," call 	s to Part VII, S uding but not lin ne organization ner officer, dire	nited t	to th O	ose	lister	d abo	loyee	or highest compensated		Yes No
For any individual listed on line 1 organization and related organiz individual	la, is the sum o ations greater t receive or accri	f repo han \$ ue co	ntab 150, mpe	le co 000' nsati	ompe ? If " on fi	Yes,"	on an comp	d other compensation fro lete Schedule J for such related organization or in	m the dividual	4 X
Section B. Independent Contractor	rs									
1 Complete this table for your five compensation from the organiza	tion.	ISate		epe	nuer	it con	acto		(B) tion of services	(C) Compensation
(A) Name and business address JOHN M PALATIELLO ASSOCIATES, INC. 1856 RESTON VA 20190				6 0	1111111	Descrip RESTON AVE SSN MANAGEMEN		470,75		
					_					

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	Form 990 (2010)	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573
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Part VIII	Statement of Revenue

<u>, arr</u>	the other of revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
12 1a	Federated campaigns 1a					
uno t	Membership dues 1b					
ame o	Fundraising events 1c					
ar o	Related organizations 1d					
iu e	Government grants (contributions) 1e					
ler s	f All other contributions, gifts, grants,					
	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$					
	Total. Add lines 1a-1f					
Due		Busn. Code	440.070			440.000
28			440,273			440,273
	MEMBERSHIP		411,807			411,807
	MISC REVENUE		5,500			5,500
0 0	1					
2	f All other program service revenue		055 500			
	g Total. Add lines 2a-2f		857,580		1	
3	a second the measure for the second		105			105
1.1	and other similar amounts)		125			125
4	Income from investment of tax-exempt be	Contraction of the second s				
5	Royalties					
115	(i) Real	(ii) Personal				
111122	a Gross Rents					
L F	Less: rental exps.					
9	Rental inc. or (loss)					
72	Cenan pressunt from					
	sales of assets (i) Securities	(ii) Other				
	other than inventory					
L L	Less: cost or other					
112	basis & sales exps.					
	Gain or (loss)					
	Net gain or (loss)					
0 82	a Gross income from fundraising events					
enne	(not including \$					
	of contributions reported on line 1c).					
Uther Kev	See Part IV, line 18a					
E t	b Less: direct expenses b					
1	Net income or (loss) from fundraising even	ents 🕨				
98	a Gross income from gaming activities.					
	See Part IV, line 19 a					
	b Less: direct expenses b					
	Net income or (loss) from gaming activiti	es 🕨	-			
10:	a Gross sales of inventory, less					
	returns and allowances a					
	b Less: cost of goods sold b					
- 9	Net income or (loss) from sales of invent					
1	Miscellaneous Revenue	Busn. Code	1			
11:		518112	4,290		4,290	4
t	• • • • • • • • • • • • • • • • • • • •					
0						
C						
e			4,290			
12	Total revenue. See instructions.		861,995		0 4,290	857,705

Form 990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IX Statement of Functional Expenses

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De	All other organizations must on ot include amounts reported on lines 6b,	(A)		(C)	
	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expetises	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	1			
	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):	429,570			
a	Management	429,570			
b	Legal	8,000			-
d	Accounting	41,180			
	Lobbying Professional fundraising services. See Part IV, line 17	11/100			
f	Investment management fees	8			
g	Other			1.	
12	Advertising and promotion			1	
13	Office expenses				
14	Information technology	·		C==	
15	Royalties			a contraction of the second	
16	Occupancy			1	
17	Travel	1,875			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	292,760			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
	WEB SERVICES	16,500		1	
b	OFFICE SUPPLIES & EXPENSE	13,374		· · · · · · · · · · · · · · · · · · ·	
c	CREDIT CARD FEES	12,074		1	
d	DUES & MEMBERSHIPS	8,000		1	
e	SALARY SURVEY	8,000			
f	All other expenses	10,925			
25	Total functional expenses. Add lines 1 through 24f	842,258	0	0	
26	Joint costs. Check here if following	1			
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				

campaign and fundraising solicitation

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urt X	Balance Sheet		(A)		(B)
_			Beginning of year	-	End of year
1			000.005	1	226 020
2	Savings and temporary cash investments		228,825	2	336,932
3	Pledges and grants receivable, net		242 011	3	077 70
4	Accounts receivable, net		349,911	4	277,796
5	Receivables from current and former officers, directors, tr				
	employees, and highest compensated employees. Compl	ete Part II of			
1.2.3	Schedule L			5	
6	Receivables from other disgualified persons (as defined u				
	4958(f)(1)), persons described in section 4958(c)(3)(B), a				
	employers and sponsoring organizations of section 501(c)		6		
15	employees' beneficiary organizations (see instructions)		7		
7	Notes and loans receivable, net		8		
8	Inventories for sale or use		14,798	9	33,38
9	Prepaid expenses and deferred charges		11,750	3	55755
10a	Land, buildings, and equipment: cost or	10a			
1	other basis. Complete Part VI of Schedule D	10a		10c	
15.21			1	11	
11	Investments-publicly traded securities Investments-other securities. See Part IV, line 11		12		
12 13	Investments—program-related. See Part IV, line 11			13	
14				14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	593,534	16	648,11	
17	Accounts payable and accrued expenses		5,088	17	6,90
18			12 - Leg A 8 - 11	18	
19			527,394	19	560,17
20				20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
22	Payables to current and former officers, directors, trustee				
	employees, highest compensated employees, and disqua				
11.7	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third	parties	S	23	
	Unsecured notes and loans payable to unrelated third par		A	24	
25	Other liabilities. Complete Part X of Schedule D		Contraction and the	25	
26	Total liabilities, Add lines 17 through 25		532,482	26	567,07
	Organizations that follow SFAS 117, check here	and complete			
1.1	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		61,052	27	81,03
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets		29		
1.1	Organizations that do not follow SFAS 117, check her				
1.0	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		· · · · · · · · · · · · ·	32	
33	Total net assets or fund balances		61,052	33	81,03
34	Total liabilities and net assets/fund balances		593,534	34	648,11

Form 990 (2010)

ge 12	1.4		990 (2010) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573	Pa
П			Check if Schedule O contains a response to any question in this Part XI	
995	861,	1	Total revenue (must equal Part VIII, column (A), line 12)	1
	842,	2	Total expenses (must equal Part IX, column (A), line 25)	2
	19,	3	Revenue less expenses. Subtract line 2 from line 1	3
_	61,	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4
250		5	Other changes in net assets or fund balances (explain in Schedule O)	5
039	81,	6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6
Π			t XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	Pa
No	Yes		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.	1
X	2a		Were the organization's financial statements compiled or reviewed by an independent accountant?	2a
X	2b		Were the organization's financial statements audited by an independent accountant?	b
	2c	*********	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? If the organization changed either its oversight process or selection process during the tax year, explain in	c
			Schedule O.	
			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	d
			As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a
х	3a		the Single Audit Act and OMB Circular A-133?	
			If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b
	3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	

10

OMB No. 1545-0047

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE C

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.

	PHOTOGRAMMETRIC S			Employer identifi 52 - 08545	73
Pa	rt I-A Complete if the organization is	exempt under section 501(c	c) or is a secti	on 527 organizatio	n.
1 2 3	Provide a description of the organization's direct and Political expenditures Volunteer hours	and the second			
Da	rt I-B Complete if the organization is	exempt under section 501(c	:)(3).		
1	Enter the amount of any excise tax incurred by the or			▶\$_	3 7 7 8 8 8
2	Enter the amount of any excise tax incurred by organ	ization managers under section 4955	**************	▶\$_	
3	If the organization incurred a section 4955 tax, did it f	ile Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
and the second	rt I-C Complete if the organization is			tion 501(c)(3).	
1	Enter the amount directly expended by the filing organ activities	And the second		• 5	
2	activities Enter the amount of the filing organization's funds co	ntributed to other organizations for se	ction	······································	
				▶ \$	
3	Total exempt function expenditures. Add lines 1 and	2. Enter here and on Form 1120-POL			
	line 17b			▶\$_	662253
4	Did the filing organization file Form 1120-POL for this	vear?			
1.2		- your :			Yes No
5	Enter the names, addresses and employer identificat organization made payments. For each organization	ion number (EIN) of all section 527 p	olitical organization	is to which the filing	Tres No
12.1	Enter the names, addresses and employer identificat	ion number (EIN) of all section 527 p listed, enter the amount paid from the	olitical organization filing organization	is to which the filing 's funds. Also enter	,, Tes No
1.2	Enter the names, addresses and employer identificat organization made payments. For each organization	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a	olitical organizatior filing organization separate political	is to which the filing 's funds. Also enter organization, such	
- 20	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a	olitical organizatior filing organization separate political	is 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
5	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we as a separate segregated fund or a political action co	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a mmittee (PAC). If additional space is	blitical organization filing organization separate political needed, provide in	is to which the filing 's funds. Also enter organization, such iformation in Part IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
5	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we as a separate segregated fund or a political action co	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a mmittee (PAC). If additional space is	blitical organization filing organization separate political needed, provide in	is to which the filing 's funds. Also enter organization, such iformation in Part IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(1)	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we as a separate segregated fund or a political action co	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a mmittee (PAC). If additional space is	blitical organization filing organization separate political needed, provide in	is to which the filing 's funds. Also enter organization, such iformation in Part IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
5 (1) (2) (3)	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we as a separate segregated fund or a political action co	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a mmittee (PAC). If additional space is	blitical organization filing organization separate political needed, provide in	is to which the filing 's funds. Also enter organization, such iformation in Part IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
- 20	Enter the names, addresses and employer identificat organization made payments. For each organization the amount of political contributions received that we as a separate segregated fund or a political action co	ion number (EIN) of all section 527 p listed, enter the amount paid from the re promptly and directly delivered to a mmittee (PAC). If additional space is	blitical organization filing organization separate political needed, provide in	is to which the filing 's funds. Also enter organization, such iformation in Part IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If

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

Schedule C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010 M Part II-A Complete if the orga section 501(h)).	ANAGEMENT AS nization is exemp				
A Check 🕨 🗌 if the filing organiz	ation belongs to a ation checked box		ntrol" provisi	ons apply.	
Limits on I (The term "expenditure	obbying Expendit s" means amounts p			(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influence b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures e Total exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the 	a legislative body (direct a and 1b) I lines 1c and 1d)	t lobbying)			
columns.					
If the amount on line 1e, column (a) or (b) is:	The lobbying nonta				
Not over \$500,000	20% of the amount o	n line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	D.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,0	00.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	0.		
Over \$17,000,000 Grassroots nontaxable amount (enter 2	\$1,000,000.	Strands, 198 & Barral			
h Subtract line 1g from line 1a. If zero or l i Subtract line 1f from line 1c. If zero or le j If there is an amount other than zero on reporting section 4911 tax for this year? (Some organizations columns	ss, enter -0- either line 1h or line 1i, o 4-Year Averagi	did the organization file ng Period Under on 501(h) election	Form 4720 Section 501(do not have	(h) e to complete all of t	Ves N
201.002	obbying Expenditu				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009		(e) Total
2a Lobbying nontaxable amount	1.			1	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures		11 10 1		1.	

Schedule C (Form 990 or 990-EZ) 2010

Page 3

Schedule C (Form 990 or 990-EZ) 2010 MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

		(a)	(b	(b)	
		Yes	No	Amo	unt	
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?		1.1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		11.20			
c	Media advertisements?		1.7			
d	Mailings to members, legislators, or the public?	11	1.0			
e	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?		1			-
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)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5), (or se	ction		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103	X
	the destantial an look of merchade received nondebudible by members?	(Look)			-	

2	Did the organization make onl	y in-house lobbying expenditures of \$2,000 or les	s?

3 Did the organization agree to carryover lobbying and political expenditures from the second sec	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."

	165.		
1	Dues, assessments and similar amounts from members	1	411,807
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
a	Current year	2a	41,180
b	Carryover from last year	2b	
¢	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		

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.

Part IV	rm 990 or 990-EZ) 2010 Supplemental In		INT ASSOCI		OR THEY	1111 JA	-0854573	Page 4
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Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	or 990-EZ ic questions on ormation.	OMB No. 1545-0047 2010 Open to Public Inspection	
Name of the organization MANA	► Attach to Form 990 or 990-EZ. GEMENT ASSOCIATION FOR PRIVATE OGRAMMETRIC SURVEYORS	Employer ident 52 - 0854	ification number
MEMBERSHIP SERV	III, LINE 4D - ALL OTHER ACHIEVEMEN ICES THROUGHOUT YEAR KEEPING MEMBER SLATION IMPACTING BUSINESS.		IRRENT
FORM 990, PART MANAGEMENT CONT		CIATES, INC.	
FORM 990, PART ORGANIZED WITH PHOTOGRAMMETRIC			N
FORM 990, PART DRAFT OF FORM 9 APPROVAL BEFORE	90 PRESENTED TO MEETING OF BOARD OF	*********	
	VI, LINE 15A - COMPENSATION PROCESS MANAGEMENT COMPANY APPROVED ANNUAL		AL
A COPY WILL BE WRITTEN REQUEST	VI, LINE 19 - GOVERNING DOCUMENTS D PROVIDED TO ANYONE REQUESTING SAME. TO THE ASSOCIATION OFFICE. A COPY RECEIPT OF REQUEST.	REQUESTOR SHO	OULD SEND A
	****	******	

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

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

Form 990-T		Exempt Organization Busine			urn	0	MB No. 1545-0687
		(and proxy tax under					2010
Department of the Treasury Internal Revenue Service		For calendar year 2010 or other tax year ending	-	ing , a See separate instructio	ind ns		to Public Inspection for)(3) Organizations Only
Check box if address changed Exempt under section X 501(C)(6)	Print	Name of organization (Check box if name cha MANAGEMENT ASSOCIATION PHOTOGRAMMETRIC SURVEY	nged and FOR	d see instructions.)	D Employe	r identifi	cation number
408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instructio		205	52-0	8545	73
408A 530(a)	Туре	1856 OLD RESTON AVENUE			E Unrelate	d busine	ss activity codes
529(a)		City or town, state, and ZIP code RESTON	172	20190	(See instr 5181		
Book value of all assets at end of year	F Gr	oup exemption number (See instructions.)	VA	20190	2101	12	
		neck organization type X 501(c) corport	ation	501(c) trust	401(a) trus	t [Other trust
		ry unrelated business activity.		J. J. S. States and S.			
		WEBSITE IN "MEMBERS ONI					
		pration a subsidiary in an affiliated group or a pare ifying number of the parent corporation.	ent-subs	sidiary controlled group?	haran an a	es 🕈	Yes X No
The books are in care of	J	OHN M PALATIELLO & ASSOC	3	Telep	none number 🕨	70	3-787-6996
		or Business Income		(A) Income	(B) Expense		(C) Net
a Gross receipts or sales							
b Less returns and allows		c Balance	10				
Cost of goods sold (Sci Gross profit, Subtract li	nedule A	, line 7)	2				
a Capital gain net income	(attach	n line 1c Schedule D)	3 4a				
b Net gain (loss) (Form 4	797. Par	t II, line 17) (attach Form 4797)	4a 4b				
Capital loss deduction f			40				
		vrations (attach statement)	5				
Rent income (Schedule	C)	*****	6	1			
Unrelated debt-financed	income	(Schedule E)	7				
Interest, annuities, royalties	, and ren	ts from controlled organizations (Schedule F)	8			1	
Investment income of a sec	tion 501(c)(7), (9), or (17) organization (Schedule G)	9	1 - D		_	
		e (Schedule I)	10			1	
Advertising income (Sc Other income (See inst		attach schedule.) SEE STMT 1	11	4,290		-	4,290
		12					4,290
Part II Deduction	ns Not	Taken Elsewhere (See instructions for	or limi	tations on deduction	ns.) Except	for co	
		be directly connected with the unrela ors, and trustees (Schedule K)				14	
Salaries and wages	o, unou					15	
Repairs and maintenan	ce	***************************************	******			16	
Bad debts						17	
Interest (attach schedul	e)	***************				18	
Taxes and licenses						19	
Charitable contributions	(See ins	structions for limitation rules.)	******			20	
Depreciation (attach Fo Less depreciation claim	rm 4562)		21		22b	
						220	
Contributions to deferre	d compe	ensation plans	******			24	
Employee benefit progr	ams	······································	******			25	
Excess exempt expense	es (Sche	dule I)			CONTRACTOR OF THE OWNER OF THE	26	
Excess readership cost	s (Sched	lule J) Jle)				27	
Other deductions (attac	h schedu	ule)		SEE STATEME	NT 2	28	1,250
Total deductions. Add	lines 14	through 28				29	1,250
Unrelated business tax	otion ///-	me before net operating loss deduction. Subtract	line 29	from line 13		30	3,040
Net operating loss dedu Unrelated business tax	able inco	nited to the amount on line 30) me before specific deduction. Subtract line 31 fro	m line 3	30		31	3,040
Specific deduction (Ger	erally \$1	,000, but see line 33 instructions for exceptions.)		······································		33	1,000
		come. Subtract line 33 from line 32. If line 33 is g	reator t	han lina 32			01.0.02
Unrelated business ta	xable in	come. Subtract line 55 from line 52. If line 55 is g	redier u	han line 52		1000	

(2010) MANAGEMENT	F ASSOCIATION H	FOR PRIVATE	52-0854573		982 04/30/2012 Pg 2 Page 2
Tax Computation	1.0.1.1.1.1.1.1.1	1.000 A 1.000 -		1000000000A	
ers (sections 1561 and 1563)	check here 🕨 🗌 See i	instructions and:			
			t order):		
	ditional 5% tax (not more than	\$11,750)	\$		
dditional 3% tax (not more than	\$100,000)		\$		
e tax on the amount on line 34				► 35c	306
nount on line 34 from:	Tax rate schedule or	Schedule D (Form 10	41)		
tax. See instructions					
					200
	c or 36, whichever applies				306
		10.00		1000000	
			18 T. 6		
al business credit. Attach Forn	n 3800				
				40-	
credits. Add lines 40a through	400		*****	400	306
axes,					500
				12	306
CERCIT CONTRACTOR OF A DESCRIPTION OF A REPORT				43	500
estimated tax payments	*******************************				
n organizations: Tax paid or w	ithheld at source (see instruct	ions)			
		n 8941)	44f		
		· · · · · · · · · · · · · · · · · · ·			
a select of the later in the later of the second	Other	Total >	44g		
A should be a first the second strate and the second state	the second se			45	
				and a second sec	
				▶ 47	306
				▶ 48	
			the second s		
Statements Regard	ing Certain Activities	and Other Informa	tion (see instructions	5)	
t (bank, securities, or other) in a for	reign country? If YES, the organization	ation may have to file Form		eign	Yes No X
	지수가 지난 것이 같이 집에서 가지 않는 것이 같이 가지 않는 것이 없다.		, or transferor to, a foreig	an trust?	X
				a let variat	
the amount of tax-exempt inter		d the tax year 💌 🔉			
the amount of tax-exempt inter A - Cost of Goods So	and the second		1		
A - Cost of Goods So	and the second	ventory valuation >		6	
the second se	Id. Enter method of inv	6 Inventory at end	of year		
A – Cost of Goods So tory at beginning of year	Id. Enter method of inv	6 Inventory valuation ► 6 Inventory at end 7 Cost of goods s			
A – Cost of Goods So lory at beginning of year ases of labor mal sec. 263A	Id. Enter method of inv	6 Inventory at end 7 Cost of goods s line 5. Enter here	of year old. Subtract line 6 from	7	Yes No
A – Cost of Goods So tory at beginning of year ases of labor mal sec. 263A attach sch.) costs	Id. Enter method of inv 1 2 3	 A contract valuation A	of year old. Subtract line 6 from and in Part I, line 2	7 t to	Yes No.
A – Cost of Goods So tory at beginning of year ases of labor mal sec. 263A attach sch.) costs schedule). Add lines 1 through 4b	Id. Enter method of inv 1 2 3 4a 4b 5	 Inventory valuation ▶ Inventory at end Cost of goods s line 5. Enter here Do the rules of se property produce to the organizatio 	of year cold. Subtract line 6 from e and in Part I, line 2 ection 263A (with respec ed or acquired for resale) on?	t to apply	Yes No
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs schedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp	 Inventory valuation ▶ Inventory at end Cost of goods statements Do the rules of statements Do the organization 	of year cold. Subtract line 6 from and in Part I, line 2 ection 263A (with respect of or acquired for resale) on?	t to apply	Yes No
A – Cost of Goods So tory at beginning of year ases of labor mal sec. 263A attach sch.) costs schedule). Add lines 1 through 4b	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp	 Inventory valuation ▶ Inventory at end Cost of goods statements Do the rules of statements Do the organization 	of year cold. Subtract line 6 from and in Part I, line 2 ection 263A (with respect of or acquired for resale) on?	t to apply	May the IRS discuss this return
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs schedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp	 Inventory valuation ▶ Inventory at end Cost of goods statements Do the rules of statements Do the organization 	of year cold. Subtract line 6 from and in Part I, line 2 ection 263A (with respect of or acquired for resale) on?	t to apply	May the IRS discuss this return with the preparer shown below (see instructions)?
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs schedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accompart (other than taxpayer) is based on all info	 Inventory valuation ▶ Inventory at end Cost of goods statements Do the rules of statements Do the organization Cost of goods at the organization 	of year cold. Subtract line 6 from and in Part I, line 2 ection 263A (with respect of or acquired for resale) on?	t to apply	May the IRS discuss this return
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs schedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav reed, and complete. Declaration of prepare	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accompart (other than taxpayer) is based on all info	 Inventory valuation ▶ Inventory at end Cost of goods statements Do the rules of statements Do the organization Cost of goods statements 	of year cold. Subtract line 6 from e and in Part I, line 2 ection 263A (with respected of a acquired for resale) on? s, and to the best of my knowledge by knowledge.	t to apply	May the IRS discuss this return with the preparer shown below (see instructions)?
A – Cost of Goods So tory at beginning of year ases of labor mal sec. 263A attach sch.) costs schedule). Add lines 1 through 4b der penalties of perjury, I declare that I hav rect, and complete. Declaration of prepare gnature of officer Print/Type preparer's name Preparer's signature	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp r (other than taxpayer) is based on all info Date T DH SCARBOROUGH, CPA	 Ventory valuation ▶ 6 Inventory at end 7 Cost of goods s line 5. Enter here 8 Do the rules of se property produce to the organization panying schedules and statements promation of which preparer has an 	of year cold. Subtract line 6 from e and in Part I, line 2 concernence of the second or acquired for resale) on? a, and to the best of my knowledge barke Date 04/30/12	t to apply and belief, it is true, Check if self-employed	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No PTIN P00174874
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs is chedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav rect, and complete. Declaration of prepare gnature of officer Print/Type preparer's name Preparer's signature Firm's name GEOR(Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp r (other than taxpayer) is based on all inf Date T DH SCARBOROUGH, CPA GEN SCARBOROUGH	 Ventory valuation ▶ 6 Inventory at end 7 Cost of goods solar to the formation of which preparer has an anying schedules and statements ormation of which preparer has an anying schedules and statements are the schedules and statements or the schedules are schedules and statements or the schedules and statements or the schedules and statements or the schedules are schedules and statements or the schedules and statements or the schedules are schedules and statements or the schedules are schedules	of year cold. Subtract line 6 from e and in Part I, line 2 concernence of the second or acquired for resale) on? a, and to the best of my knowledge barke Date 04/30/12	t to apply and belief, it is true, Check if self-employed Firm's EIN	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No PTIN P00174874 ► 26-1776766
A – Cost of Goods So tory at beginning of year ases of labor mai sec. 263A attach sch.) costs schedule) Add lines 1 through 4b der penalties of perjury, I declare that I hav rect, and complete. Declaration of prepare gnature of officer Print/Type preparer's name Preparer's signature Firm's name ► GEOR(Firm's address ► 243	Id. Enter method of inv 1 2 3 4a 4b 5 ve examined this return, including accomp r (other than taxpayer) is based on all info Date T DH SCARBOROUGH, CPA	<pre>/entory valuation ▶ 6 Inventory at end 7 Cost of goods s Inne 5. Enter here 8 Do the rules of se property produce to the organizatio banying schedules and statements ormation of which preparer has ar ittle H ASSOCIATES FE 100E</pre>	of year cold. Subtract line 6 from e and in Part I, line 2 concernence of the second or acquired for resale) on? a, and to the best of my knowledge bate Date 04/30/12	t to apply and belief, it is true, Check if self-employed Firm's EIN	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No PTIN P00174874
	Tax Computation izations Taxable as Corpora ers (sections 1561 and 1563) your share of the \$50,000, \$25 (2) granization's share of: (1) Additional 3% tax (not more than e tax on the amount on line 34 a Taxable at Trust Rates. See nount on line 34 from: tax. See instructions ative minimum tax Add lines 37 and 38 to line 35 Tax and Payments n tax credit (corporations attactoredits (see instructions) al business credit. Attach Form form: Form 4255 tax. Add lines 41 and 42 ents: A 2009 overpayment creations ation organizations: Tax paid or w p withholding (see instructions for small employer health insuccedits and payments: appayments. Add lines 44a thronated tax penalty (see instructions for small employer health insuccedits and payments: appayments. Add lines 44a thronated tax penalty (see instructions for small employer health insuccedits and payments: appayments. Add lines 44a thronated tax penalty (see instructions for small employer health insuccedits and payments: appayments. Add lines 45 is larger that the amount of line 48 you	Tax Computation izations Taxable as Corporations. See instructions for tax ers (sections 1561 and 1563) check here ▶ See i your share of the \$50,000, \$25,000, and \$9,925,000 taxable (2) \$ (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) organization's share of: (1) Additional 5% tax (not more than the star on the amount on line 34 (3) is Taxable at Trust Rates. See instructions for tax computation to unt on line 34 from: Tax rate schedule or tax. See instructions (3) ative minimum tax Add lines 37 and 38 to line 35c or 36, whichever applies Tax and Payments or redits (see instructions) (a) (b) (a) its (see instructions) (a) (b) (a) at tax credit (corporations attach Form 3800 for prior year minimum tax (attach Form 8801 or 8827) credits. Add lines 41 and 42 (b) (c) (a) (b) (c)	Tax Computation izations Taxable as Corporations. See instructions for tax computation. Controlled ers (sections 1561 and 1563) check here ▶ See instructions and: your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that 	Tax Computation izations Taxable as Corporations. See instructions for tax computation. Controlled group ers (sections 1561 and 1563) check here ▶ See instructions and: your share of the \$50.000, \$25.000, and \$9,925,000 taxable income brackets (in that order): (2) \$ granization's share of: (1) Additional 5% tax (not more than \$11,750) \$ iditional 3% tax (not more than \$100,000) \$ is tax on the amount on line 34 \$ is Taxable at Trust Rates. See instructions for tax computation. Income tax on loont on line 34 from: Tax rate schedule or is Tax and Payments Schedule D (Form 1041) tax. See instructions attach Form 1118; trusts attach Form 1116) is tax code instructions 40b 40a 40b or prior year minimum tax 40a Income tax 40d lines 40a through 40d 40d 40d otc file 40e from line 39 9 Form 8668 44c 44a ensta: A 2009 overpayment credited to 2010 44a 44b 44d 44d or organizations: Tax paid or withheld at source (see instructions) 44d	Tax Computation izations Taxable as Corporations. See instructions for tax computation. Controlled group ers (sections 1561 and 1563) check here ▶ See instructions and: our share of the \$50,000, \$25,000, and \$9,925,000 (taxable income brackels (in that order):

Form 990-T (2010) MANA Schedule C – Rent Inco	GEMENT AS	Broparty ar	N FO	OR PRIVATE		52-0854			Page
(see instructions)	me (i rom itea	relopenty an	iu Pe	rsonal Propen	y Lea	ased with i	keal Propen	(y)	
1. Description of property					-			-	
(1) N/A					-				
(2)									
(3)									
(4)					-				
	2. Rent re	ceived or accrued							
(a) From personal property (if the for personal property is more more than 50 ⁹	than 10% but not	percenta	ige of re	l and personal property nt for personal propert nt is based on profit or	y excee	ds			cted with the income attach schedule)
(1)					-		-		
(2)		1							
(3)		- C				1.1.			
(4)		24 Jan 444							
Total		Total	-				dan a d	-	
(c) Total income. Add totals of othere and on page 1, Part I, line 6	columns 2(a) and 2 5, column (A)					Ente	otal deductions. r here and on page I, line 6, column (E	e 1,	
Schedule E – Unrelated		d Income (se	e instr	uctions)			9	11	
						3 Dec	uctions directly co	nnected with	h or allocable to
1. Description of debt	t-financed property	C 1.		ross income from or able to debt-financed			debt-financed pro		
(1) N/A	_		property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
			-		_			1.1	
2)			-		_			1.00	
3)			-		-			-	
(4)	-		_						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjus of or allocab debt-financed j (attach sche	le to property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)					%			12.	
2)					%				
3)					%				
(4)	· · · · · · · · · · · · · · · · · · ·				%			Contract State	
Totals Total dividends-received dedu Schedule F – Interest, A	ctions included in	column 8				Part I, line 7,		Part I, I	ere and on page 1, ine 7, column (B)
				xempt Controlled			loce marden	0113)	
1. Name of controlled organization		2. Employer identification number		3. Net unrelated income 4. T		otal of specified yments made	pecified 5. Part of colum made included in the		6. Deductions directl connected with incom in column 5
1) N/A			-		-		organization's g	100a III0.	
			-						
2)			-						
3)					-		-		
4)			-		-				
Nonexempt Controlled Organ	lizations		_		- 1			-	
7. Taxable Income		8. Net unrelated inc (loss) (see instruction		9. Total of specific payments made		included in t	olumn 9 that is he controlling s gross income		Deductions directly acted with income in column 10
1)							CE LE LE CRE MILE A		- 19 W (M. 197
2)					-				
3)					11				
4)						Add columns 5	and 10.	Add colu	mns 6 and 11.
Fotals						Enter here and Part I, line 8, co	on page 1,	Enter he	re and on page 1, ne 8, column (B).

Form 990-T (2010)

982 04/30/2012 Pg 24 Page **4**

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

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

1. Description of income		2. Amount of in	2. Amount of income directly co (attach so		cted 4		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)	
(1) N/A								11		
(2)			_	1						
(3)		1		N		1		34 (m		
(4)								11		
(4)								Ent	tor boro and on proof t	
Totals		Enter here and on Part I, line 9, colu	mn (A).						ter here and on page 1, rt I, line 9, column (B).	
Schedule I – Exploited Exe	mpt Activity I	ncome, Other	r Than	Advertising In	come (see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productior unrelate business inc	/ with n of ed	4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5 through 7.	from a is not	ess income activity that unrelated ass income	6. Expe attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) N/A		-	- 1			1000				
				10	-					
(2)				-			1.1.1			
(3)									1 1 1 1 1 1	
(4)	Enter here and c page 1, Part I, line 10, col. (A).	page 1, Pa	art I,		1				Enter here and on page 1, Part II, line 26,	
	a a man / a a a luna	tweetings)							8	
Schedule J – Advertising Ir			0	Indeted Deale						
Part I Income From F	eriodicals Re	eported on a	Conso	And a second			1		1	
1. Name of periodical	2. Gross advertising income	3. Direc advertising		 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	1.	irculation ncome	6. Read		 Excess readership costs (column 6 minus column 5, but not more than column 4). 	
(1) N/A						_	1			
							1		1	
(2)									-	
(3)									+	
(4)							-			
Totals (carry to Part II, line (5))		41.400							A11 1	
Part II Income From F 2 through 7 on			Separa	ate Basis (For	each p	eriodical	listed in F	art II, 1		
(1) N/A							-			
(2)					-		1000	A	1	
(3)		-			-		-			
(4)				<u></u>			<u> </u>			
(5) Totals from Part I										
Takala Dad II (linas 1.5)	Enter here and o page 1, Part I, line 11, col. (A)	page 1, Pa	art I,						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	n of Officer	Directore	nd True	atoos loss last	ation - 1				8	
Schedule K – Compensatio	on of Officers,	Directors, a	na iru	stees (see instru	ctions)	1 2	Parcent of			
1. Nan	ne			2. Title		time	Percent of devoted to business		ensation attributable to related business	
(1) N/A							%			
(2)							%			
(3)							%			
(4)							%			
(4) Total Enter here and on page 1 Pa							-70			

982 Management Association for Private 52-0854573 FYE: 12/31/2010	atements 4/30/20 Pag	
Statement 1 - Form 990-T, Pa		
Description	Amount	
ADVERTISING ON WEBSITE	\$ 4,290	
TOTAL	\$ 4,290	
Statement 2 - Form 990-T, Part I	, Line 28 - Other Deductions	-
Description	Amount	

TOTAL

1,250

\$

982	04/30/2012	Pa 26
202	04/00/2012	- Fy 20

Form	100	Interest and Penalty	2010			
990-T	For calendar year 2010, or	tax year beginning	, and end	ling		2010
ame MANAGEMENT PHOTOGRAMI	F ASSOCIATION FOR METRIC SURVEYORS	R PRIVATE				Identification Number
	Interes	t on Late Payments and Fa	ailure to File Wor	ksheet		
TAX ON RET	Description	Amount 306	Balance 306	No. of Days	Rate	Late Interest
	5/16-6/30		306	46	4.00	
	7/1-8/19		308	50	4.00	
					-	
				_		
				\equiv		
						A
				_		(

Failure to Pay Penalty Worksheet

Description	Amount	Balance	No. of Months	FTP Penalty
TAX FOR PENALTY 5/15-8/19				6
			20	
Total failure to pay penalty				6

982 Management Ass 52-0854573 FYE: 12/31/2010	ociation for Priva F	ederal Stat	ements			4/30/2012 Page 1
	Tax	able Interest on	Investmen	its		
Description	<u> </u>	Unrelated	Evolusion	Postal	Acquired offer	110
	Amount 125 125	Business Code	<u>Code</u>		Acquired after 6/30/75	US Obs (\$ or %)
	·					

1 · · · · · ·

1

Page 2	Fund Raising	w	
	Management & General	-07-	0
tements	F - All Other Expenses Program Service	\$ 4,500 3,006 2,169 1,000 250	\$ 10,925
Federal Statements	Form 990, Part IX, Line 24f - All Other Expenses Total Program Expenses Service	\$ 4,500 3,006 2,169 1,000 250	\$ 10,925
982 Management Association for Private 52-0854573 FYE: 12/31/2010	Description	STATE LEGISLATION BOARD LIABILITY INSURANCE ANNUAL AWARDS WEB SVC RE: ADVERTISING MISC	TOTAL

982 Management Association for Privat 52-0854573 Fe FYE: 12/31/2010	4/30/2012 Page 3	
<u>Form 990-T - Ot</u>	ther Deductions Not Taken Elsewhere	
Description	Amount	
VEBSITE EXPENSES	\$1,250	
TOTAL	\$1,250	



Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No 1545-1878
Department of the Treasury	For calendar year 2011, or fiscal year beginning . 2011, and ending . Do not send to the IRS. Keep for your records. ► Do not send to the IRS. Keep for your records.	. 20	2011
Name of exempt organization	ANAGEMENT ASSOCIATION FOR PRIVATE	Employer identifica	tion number
Name and title of officer	HOTOGRAMMETRIC SURVEYORS	52-08545	573
01	OHN M PALATIELLO		
Part I Type of Re	XECUTIVE DIRECTOR		
	eturn and Return Information (Whole Dollars Only)		
check the box on line 1a, 2a, 3	r which you are using this Form 8879-EO and enter the applicable amount, if any, from a, 4a, or 5a, below, and the amount on that line for the return being filed with this form	the return. If you	
leave line 1b, 2b, 3b, 4b, or 5b	b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return	was blank, then	
on the applicable line below. D	o not complete more than 1 line in Part I.	, men enter -0-	
1a Form 990 check here 🕨	X b Total revenue, if any (Form 990, Part VIII, column (A) line 12)	1b	869,575
2a Form 990-EZ check here	Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check her		3b	
4a Form 990-PF check here 5a Form 8868 check here ►	real view and a state of the st	4b	
	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declaration	n and Signature Authorization of Officer		
organization's electronic return. to send the organization's return the transmission, (b) the reasor authorize the U.S. Treasury and financial institution account indio return, and the financial institution Agent at 1-888-353-4537 no late involved in the processing of the resolve issues related to the pay electronic return and, if applicab Officer's PIN: check one box of X I authorize GEOR(on the organization's tax being filed with a state a	GEN SCARBOROUGH ASSOCIATES, PC to enter my PIN ERO firm name typear 2011 electronically filed return. If I have indicated within this return that a copy of gency(ies) regulating charities as part of the IRS Fed/State program. Lake authorize to	he riginator (ERO) for rejection of licable, I entry to the ved on this asury Financial ancial institutions nquiries and organization's 52085 as m Enter five numbers, but do not enter all zeros	y signature
As an officer of the organ	the return's disclosure consent screen. nization, I will enter my PIN as my signature on the organization's tax year 2011 electr this return that a copy of the return is being filed with a state agency(ies) regulating ch am, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Part III Certification	Date	07/15/12	
ERO's EFIN/PIN. Enter your six-	and Authentication		
number (EFIN) followed by your f I certify that the above numeric er indicated above I confirm that I a	ive-digit self-selected PIN. http://www.ich.is.org.signature.on.the 2011 electronically filed return for the organism of the second	do r	oct enter all zeros
Information for Authorized IRS e-i	file Providerstor Business comments of Pub. 4103, Moderniz	cu e-riie (IVIer)	
ERO's signature	Date Date	7/12/201	2
	ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To I	Do So	

For Paperwork Reduction Act Notice, see back of form.

982 07/10/2012

Form 99(rn of Organization Exem 501(c), 527, or 4947(a)(1) of the Inter	- nal Revenue Code		k lung	982 07/10/20 OMB No. 1545-0047 2011	
Department of the Trea Internal Revenue Serv	asury Ince The organiza	benefit trust or private for tion may have to use a copy of this return	in to satisfy state re	eporting require	ments.	Open to Public Inspection	
A For the 2011	1 calendar year, or tax year begir						
B Check if applicable		AGEMENT ASSOCIATION FOR	PRIVATE		D Employe	r identification number	
Address change		TOGRAMMETRIC SURVEYORS			52 (064672	
Name change	Doing Business As Number and street (or P O box if mail	is not delivered to street address)		Room/suite	E Telephon	0854573	
Initial return	1856 OLD RESTON A			205		-787-6665	
Terminated	City or town, state or country, and ZIP			205	105	107-0005	
Amended return	RESTON	VA 20190			G Gross receip	869,575	
_	F Name and address of principal officer				0 01055 10054		
Application pendin	JOHN M. PALATI 1856 OLD RESTO RESTON	N AVENUE STE 205 VA 20190		H(b) Are all affil		iliates? Yes X No Yes No ee instructions)	
Tax-exempt statu		6) ◀ (insert no) 4947(a)(1) or	527				
Website: >	MAPPS.ORG				exemption number		
Form of organizati	ion: Corporation Trust X Summary	Association Other	L Ye	ar of formation: 1	967	State of legal domicile: VA	
TR2	describe the organization's mission						
6 2 Check	_	discontinued its operations or disposed of	of more than 25% of	of its net assets		9	
3 Numbe	er of voting members of the governi				3	9	
4 Numbe		of the governing body (Part VI, line 1b)			5	0	
5 Total n	umber of individuals employed in compared in compared in compared in compared in compared in the second sec				6	0	
 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 					7a	C	
	related business taxable income from				7b	0	
Divectori	related busiless taxable meetine me			Prior Yea	r	Current Year	
B Contrib	outions and grants (Part VIII, line 1h)			0	0	
9 Progra	m service revenue (Part VIII, line 2)	3)		857	125	869,535	
9 Progra 10 Investr	ment income (Part VIII, column (A),	lines 3, 4, and 7d)	_		40		
11 Other r	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			1,290	(
		ust equal Part VIII, column (A), line 12)		861	L,995	869,575	
	and similar amounts paid (Part IX,				0		
	is paid to or for members (Part IX, o				0	(
ຜູ່ 15 Salarie		enefits (Part IX, column (A), lines 5–10)			0		
	sional fundraising fees (Part IX, col				0	(
b Total fu	undraising expenses (Part IX, colun		0	941	2,258	839,939	
	expenses (Part IX, column (A), lines		-		2,258	839,939	
	xpenses. Add lines 13-17 (must ed		-		9,737	29,636	
19 Revent	ue less expenses. Subtract line 18			Beginning of Cur		End of Year	
20 Total a 21 Total lia 22 Net ass	ssets (Part X, line 16)				3,116	715,221	
21 Total lia	abilities (Part X, line 26)			56	7,077	604,546	
22 Net as	sets or fund balances. Subtract line	21 from line 20		83	L,039	110,675	
Part II S	Signature Block						
Under penalties of true, correct, and	of perjury, I declare that I prove examine complete. Declaration of preparentiti	eo his return, including accompanying sche ner man offics i is based on all information of	dules and statement of which preparer ha	ts, and to the bes s any knowledge	t of my know	ledge and belief, it is	
	Signature of officer				Date	143012	
ign lere	JOHN BLATIEL	LO	EXECUI	IVE DIR			
Print/T	ype preparer's name	Preparer's signature		Date	Check	If PTIN	
aid	CARBOROUGH, CPA	CRECHAL SIGNED S	YON SCARED	R. CH. HG HO 7. C.D.G.	/12 self-emp	oyed P00174874	
reparer Firm's	CRODORN O	CARBOROUGH ASSOCIAT			irm's EIN 🕨	26-1776766	
se Only		H ST NW STE 100E			hone no	703-319-3990	
						the second se	
	uss this return with the preparer sho					X Yes No	

982 07/10/2012

Form 990 (201 Part III		OCIATION FOR PRIV Service Accomplishments	ATE 52-0854573	3	Page 2
rodiz ili		tains a response to any que	stion in this Part III		X
	escribe the organization's mission: ASSOCIATION				
IKADE	ADDOCTATION				
prior Fo	rm 990 or 990-EZ?	ant program services during the ye	ar which were not listed on the		Yes X No
		make significant changes in how it o	conducts, any program		Yes X No
4 Describe expense	es. Section 501(c)(3) and 501(c)(4)	lule O, e accomplishments for each of its t organizations and section 4947(a) xpenses, and revenue, if any, for ea	(1) trusts are required to report t		
LAW, (AFFEC	GOV'T ACTIVITIES	814,628 including grant & SEMINARS TO EDU & BUSINESS AND PI S OF PHOTOGRAMMETI	JCATE MEMBERS OF ROFESSIONAL ISSU)
		and antidate descent to see the second s			
4b (Code:) (Expenses \$	including grant	s of \$) (Revenue \$)
		1 M 3 + M - 4 4 44			
4c (Code:) (Expenses \$	including grant	s of \$) (Revenue \$)
		2010 0. 1 0.041 10.0 10.0			
8 million					
	a dan an a				
	· · · · · · · · · · · · · · · · · · ·				
4d Other pro	ogram services. (Describe in Sche	dule O.)			
(Expense	0 - 0	including grants of \$) (Revenue \$)
	ogram service expenses 🕨	839,939			

Form 990 (2011)

Page 3

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

Pa	art IV Checklist of Required Schedules		_	
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1.1.2	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		1.1	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			x
	complete Schedule D, Part IV	9	-	-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	0.0.000	^
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.		2010.000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		x
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	116		x
_	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	110		
С	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			-
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	The second se	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19	-	X X
20a		20a	-	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	-

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

P	art IV Checklist of Required Schedules (continued)		_	age
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		1	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part i	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	x
)	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	1000	x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
Ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1111	
	IV, and V, line 1	34		x
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
-	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	57		x
;	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37	-	•
			v	
-	19? Note. All Form 990 filers are required to complete Schedule O	38	X m 990	

Form 990 (2011)

⁼ or <u>n</u>	990 (2011) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Pag	e (
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		r	-
	Check if Schedule O contains a response to any question in this Part V		N I	_
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	[Yes N	10
1a				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
2-				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			-
τa	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
u	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
U	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
۵ ۵	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		_
'n	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			20
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
za b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand 13c			
с 4а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
4a 5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
U.	in res, has it med a routh revolutebelt mese payments: in ito, provide an explanation in our educe of	1-10		

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

Part VI

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?				3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?				6	1	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e fo	llowing:		1.3	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Re	venue C	ode.)		_
					_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne forn	n?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	4	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o conf	flict	s?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1.00		
	describe in Schedule O how this was done				12c		·
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						2000000
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						2
	organization's exempt status with respect to such arrangements?				16b		
Sec	tion 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 (Section 501)	c)(3)s	or	ly)			
	available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest	t nolic	.v				
9	and financial statements available to the public during the tax year.	r pone	· y :				
0							
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 AV		E.				
	organization: ► JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AV	101401	-				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee,"

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

compensated employees; and former such persons.

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

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

Part VII	,	1	ISLEE:	5, N	-	-	Jyees		I Highest Compensated	1	15			
	(A) Name and title	(B) Average hours per week (describe hours for	ba	ix, unl	Pos check ess pe nd a c	erson directo	than o is both pr/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou oth comper	Estimated amount of other compensation from the		
		related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organı; and re organız	lated		
(15)		-	-			-								
16)											11			
17)			T											
18)								F						
19)		-												
20)													-	
21)										2				
22)														
23)														
24)				Ĩ										
25)	-													
	otal from continuation she add lines 1b and 1c)	ets to Part VII, S	ectio	on A										
	umber of individuals (in able compensation from			to th O	ose	liste	d abo	ve) w	ho received more than \$	100,000 in				
				or tri	ustee	. ke	v emi	olove	e, or highest compensate	d		Yes	No	
employ 4 For an	vee on line 1a? If "Yes," y individual listed on line	complete Schedue 1a, is the sum o	ule J f f repo	for su ortab	uch i le co	ndiv mpe	idual ensati	on ar	d other compensation fro	om the	3		X	
individ	ual								plete Schedule J for such		4		x	
for ser	vices rendered to the or Independent Contract	ganization? If "Ye							nrelated organization or in such person		5		x	
1 Compl	ete this table for your fiv	e highest compe	nsate	d inc	epe	nder	nt con	tracto	ors that received more the	an \$100,000 of the organization's tax year.				
doinipe		(A) I business address	npen	0000					Descri	(B) plion of services	С	(C) ompensat	lion	
					_									
	umber of independent c d more than \$100,000 c	a second second second second	-					ose li	sted above) who	0				

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

Part V	III Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
월 29 1a	Federated campaigns	1a		202 - 202 -			
	Membership dues	1b					
S C	Fundraising events	1c					
ti a d	Related organizations	1d					
o E e	Government grants (contributions)	1e					
50 f	All other contributions, gifts, grants,						
put	and similar amounts not included above	1f				12 13 1	
E OE	Noncash contributions included in lines 1	a-1f: \$					
h and	Total. Add lines 1a-1f		Þ				
e			Busn, Code				
Program Service Revenue b 2 a b 2 a b 2 b 2 b 2 b 2 b 2 b 2 b 2	CONFERENCES & MEET	INGS		463,454			463,454
a b				401,151			401,151
c je	MISC REVENUE			4,930			4,930
b g							
E e							
and t	All other program service reve	enue					
r a	Total. Add lines 2a-2f			869,535			
3	Investment income (including	dividends, inte	erest,				
	and other similar amounts)		▶	40			40
4	Income from investment of tax	k-exempt bond	i proceeds 🕨				
5	Royalties		•				
	(i) Real		(ii) Personal				
6a	Gross rents						
b	Less: rental exps.						
c	Rental inc. or (loss)						
d	Net rental income or (loss)						
7a	Gross amount from (i) Securitie	s	(ii) Other				
	sales of assets other than inventory						
b	Less: cost or other						
	basis & sales exps						
c	Gain or (loss)						
	Net gain or (loss)	0 8-+	•				
82	Gross income from fundraising ev	ents					
nue	(not including \$						
eve	of contributions reported on line 10	:)					
Other Reve of	See Part IV, line 18	а					
d the	Less: direct expenses	b					
0 c	Net income or (loss) from fund	draising event	s 🕨				
9a	Gross income from gaming activiti	es.					
	See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gar	ning activities	▶				
10a	Gross sales of inventory, less						
	returns and allowances	а					
b	Less: cost of goods sold	b					
C	Net income or (loss) from sale	es of inventory	•				
	Miscellaneous Revenue		Busn, Code				
11a							
Ь							
с							
d	All other revenue	1.6					
e	Total. Add lines 11a–11d		►				
12	Total revenue. See instruction	ns.		869,575		0 0	869,57

Form 990 (2011)

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

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any guestion in this Part IX (C) Do not include amounts reported on lines 6b, (A) (B) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expanses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 451,885 а Management b Legal 4,500 С Accounting 40,115 Lobbying d е Professional fundraising services. See Part IV, line 17 Investment management fees f Other g 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 3,194 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 270,555 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 19,045 WEB SERVICES а CREDIT CARD FEES 16,175 b **OFFICE SUPPLIES & EXPENSE** 15,834 С DUES & MEMBERSHIPS 8,000 d All other expenses 10,636 е 0 0 839,939 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2011)

Page 11

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

rai		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	336,932	2	396,698
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	277,796	4	258,410
	5 Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	a		
	employers and sponsoring organizations of section 501(c)(9) voluntary			1. A.
رم ا	employees' beneficiary organizations (see instructions)		6	
Assets	7 Notes and loans receivable, net		7	
As	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,388	9	60,113
1	0a Land, buildings, and equipment: cost or			
	other basis Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
1	1 Investments—publicly traded securities		11	
1	2 Investments—other securities. See Part IV, line 11		12	
1	3 Investments—program-related. See Part IV, line 11		13	
1	4 Intangible assets		14	
1	5 Other assets. See Part IV, line 11		15	
1	6 Total assets. Add lines 1 through 15 (must equal line 34)	648,116	16	715,221
1	7 Accounts payable and accrued expenses	6,903	17	13,571
1	8 Grants payable		18	
1	9 Deferred revenue	560,174	19	590,975
2	20 Tax-exempt bond liabilities		20	
2	1 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
vn 2	2 Payables to current and former officers, directors, trustees, key			
Ē	employees, highest compensated employees, and disqualified persons			
Liabilities	Complete Part II of Schedule L		22	
2	3 Secured mortgages and notes payable to unrelated third parties		23	
2	4 Unsecured notes and loans payable to unrelated third parties		24	
2	25 Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part	X		
- 11	of Schedule D	567,077	25 26	604,546
2	Total liabilities. Add lines 17 through 25		20	001, 510
	Organizations that follow SFAS 117, check here ► X and comp	lete		
Sec	lines 27 through 29, and lines 33 and 34.	81,039	27	110,675
	27 Unrestricted net assets	01,035	28	110/0/0
	78 Temporarily restricted net assets		29	
or Fund	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► ar			
느		iu		
ts	complete lines 30 through 34.		30	
SSe 3	 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 		31	
			32	
z 3	 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 	81,039		110,675
	A Total liabilities and net assets/fund balances	648,116		715,221
				Form 990 (2011)

Part X

Balance Sheet

	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1 To	tal revenue (must equal Part VIII, column (A), line 12)	11	86	9,575
	tal expenses (must equal Part IX, column (A), line 25)	2	83	9,939
3 Re	venue less expenses. Subtract line 2 from line 1	3	2	9,636
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	1,039
5 Ot	her changes in net assets or fund balances (explain in Schedule O)	5		
6 Ne	t assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
со	umn (B))	6	11	0,675
Part)	II Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Y	es No
1 Ac	counting method used to prepare the Form 990: Cash X Accrual Other		_	
lft	ne organization changed its method of accounting from a prior year or checked "Other," explain in			
Sc	hedule O			
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b We	ere the organization's financial statements audited by an independent accountant?		2b	X
	ere the organization's financial statements audited by an independent accountant? Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		<u>2b</u>	X
c lf"			2b 2c	X
c If" of	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			X
c If" of Ifti	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?			X
c If " of If th Sci	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in			X
c If " of If th Sc d If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in nedule O ₁₀ .			X
c If " of If th Sc d If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? ne organization changed either its oversight process or selection process during the tax year, explain in nedule O Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			X
c If " of If ti Sc d If " iss	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in hedule O Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were used on a separate basis, consolidated basis, or both:			x
c If " of If th Sc d If " iss 3a As	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in hedule O Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were used on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			x
c If " of If th Sc d If " iss 3a As the	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in the dule O Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were used on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20	

OMB No 1545-0047

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

See separate instructions.

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

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

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

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

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

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

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

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

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

Nar	ne of organization MANAGEMENT ASSOCIAT PHOTOGRAMMETRIC SUR	VEYORS		Employer identificati 52 - 08545	73
Pa	rt I-A Complete if the organization is exe	empt under section 501(c) or is a section	n 527 organizatio	n.
1 2 3	Provide a description of the organization's direct and indir Political expenditures Volunteer hours			▶ \$	
Pa	t I-B Complete if the organization is exe	mpt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organi			▶ \$	
2	Enter the amount of any excise tax incurred by organization		5	► \$	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exe			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	tion for section 527 exempt func	tion	•	
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2, Er	nter here and on Form 1120-PO	L,	▶ \$	
	line 17b			Þ	Yes No
4 5	Did the filing organization file Form 1120-POL for this year Enter the names, addresses and employer identification r organization made payments. For each organization lister the amount of political contributions received that were pr as a separate segregated fund or a political action comm	number (EIN) of all section 527 p d, enter the amount paid from th comptly and directly delivered to	e filing organization's a separate political o	funds, Also enter rganization, such	
	(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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

	NAGEMENT ASSOCIATION FOR PRIV ganization is exempt under section 501(c)(3		r age L
name, address,	nization belongs to an affiliated group (and list i EIN, expenses, and share of excess lobbying e nization checked box A and "limited control" pro	expenditures).	roup member's
	n Lobbying Expenditures res" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 c Total lobbying expenditures (add line d Other exempt purpose expenditures e Total exempt purpose expenditures (·		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Nol over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1_000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (ente	⁻ 25% of line 1f)		
h Subtract line 1g from line 1a. If zero o	or less, enter -0-		
i Subtract line 1f from line 1c. If zero o	r less, enter -0-		
j If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form 472	20	
reporting section 4911 tax for this yea	ır?		Yes No

4-Year Averaging Period Under Section 501(h)

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

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

Schedule C (Form 990 or 990-EZ) 2011

chedule	C /E	orm	990	or 9	agu-	F71	201	1

MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573

Schedule C (Form §	990 or 990-EZ) 2011	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854	573	Page
Part II-B		the organization is der section 501(h))	-	tion 5	01(c)(3) and h	as NOT filed I	Form 5	768
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed descrip					description	(a)		(b)
of the lobbyir		nes la through it below	v, provide in Part IV a	detailet	description	Yes	No	Amount
1 During th	ne year, did the filin	g organization attempt to i	nfluence foreign, national	l, state or	r local			

1	During the year, did the filing organization attempt to influence foreign, national, state or local	10000	
	legislation, including any attempt to influence public opinion on a legislative matter or		
	referendum, through the use of:	1990 - A	
а	Volunteers?		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_	
С	Media advertisements?	-	
d	Mailings to members, legislators, or the public?	-	
е	Publications, or published or broadcast statements?	-	
f	Grants to other organizations for lobbying purposes?		
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?	-	
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		
С	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?		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes."

		401 151
1 Dues, assessments and similar amounts from members	1	401,151
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	40,115
b Carryover from last year	2b	
c Total	2c	40,115
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	40,115
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
and political expenditure next year?	4	
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; Part II-A; and Part II-B, line

1, Also, complete this part for any additional information.

Schedule C (Form 99	90 or 990-EZ) 2011	MANAGEMENT	ASSOCIATION	FOR	PRIVATE	52-0854573	Page 4
Part IV	Supplement	al Information (cor	itinued)				
		-144 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					

1

OMB No 1545-0047

Inspection

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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.

Name of the organization MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS

Employer identification number 52 – 0854573

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT MEMBERSHIP SERVICES THROUGHOUT YEAR KEEPING MEMBERS ADVISED OF CURRENT EVENTS AND LEGISLATION IMPACTING BUSINESS.

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

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.

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

52-08	Managemen 354573 12/31/2011			Federal Sta	tements	6		7/10/201
			Тах	xable Interest o	n Investme	ents		
	Desc	ription						
	INTEREST TOTAL	0, 0, 0,		Unrelated Business Coc	Exclusion le <u>Code</u> 14		cquired after 6/30/75	US Obs (\$ or %)

7/10/2012		Eund Paising Paisi	
		Management & General &	
ements	- All Other Expenses	Program Service \$ 4, 500 \$ 1, 543 1, 500 \$	
Federal Statements	Form 990, Part IX, Line 24e - All Other Expenses	Fotal Expenses \$ 4, 500 3, 093 1, 543 1, 500 1, 500	
982 Management Association for Private 52-0854573 FYE: 12/31/2011	Form 9	Description STATE LEGISLATION BOARD LIABILITY INSURANCE MISC LEGAL DEFENSE FUND TOTAL	

000	00/40/0040	40.40	
982	08/13/2013	12:46	۲м

		982 08/13/2013 12:46 PI
Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-1878
	For calendar year 2012, or fiscal year beginning, 2012, and ending	0010
Department of the Treasury	Do not send to the IRS. Keep for your records.	2012
Internal Revenue Service Name of exempt organization	LANAGEMENT ASSOCIATION FOR PRIVATE	er identification number
		0854573
	OHN M PALATIELLO	
E	XECUTIVE DIRECTOR	
	eturn and Return Information (Whole Dollars Only)	
	or which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If	
	3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the	
	5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0)- on
	not complete more than 1 line in Part I. X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
1a Form 990 check here ►		1b 826,568
2a Form 990-EZ check here		2b
3a Form 1120-POL check here 4a Form 990-PF check here		3b
5a Form 8868 check here		4b
Ja Porn 0000 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
Part II Declaration	on and Signature Authorization of Officer	
organization's 2012 electronic are true, correct, and complet organization's electronic retur to send the organization's retu the transmission, (b) the reas authorize the U.S. Treasury a financial institution account in return, and the financial institu Agent at 1-888-353-4537 no I involved in the processing of I resolve issues related to the p electronic return and, if applic Officer's PIN: check one bo I authorize <u>GEO</u> on the organization's being filed with a state	A celare that I am an officer of the above organization and that I have examined a copy of the cereturn and accompanying schedules and statements and to the best of my knowledge and belief, the cereturn and accompanying schedules and statements and to the best of my knowledge and belief, the cereturn and accompanying schedules and statements and to the best of my knowledge and belief, the cereturn and accompanying schedules and statements and to the best of my knowledge and belief, the cereturn and accompanying schedules and statements and to the best of my knowledge and belief, the cereturn declare that the amount in Part I above is the amount shown on the copy of the m. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC aurn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of on for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the dicated in the tax preparation software for payment of the organization's federal taxes owed on this ution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia ter than 2 business days prior to the payment (settlement) date. I also authorize the financial institution be electronic payment of taxes to receive confidential information necessary to answer inquiries and bayment. I have selected a personal identification number (PIN) as my signature for the organization's able, the organization's consent to electronic funds withdrawal. ERO firm name ERO fir	D) of al ons 5 as my signature imbers, but all zeros s
As an officer of the or If I have indicated wit	rganization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed hin this return that a copy of the return is being filed with a state agency(ies) regulating charities as pa ogram, I will enter my PIN on the return's disclosure consent screen. Date $08/11$	art of
Part III Certificati	on and Authentication	
ERO's EFIN/PIN. Enter your a number (EFIN) followed by yo	six-digit electronic filing identification ur five-digit self-selected PIN.	54561054561 do not enter all zeros
indicated above. I confirm that	c entry is my PIN, which is my signature on the 2012 electronically filed return for the organization t I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e -File (M. S e-file Providers for Business Returns.	eF)
ERO's signature	Alcarborit Date , 0/1	3/13
	ERO Must Retain This Form—See Instructions	
	Do Not Submit This Form To the IRS Unless Requested To Do So	
Ful Faperwork Reduction A	Act Notice, see back of form.	Form 8879-EO (2012)

Form	990
Form	330

Return of Organization Exempt From Income Tax

982 08/16/2013 2:20 PM

OMB No. 1545-0047

2012

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

		of the Treasu	ry	The organiza	tion may h	benefit trust or private fo ave to use a copy of this retur	oundation) n to satisfy st	ate reporting reg	uirements.		Open to Public Inspection
Ā	For th	ne 2012 c	alendar y	ear, or tax year begin		, and ending				B 0000	
в		applicable:				ASSOCIATION FOR			D Emp	loyer ident	ification number
\square	Address	change				AETRIC SURVEYORS					
$\overline{\Box}$	Name ch	0000	Doing Bu	usiness As					- 52	-085	4573
		•	Number	and street (or P.O. box if mail is	s not delivere	d to street address)	·····	Room/suite		phone numb	
	Initial ret	urn	1856	5 OLD RESTON A	VENUE			205	70	3-78	7-6665
	Terminat	ed		n or post office, state, and ZIP				205		<u>, </u>	7-0005
\square	Amendeo	t return	REST	ON		VA 20190					006 FC0
				nd address of principal officer:		VA 20190		1	G Gross r	eceipts \$	826,568
	Application	on pending		N M. PALATI	FT.T.O			H(a) is this	a group return f	or affiliates?	Yes X No
				6 OLD RESTO							Yes No
			RES		N AVE				ll affiliates includ "No," attach a l		
					<u> </u>	<u>VA 20190</u>			NO, AUDULAI	IST. (SEE INST	ructions)
		mpt status:		501(c)(3) X 501(c) (0) <	(insert no.) 4947(a)(1) or	527				
	Website		APPS.			1		H(c) Grou	exemption nur	nber 🕨	
The second second		organization:			Association	Other ►		L Year of formation:	1967	M Stat	e of legal domicile: VA
	artl		Immary		······.	·····			·		
	1	Briefly des	scribe the	organization's mission	or most si	gnificant activities:					
ġ		TRAD	E ASSC	CIATION							
Governance							••••••	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
Ĕ			• • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •
0V6	2	Check this	s box ▶ [if the organization d	liscontinue	d its operations or disposed o	f more than 2	5% of its not as		• • • • • • • • • •	••••••
õ				embers of the governir					1	9	
8 8							• • • • • • • • • • • • • • • • • • •		3		
Activities &			hor of ind	iniduate exertenced in an	i trie govei	ning body (Part VI, line 1b)	••••••		4	9	
Ϊ	5			ividuals employed in ca	liendar yea	ar 2012 (Part V, line 2a)	• • • • • • • • • • • • • • • •			0	
Å				unteers (estimate if neo					6	0	
	7a	Total unre	elated busi	iness revenue from Par	rt VIII, colu	mn (C), line 12			7a		0
	b	Net unrela	ated busin	ess taxable income from	m Form 99	0-T, line 34	<u> </u>		7b		0
								Prior	Year	-	Current Year
ne	8	Contributi	ons and g	rants (Part VIII, line 1h))						0
en				venue (Part VIII, line 2g				8	69,535	5	826,541
Revenue	10	Investmer	nt income	(Part VIII, column (A), I	ines 3, 4, a	and 7d)			4()	27
ш.	11 (Other reve	enue (Parl	t VIII, column (A), lines	5, 6d, 8c,	9c, 10c, and 11e)					0
	12	Total reve	nue – add	l lines 8 through 11 (mu	ust equal F	art VIII, column (A), line 12)		8	69,575	5	826,568
				amounts paid (Part IX, o							0
	14	Benefits p	aid to or fo	or members (Part IX, co	olumn (A),					-	0
es	15 \$	Salaries, c	other com	pensation, employee be	enefits (Pa	rt IX, column (A), lines 5–10)	• • • • • • • • • • • • • • • •				0
se	16a	Professior	nal fundrai	ising fees (Part IX, colu	mn (A). lin	e 11e)					0
Expense				penses (Part IX, columi			0				<u> </u>
Ш						11f–24e)	· · · · · · · · · · · · · · · · · · ·	Q	39,939		918,105
	18 -	Total evne	anses Adr	t lines 13_17 (must equ	ial Dart IX	, column (A), line 25)		0	39,939		918,105
	10 5			nses. Subtract line 18 fr	am line 10	Column (A), line 25)		°			
58	19 [vevenue i	ess exper	ises. Subtract line 18 If	om ine 12	••••••••••••••••••••••••••••••••••••••		Beginning of	29,636	<u>' </u>	-91,537 End of Year
Net Assets or Fund Balances	20	Fotal asse	ts (Part X	line 16)					15,221		398,596
Bal	21 7		•	V line 00)					04,546		
net	22 1		•	alances. Subtract line 2	01 from lin		•••••				379,458
	art II	33.				e 20	<u></u>	<u>_</u>	10,675	21	19,138
			inature								
Un tru	ider per	naities of pe	erjury, I dec molete De	pare that I have examined	d this return ar than offic	 including accompanying sched er) is based on all information of 	ules and state	ments, and to the	best of my kr	owledge a	and belief, it is
	-, whe					er / is based on all information of	which prepare	er nas any knowled			
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Sig			nature of offi						Dat	Ð	
ler	e			M PALATIELI	LO		EXEC	UTIVE DI	RECTO	R	
		📕 Тур	pe or print na	me and title							
		Print/Type	preparer's na	me		Preparer's signature		Date	Chec	k if	PTIN
Paid								. I .		·	

	Filling Lybe breba	i ei s name			Preparers signature		Date C	Check if	PTIN	
Paid	DH SCARBOR	ROUGH,	CPA				08/16/13 s	elf-employed	P001748	374
Preparer	Firm's name	•	GEORGEN	SCARBO	ROUGH ASSOCIATES	, PC	Firm's Elf	N) 26	-1776	5766
Use Only			243 CHUR	CH ST I	NW STE 100E					
	Firm's address	•	VIENNA,	VA 22	180-4437		Phone no	703	-319-	.3990
May the IR	S discuss this	return w	ith the preparer	shown above?	? (see instructions)				X Yes	No
For Paperw DAA	ork Reduction	Act Not	ice, see the separ	rate instructior	ns.	<u></u>			Form 9	90 (2012)

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Form	990 (2012) MANAGEMENT ASSC Int III Statement of Program Se	CIATION FOR PRIVATE	52-0854573	Page 2
	Check if Schedule O conta	ains a response to any question in	this Part III	X
1 ר	Briefly describe the organization's mission: RADE ASSOCIATION			
	· · · · · · · · · · · · · · · · · · ·		••••••	·
	· · · · · · · · · · · · · · · · · · ·			
2	Did the organization undertake any signification prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sch	nedule O.		
3	Did the organization cease conducting, or m services?			Yes X No
	If "Yes," describe these changes on Schedu	le O.	•••••••••••••••••••••••••••••••••••••••	
4	Describe the organization's program service		est program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) of the total expenses, and revenue, if any, for e	rganizations are required to report the amo	pount of grants and allocations to others,	
C L A	(Code:)(Expenses \$ ONFERENCES, MEETINGS & AW, GOV'T ACTIVITIES & FFECTING THE PRACTICE EOSPATIAL SERVICES.	BUSINESS AND PROFES OF PHOTOGRAMMETRY, M	MEMBERS OF SIONAL ISSUES APPING &)
			· · · · · · · · · · · · · · · · · · ·	
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4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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4c	(Code:) (Expenses \$	including grants of f		
		including grants of \$) (Revenue \$)
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4d	Other program services. (Describe in Schedul	e O.)		
		cluding grants of \$) (Revenue \$)
	Total program service expenses >	762,401	γ (τοτοπάο ψ	

Form 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IV Checklist of Required Schedules

Ρ	ag	е	3

			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		Ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
-	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
0	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, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt pageticities services? If "Yes," complete Schedule D. Part IV.			
10	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V	10		X
11	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,"			
ŭ	complete Schedule D, Part VI	140		v
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>11a</u>		X
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		<u> </u>
•	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	110		
	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			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ł		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u>.</u> _
40	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?			
20-	If "Yes," complete Schedule G, Part III	1		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
	in room to mid body, signification organization attach a copy of its adulted indirical statements to this return?	I ∠UD	(⁽	1

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For	m 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573			Page 4
<u></u>	art IV Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	(Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			T
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	+	X
	\$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	04-		v
b		24a		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	244		
d		24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		<u> </u>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	0.5		
b		25 a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1 ·		
	If "Yes," complete Schedule L. Part I			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	0.00		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<u> </u>
	Schedule L, Part IV	28b		v
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schodulo L. Bod 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	-23		<u></u>
	conservation contributions? If "Yos " complete Schodule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u></u>
	Dati	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u></u>
	complete Schedule N. Ract II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		<u> </u>
	sections 301 7701-2 and 301 7701-32 If "Yes " complete Schedule D. D. C.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	a real to any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section Solid (c)(S) 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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11h and			
·	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2012)

1000000000	n 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854 art V Statements Regarding Other IRS Filings and Tax Compliance	573	· · · · · · · · · · · · · · · · · · ·			Page 5
0000000	Check if Schedule O contains a response to any question in this Part V					
·····		<u></u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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	0			
С	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	2a	0			
b	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 (see instructions)					
3a				<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<u>3b</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 financial	cial				
_	account)?			4a		X
b	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 Ac	counts.				
5a				<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1? 		<u>5b</u>		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
L	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	 	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
7	gifts were not tax deductible?	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
h	and services provided to the payor?	• • • • • • • •	••••••••••••••••••••••••••••••••••••••	<u>7a</u>		
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		· · · · · · · · · · · · · · · · · · ·	<u>7b</u>		
U	and the state of t					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.4				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	7d		70		
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?			7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?			+
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h	 	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	i nic a i	01111000-01			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		•••••	·····		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				1	-
10	Section 501(c)(7) organizations. Enter:	• • • • • • •				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?		12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	· · · · · · · · · · · · · · · · · · ·			
С	Enter the amount of reserves on hand	13c				
					ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		1

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a Q If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 9 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 х Did the organization have members or stockholders? 6 х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а The governing body? х 8a Each committee with authority to act on behalf of the governing body? b Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official а 15a Х Other officers or key employees of the organization b х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its b participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure • List the states with which a copy of this Form 990 is required to be filed **NONE** 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: JOHN M PALATIELLO & ASSOC. INC 1856 OLD RESTON AVENUE RESTON VA 20190 703-787-6996

52-0854573

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE

Part VI

Form 990 (20		Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete	this table for all persons required to be listed. Report componentian for the colordar year and is with a within the	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) ERIC ANDELIN								4,			
DIRECTOR	1.00	x						0			
(2) ROBERT HANSON	0.00							<u> </u>	0	0	
	1.00										
DIRECTOR	0.00	X						0	0	0	
(3) CLAIRE KIEDROWSK							-				
SECRETARY	1.00	x		x				0	о		
(4) JEFF LOWER								V	U	0	
	1.00										
PRESIDENT-ELECT	0.00	X		х				0		0	
(5) SUSAN MARLOW											
DIRECTOR	1.00	x						0			
(6) RICHARD MCDONALD		•						0	0	0	
	1.00										
PRESIDENT	0.00	X		X				0	0	0	
(7) BRIAN R RABER											
DIRECTOR	1.00 0.00	x									
(8) TIM STAGG	0.00	•				-+		0	0	0	
(0) 2 0	1.00										
TREASURER	0.00	x		х				o	0	0	
(9) MIKE TULLY									······································		
	1.00							_	:		
DIRECTOR	0.00	X						0	0	0	
(10)											
	• • • • • • • • • • • • • • • • • • • •										
(11)						\neg				**************************************	

Form 990 (2012) MANAGE Part VII Section A. Off	MENT ASSOCI	TAT	IO	N	FO	RI	2R]	IVATE 52-085 Ind Highest Compensated	4573	982 08/16/2013 2:20 PM Page 8
(A) Name and title	(B) Average hours per week (list any	(B) (C) Average Position hours per (do not check more than week box, unless person is bot (list any officer and a director/trus hours for					ne an ee)	(D) Reportable compensation from the organization	(E) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2)1099-WISC)	from the organization and related organizations
(12)										
(13)										
· · · · · · · · · · · · · · · · · · ·	•••••									
(14)										
· · · · · · · · · · · · · · · · · · ·										
(15)										
· · · · · · · · · · · · · · · · · · ·										
(16)										
· · · · · · · · · · · · · · · · · · ·	•••••									
(17)										
	• • • • • • • • • • • • • • • • • • • •									
(18) (38)										
· · · · · · · · · · · · · · · · · · ·	·····									
(19)										
1b Sub-total c Total from continuation s d Total (add lines 1b and 1	sheets to Part VII, Se	ction	A	••••	•••••	I I				
d Total (add lines 1b and 1) Total number of individuals reportable compensation fr	(including but not limi	ted to	tho	se li	sted	abov	► w	/ho received more than \$10	10,000 in	
3 Did the organization list any	y former officer, direct	or. or	trus	ste e ,	key	emp	loye	e, or highest compensated	······································	Yes No
 employee on line 1a? If "Ye For any individual listed on organization and related organization 	line 1a, is the sum of a ganizations greater that	repor an \$1	table 50.0	e cor 00?	nper If "Y	nsatio 'es." d	com	plete Schedule J for such		3 X
individual 5 Did any person listed on line			Della	งฉแบ	41 H C	ואו	IV UI	ireialeo organization or indi	Vicitiai	<u>4 X</u>
for services rendered to the Section B. Independent Contra	e organization? If "Yes Ictors	<u>," con</u>	nplet	te So	ched	ule J	for s	such person		<u>5</u> X
1 Complete this table for your compensation from the orga	r five highest compens anization, Report com	ated	inde	pen	dent	cont	racto	ors that received more than	\$100,000 of	
Name	(A) e and business address	001101	20011				<u>uai y</u>	Description	(B) (B) on of services	(C) Compensation
•	•									Compensation
						-+		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
									#HOULD	
								· · · · · · · · · · · · · · · · · · ·		
						\neg	÷		•	
2 Total number of independen	t contractors /includin	a hu4	not	limit	od 1-		o lie	tod above)t		
received more than \$100,00	00 of compensation fro	m the	e org	janiz	ation	n 🅨	se lis	sted above) who	0	

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Fo	<u>rm 99</u>	00 (2012) MANAGEMENT	ASSOCIA	TION F	OR PRIVATE	52-0854573	i	Page 9
۶.	art	VIII Statement of Reve	nue					
3338		Check if Schedule () contains a	response	52			·····
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business revenue	excluded from tax under sections
<u></u>	N 1;	a Federated campaigns	1a			revenue		512, 513, or 514
Contributions, Gifts, Grants		Membership dues	1b		-			
G		Fundraising events	1c		1			
Ĕ.		Related organizations	1d		1			
ري اري	Ē	Government grants (contributions)	1e		1			
tion	ō .	f All other contributions, gifts, grants,			1			
ibu	Į.	and similar amounts not included above	1f					
outr		Noncash contributions included in lines 1a-1						
		Total. Add lines 1a-1f	<u></u>	<u></u>				
Program Service Revenue	1			Busn. Code				
Seve	2a	***************************************	IGS		468,227		 	468,227
Ce F		MICO DEVENTE	• • • • • • • • • • • • • • • • • • • •		354,564			354,564
er.		•	• • • • • • • • • • • • • • • • • • • •		3,750			3,750
Ē	e							
ogra	1	All other program service reven			-			
Ā	g	Total. Add lines 2a-2f			826,541		1	I
	3	Investment income (including di	vidends, intere	st,				[
		and other similar amounts)			27			27
	4	Income from investment of tax-e	exempt bond pr	oceeds 🕨				
	5	Royalties	·····)				
		(i) Real	(ii)	Personal	-			
	6a							
	b c				4			
	-	Net rental income or (loss)			1			
	7a	Gross amount from (i) Securities		i) Other				
		sales of assets	`		-			
	b							
		basis & sales exps.						
	c	Gain or (loss)]			
	d	Net gain or (loss)		🕨				
ē	8a	Gross income from fundraising events	s					
ent		(not including \$						
Other Revenue		of contributions reported on line 1c).						
Jer		See Part IV, line 18		····				
G		Less: direct expenses Net income or (loss) from fundra	b b					
		Gross income from gaming activities.	-	<u></u>				
		See Part IV, line 19						
	b	Less: direct expenses	b					
		Net income or (loss) from gamin	g activities					
	10a	Gross sales of inventory, less		111 III III III III III III III III III				
		returns and allowances						
		Less: cost of goods sold	b					
	С	Net income or (loss) from sales of	of inventory					
		Miscellaneous Revenue		Busn. Code				
	11a		· · · <i>· · ·</i> · · · · · · · · · · · · ·					
	b							
	d c	All other revenue						
	-	Total. Add lines 11a–11d	• • • • • • • • • • • • • • • • • •	L				<u> </u>
		Total revenue. See instructions.			826,568	0	0	826,568
استنبي				<u> </u>		<u> </u>	V	020/000

Form 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573 Part IX Statement of Functional Expenses

Page 10

	Check if Schedule O contains a resp		Partix		
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1					
-	organizations in the U.S. See Part IV, line 21				
2	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				
A	U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5					
6	trustees, and key employees Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)			<u> </u>	
7 8	· · · · · · · · · · · · · · · · · · ·				
0	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
10	Payroll taxes Fees for services (non-employees):			·····	
		470 544	250 650	110 000	
a b	t and	479,544	359,658	119,886	
	• • • • • • • • • • • • • • • • • • • •	4 000		4	
	Accounting	4,000		4,000	
	Lobbying	35,456	35,456		
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		-	· · · · · · · · · · · · · · · · · · ·	
16					
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	210 405			
19 20	Conferences, conventions, and meetings	318,485	318,485		
20	Interest				
21 22	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
-	(A) amount, list line 24e expenses on Schedule O.)	01 00-			
a L	MARKETING	21,200	-21,200		· · · · · · · · · · · · · · · · · · ·
b	CREDIT CARD FEES	18,791		18,791	
C	DUES & MEMBERSHIPS	8,795	8,795		
d	OFFICE SUPPLIES & EXPENSE	7,590		7,590	
	All other expenses	24,244	18,807	5,437	
	Total functional expenses. Add lines 1 through 24e	918,105	762,401	155,704	(
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Form 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE Part X Balance Sheet 52-0854573

	-		-	-	
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00000	Da			пеег	

		Check if Schedule O contains a response to any question in this Part X	****		
			(A)	<u></u>	(B)
			Beginning of year	En	d of year
	1	Cashnon-interest bearing		1	245,964
	2	Savings and temporary cash investments	396,698	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	258,410	4	43,720
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ŝts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	60,113	9	108,912
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	1	0c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investmentsprogram-related. See Part IV, line 11	 	13	·····
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	398,596
	17	Accounts payable and accrued expenses		17	34,219
	18	Grants payable Deferred revenue		18	
	19 20	They are made and line literation		19	345,239
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,		21	
Liabilities	~~	trustees, key employees, highest compensated employees, and			
iliq		disqualified persons. Complete Part II of Schodulo I			
Lia	23	Secured mortgages and notes payable to uprelated third partice	·····	22	
	24	Unsecured notes and loans payable to unrelated third partice		23	·
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	379,458
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	110,675	27	19,138
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here and and			
Net Assets or Fund Balances		complete lines 30 through 34.			
Sets	30	Capital stock or trust principal, or current funds		30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Met	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances		33	19,138
	34	Total liabilities and net assets/fund balances	715,221	34	398,596

Form **990** (2012)

Form 990 (2012) MANAGEMENT ASSOCIATION FOR PRIVATE 52-0854573		Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)		826,568
2 Total expenses (must equal Part IX, column (A), line 25)	2	918,105
3 Revenue less expenses, subtract line 2 from line 1	2	-91,537
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,675
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities 7 Investment expenses	6	
	7	
• Prior period adjustments	0	······································
• Other charges in her assets of fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
<u>33, column (B))</u>	10	19,138
Part 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • • • • • • • • • • • • •	
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		2b X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	••••••	
separate basis, consolidated basis, or both.		
Separate basis Consolidated basis Both consolidated and separate basis		
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?		20
If the organization changed either its oversight process or selection process during the tax year, explain in	• • • • • • • • • • • • • • • • • • • •	
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
the Single Audit Act and OMB Circular A-133?		3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•••••••••••••••••••••	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
	<u> </u>	- 000

•

Form 990 (2012)

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OMB No. 1545-0047

Open to Public

Inspection

SCHE	DULE	С
(Form	990 or	990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

See separate instructions.

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 50 	1(c)(3)) organizations: Corr	plete Parts I-A and C below.	Do not complete Part I-B.
---	------------------------------	------------------------------	---------------------------

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nar	ne of organization MANAGEMENT ASSOCIATIO		<u> </u>	Employer identificat	
Da	PHOTOGRAMMETRIC SURV				
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	t political campaign activities	in Part IV.	▶ \$	
Pa	t I-B Complete if the organization is exem	npt under section 501	c)(3)		
0	Enter the amount of any excise tax incurred by the organiza Enter the amount of any excise tax incurred by organization If the organization incurred a section 4955 tax, did it file Forr Was a correction made? If "Yes," describe in Part IV. LI-C Complete if the organization is exem	tion under section 4955 managers under section 495 m 4720 for this year?	5	▶\$	Yes No Yes No
1	Enter the amount directly expended by the filing organization activities Enter the amount of the filing organization's funds contribute	n for section 527 exempt func	tion		
3	527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Ente line 17b	r here and on Form 1120-PO	L,	▶ \$	
5	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification num organization made payments. For each organization listed, e the amount of political contributions received that were prom as a separate segregated fund or a political action committe	nber (EIN) of all section 527 p enter the amount paid from th aptly and directly delivered to	oolitical organizations to e filing organization's fu a separate political org	which the filing unds. Also enter anization, such	Yes No
	(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
(1)					
[2]					
3)					
4)					
5)					
6)					

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

Schedule C (Form 990 or 990-EZ) 2012

Schedu		EMENT ASSOCIATION FOR PRIVAT		raye 🛋
Par	t II-A Complete if the organ	ization is exempt under section 501(c)(3) a	nd filed Form 5768 (el	ection under
	section 501(h)).			
A C	Check 🕨 🔄 if the filing organiza	ion belongs to an affiliated group (and list in F	art IV each affiliated gr	oup member's
	name, address, EIN	, expenses, and share of excess lobbying exp	enditures).	
вс	Check 🕨 🦳 if the filing organization	ion checked box A and "limited control" provis	ions apply.	
	Limits on Lo	bbying Expenditures / means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a	and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add I	nes 1c and 1d)		
	Lobbying nontaxable amount. Enter the ar		······································	· · · · · · · · · · · · · · · · · · ·
	columns.	3 • • • • • • • • • • • • • • • • • • •	, ,	·
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:]	
L	Not over \$500,000	20% of the amount on line 1e.]	
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.]]	
_	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.]]	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.]]	
	Over \$17,000,000	\$1,000,000.]]	
g	Grassroots nontaxable amount (enter 25%	of line 1f)		
h	Subtract line 1g from line 1a. If zero or less	s, 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 eit	her line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

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

	Ĺ	obbying Expenditu	res During 4-Yea	r Averaging Perio	bc	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

(election under section 501(h)).		Form	5700	5		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		()	
lescription of the lobbying activity.	Yes	No		Am	ount	
 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 similar means? i Other activities? 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 50 501(c)(6).	1(c)(5), c	or se	ction			
1 Were substantially all (90% or more) dues received nondeductible by members?				1	Yes	X
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 				2		X X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members	" OR (b)	if Pa	rt III-	A, lin		s
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 	• • • • • • • • •	-			<u>, rc</u>	501
a Current year b Carryover from last year		2a 2b			35,	456
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2c 3				456
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				
Part IV Supplemental Information						
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; Part II-A (affili st); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	ated group					
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; Part II-A (affili	ated group					• • • • • • • • •
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; Part II-A (affili	ated group					• • • • • • • • • •
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; Part II-A (affili	ated group				· · · · · · · · ·	
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili st); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	ated group					
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affili st); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	ated group		· · · · · · · · · · · · · · · · · · ·			

982 08/16/2013 2:20 PM

SCHEDULE O Form 990 or 990-EZ)	Supplemental Information to Form 990		OMB No. 1545-0047
epartment of the Treasury ternal Revenue Service	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional int Attach to Form 990 or 990-EZ.	fic questions on formation.	Open to Public
	GEMENT ASSOCIATION FOR PRIVATE OGRAMMETRIC SURVEYORS	Employer iden 52 - 085	tification number
FORM 990, PART	III, LINE 4D - ALL OTHER ACCOMPLISH	IMENT	
MEMBERSHIP SERV	ICES THROUGHOUT YEAR KEEPING MEMBER SLATION IMPACTING BUSINESS.	S ADVISED OF (CURRENT
FORM 990, PART	VI, LINE 3 - MANAGEMENT DELEGATED		
MANAGEMENT CONT	RACT WITH JOHN M. PALATIELLO & ASSO	CIATES, INC.	
FORM 990, PART	VI, LINE 11B - ORGANIZATION'S PROCE	SS TO REVIEW I	FORM 990
DRAFT OF FORM 9	90 PRESENTED TO MEETING OF BOARD OF	DIRECTORS FOR	R REVIEW AND
APPROVAL BEFORE	FILING.		
FORM 990, PART	VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFIC	CIAL
COMPENSATION TO	MANAGEMENT COMPANY APPROVED ANNUAL	LY BY BOARD.	·····
FORM 990, PART	VI, LINE 19 - GOVERNING DOCUMENTS D	SCLOSURE EXPI	LANATION
A COPY WILL BE I	PROVIDED TO ANYONE REQUESTING SAME.	REQUESTOR SH	HOULD SEND A
WRITTEN REQUEST	TO THE ASSOCIATION OFFICE. A COPY	WILL BE SENT	WITHIN 30
DAYS FOLLOWING H	RECEIPT OF REQUEST.		
	······································		
			· · · · · · · · · · · · · · · · · · ·
r Paperwork Reduction Act N	otice, see the Instructions for Form 990 or 990-EZ.	Schedule O (F.	orm 990 or 990-EZ) (20

Taxable Interest on Investments							
Descri	otion						
	Am	ount B	Unrelated Business Code			Acquired after 6/30/75	US Obs (\$ or %)
BANK INTEREST	\$	27		14			
TOTAL	\$	27					

	1		
8/16/2013 2:20 PM		Fund Raising	w w
	(0)	Management & General	\$ 3,412 2,025 5,437
ements	rt IX, Line 24e - All Other Expenses	Program Service	\$ 6,521 4,168 4,168 1,818 1,800 \$ 18,807
Federal Statements	<u>Form 990, Part IX, Line 24</u> e	Total Expenses	\$ 6,521 4,500 3,412 2,025 1,818 1,800 \$ 24,244
982 Management Association for Private 52-0854573 FYE: 12/31/2012	Form	Description	WEB SERVICES STATE LEGISLATION TELEPHONE BOARD LIABILITY INSURANCE MISC COMPUTER SOFTWARE LEGAL SERVICES TOTAL TOTAL