efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

DLN: 93493136034312

Open to Public Inspection

A F	or the 2	2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011								
ВС	heck if ap	oplicable C Name of organization AMERICAN CORRECTIONAL ASSOCIATION		D Employe	er identification number					
∏ Ad	ddress cha	ange		13-197	7456					
∏ N	ame char	Doing Business As		E Telepho	ne number					
┌ Ir	ııtıal retur	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(703)2	24-0000					
Гт	erminated	206 worth word with a Gloral	. ,							
☐ Aı	mended r			G Gross rec	eipts \$ 9,932,628					
Га	pplication	alexandria, VA 22314 pending								
		F Name and address of principal officer james a gondles	H(a) Isthisa	group return for a	affiliates? Yes Vo					
		206 north washington street	U/h) Amanii a	. ff.l.a.taaali . d	ed?					
		alexandria, VA 22314	H(b) Are all a		ist (see instructions)					
				exemption						
		pt status	•							
J V	Vebsite	∷► WWW ACA ORG								
K Fo	rm of org	anization 🔽 Corporation 🦷 Trust 🦷 Association 🦷 Other 🕨	L Year of for	nation 1955	M State of legal domicile NY					
P	art I	Summary								
Governance	t	Briefly describe the organization's mission or most significant activities to exert a positive influence on the shaping of national correctional policy and to working within all aspects of corrections	promote the p	professiona	l development of persons					
ē										
<u> </u>	2 0	Check this box 🔭 if the organization discontinued its operations or disposed of	5% of its ne	t assets						
	3 N	Number of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$.		3	2.0					
Activities &	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	20					
Ĕ	5 ⊺	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		_ 5	47					
ã ब		Total number of volunteers (estimate if necessary)		_ 6						
		Total unrelated business revenue from Part VIII, column (C), line 12		7	'					
	b N	Net unrelated business taxable income from Form 990-T, line 34	1	7						
			Prior		Current Year					
a)	8	Contributions and grants (Part VIII, line 1h)	14,74							
Ravenue	9	Program service revenue (Part VIII, line 2g)	6,975,79	+						
₽ĕ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,806						
''	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		984,736	786,394					
	12	12)		7,985,082	8,924,756					
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		(0					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		(0					
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		2,794,57	2,637,138					
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line 11e)	(0						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,625,37	4,945,359						
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,419,95	7,582,497					
	19	Revenue less expenses Subtract line 18 from line 12	565,130	1,342,259						
Net Assets or Fund Balances			of Current ear	End of Year						
o grade	20	Total assets (Part X, line 16)		12,815,88	13,507,924					
A B	21	Total liabilities (Part X, line 26)		12,326,24						
žĪ	22	Net assets or fund balances Subtract line 21 from line 20		489,640	2,075,556					
Pa	rt II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign	Signature of officer									
Here										
	Type or print name and title									
	Print/Type preparer's name Craig Stevens	Preparer's signature Craig S	Stevens							
Paid	Craig 5	/C VC11.								
	Firm's name ARONSON LLC									
Preparer										
Use Only	Firm's address 🕨 805 KING FARM BLVD 3RD F	LOOR								
USE Unity	ROCKVILLE, MD 20850									

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

|--|

Page 2	2
--------	---

Par		ent of Program Serv chedule O contains a resp			I	
1	Briefly describe t	the organization's mission				
		E INFLUENCE ON THE S LOPMENT OF PERSONS			IONAL POLICY AND TO OF CORRECTIONS	PROMOTE THE
2		ion undertake any signific 0 or 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3	-	on cease conducting, or r	make sıgnıfıcar	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3		ions and secti	on 4947(a)(1) trusts	e largest program services are required to report the a service reported	
	(Code) (Expenses \$	1,137,157	including grants of \$) (Revenue \$	2,262,812)
	CONFERENCES - TV FIELD	VO CONFERENCES FOR MEMBE	RS TO MEET & DI	SCUSS ISSUES, DEVELOPM	ENTS & POLICIES OF INTEREST 1	O THOSE IN THE CORRECTIONAL
	(0.1	\	2 422 222) (B	
4b) (Expenses \$ ITATION - PERFORMED APPRO SED BY THE ASSOCIATION	2,428,832 (IMATELY 450 ACC	including grants of \$ CREDITATIONS OF PRISON) (Revenue \$ FACILITIES TO ENSURE THOSE F	
4 c	(Code) (Expenses \$	404,872	including grants of \$) (Revenue \$	495,026)
	CORRECTIONS TOD TO THE CORRECTIO		HE PERIODICAL J	OURNAL WHICH PROVIDES	MEMBERS WITH CURRENT INFO	ORMATION & RESOURCES RELEVANT
4d		ervices (Describe in Sch	•	-		
	(Expenses \$	1,819,771 inc	luding grants o	of \$) (Revenue \$	805,724)
4e	Total program se	ervice expenses > \$	5,790,63	32		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		Νo
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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		l No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"			
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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	6a		No
b	organization solicit any contributions that were not tax deductible?			
-	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11				
	Gross income from members or shareholders			
U	against amounts due or received from them)			
	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			
13				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
				, .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_

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

_Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
•	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		No			
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		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5							
6	Does the organization have members or stockholders?	6		No			
7a							
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
	reflue code.		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	163				
	to conflicts?	12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," 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			1			
	organization's exempt status with respect to such arrangements?	16b					
	List the States with which a convertible Form 200 is in ground to be fled \$100						
17	List the States with which a copy of this Form 990 is required to be filed VA						
18	Section 6104 requires an organization to make its Form 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 V Upon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 HOK GAO 206 N WASHINGTON ST 200

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

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

(A) Name and Title	(B) Average hours	Posi t	tion (hat a	(che		ll .		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) HAROLD CLARKE past PRESIDENT	1 0	Х						0	0	0
(2) JEANNA GOMEZ board member	1 0	х						0	0	0
(3) DAVID GASPAR board member	1 0	Х						0	0	0
(4) MARK SAUNDERS board member	1 0	Х						0	0	0
(5) GARY MAYNARD board member	1 0	Х						0	0	0
(6) DARON HALL president	1 0	х		Х				0	0	0
(7) JOYCE FOGG board member	1 0	Х						0	0	0
(8) MARY L LIVERS treasurer	1 0	Х		х				0	0	0
(9) ROBERT ROSENBLOOM board member	1 0	Х						0	0	0
(10) patricia I caruso board member	1 0	Х						0	0	0
(11) christopher epps president elect	1 0	Х		х				0	0	0
(12) robert lee guy board member	1 0	Х						0	0	0
(13) gail m heller board member	1 0	Х						0	0	0
(14) lawrence hicks board member	1 0	х						0	0	0
(15) ray hobbs board member	1 0	х						0	0	0
(16) mary leftridge byrd board member	1 0	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	,	from organizat relat organiza	the Ion and ed
	george little member	1 0	х						C)	0		0
	shannon teague member	1 0	х						()	0		0
	david thomas member	1 0	х						(0		0
	walter mcfarlane member	1 0	х						(0		0
	JAMES A GONDLES Itive director	40 0			х				309,937	,	0		42,596
(22)	jeffrey washington cy director	40 0					Х		103,689)	0		6,932
	,												
											+		
				 									
1b	Sub-Total		<u>.</u>		٠.	٠.	 	 					
С	Total from continuation sheets						-						
d								>	413,626		0		49,528
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	received more tha	an			
												Yes	No
3	Did the organization list any for					ey e	mploy	ee, o	r highest compens	ated employee		Tes	110
	on line 1a? If "Yes," complete Sci						•	•			3		No
4	For any individual listed on line in organization and related organization and related organization.										4	Yes	
5	Did any person listed on line 1a	receive or accri	ue comp	ensa	- atıor	fror	n any	- unrel	lated organization	or individual for	-	res	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edu	le J f	or suct	h per:	son	•	5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from			ndep	end	ent d	ontra	ctors	that received mor	e than		_	
	Nar	(A) ne and business ad	dress						Desc	(B) ription of services		(C Comper	
9050	key Inc JUNCTION DR POLIS, MD 20701								inventory m	gmt			152,856
	•												

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization \blacktriangleright 1

		Statement of Revenu					Pa	age 9
হ হ		Statement of Revent	ue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	
হ হ						revenue		tax under section 512,
	1a	Federated campaigns	1a					513, o 514
commounters, gins, grams and other similar amounts	b	Membership dues	. 1b					
ું #⊟	c	Fundraising events	. 1c					
<u>, e</u>	d	Related organizations	. 1d					
<u>€</u> .₩	e	Government grants (contributions)	1e					
= =	f	All other contributions, gifts, grants	, and 1f					
€		similar amounts not included above	2					
[후	9	Noncash contributions included in li						
ल	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		0			
a l	2a			Business Code				
eve		ACCREDITATION CONTRACTS		541900	4,551,025	4,551,025		
<u>م</u>	Ь	CONFERENCES		541900	2,262,812	2,262,812		
Program Service Revenue	c	MEMBERSHIP DUES		541900	495,026			
<i>3</i> 3	d	OTHER CONTRACTS AND TRAINING	9	541990	640,606	640,606		
E	e	CERTIFICATIONS		541900	113,968	113,968		
5	f	All other program service rev	venue		51,150	51,150		
ጟ	g	Total. Add lines 2a-2f			8,114,587			
	3	Investment income (includin	g dıvıdends, ınterest					
		and other similar amounts)			14,163			14,1
	4	Income from investment of tax-ex	empt bond proceeds 🕨		0			
	5	Royalties			0			
			(ı) Real	(11) Personal				
		Gross Rents	344,440					
	b	Less rental expenses	499,068					
		Rental income or (loss)	-154,628					
		Net rental income or (loss)			-154,628		-133,031	-21,5
			(ı) Securities	(II) O ther				
		Gross amount from sales of assets other than inventory	446,571					
		Less cost or	436,959					
		other basis and sales expenses						
	c	Gain or (loss)	9,612					
ļ		Net gain or (loss)			9,612			9,6
		Gross income from fundraisii (not including \$ of contributions reported on	line 1c)					
		See Part IV, line 18	a					
	b	Less direct expenses	b					
	_				0			
		Net income or (loss) from fur	ndraising events 🔒 . 🕨					
L	С		ndraising events • ctivities See Part IV, line 19 . a					
L	c 9a b	Gross income from gaming a	ctivities See Part IV, line 19 . a	b				
	c 9a b c	Gross income from gaming a Less direct expenses Net income or (loss) from ga	ctivities See Part IV, line 19 . a 		0			
	c 9a b c	Gross income from gaming a	ctivities See Part IV, line 19 . a 		0			
	c 9a b c	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les	ctivities See Part IV, line 19 . a	ь	0			
	c 9a b c 10a	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances .	ctivities See Part IV, line 19 . a	430,188	0 358,343			358,3
-	9a b c 10a b	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ctivities See Part IV, line 19 . a	430,188 71,845 Business Code	358,343			
-	9a b c 10a b	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa	ctivities See Part IV, line 19 . a	### ### ##############################	358,343 367,562		367,562	
-	c 9a b c 10a b c 11a	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ctivities See Part IV, line 19 . a	430,188 71,845 Business Code	358,343		367,562 66,149	
-	c 9a b c 10a b c b c b	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ctivities See Part IV, line 19 . a	### ### ##############################	358,343 367,562		66,149	
-	c 9a b c 10a b c c	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue ADVERTISING MAILING LIST	ctivities See Part IV, line 19 . a	### ##################################	358,343 367,562 66,149		66,149	
-	c 9a b c 10a b c d d	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue ADVERTISING MAILING LIST MISCELLANEOUS	ctivities See Part IV, line 19 . a	### ##################################	358,343 367,562 66,149 148,968	148,968	66,149	
-	c 9a b c 10a b c	Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue ADVERTISING MAILING LIST MISCELLANEOUS All other revenue	ctivities See Part IV, line 19 . a	### ##################################	358,343 367,562 66,149	148,968	66,149	

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to o			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	352,533	242,023	110,510	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,751,467	1,193,022	558,445	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	146,848	101,325	45,523	
9	Other employee benefits	386,290	266,540	119,750	
10	Payroll taxes	0			
а	Fees for services (non-employees) Management	0			
ь	Legal	0			_
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
q	Other	850,598	728,103	122,495	
12	Advertising and promotion	74,938	73,037	1,901	
13	Office expenses	523,617	468,865	54,752	
14	Information technology	0	· · · · · ·		
15	Royalties	39,915	39,915		
16	Occupancy	0			
17	Travel	1,823,612	1,707,006	116,606	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	27. 3. 7. 3.2	223,000	
19	Conferences, conventions, and meetings	0			
20	Interest	308,075	214,340	93,735	
21	Payments to affiliates	0		<u> </u>	
22	Depreciation, depletion, and amortization	170,343		170,343	
23	Insurance	108,572	89,708	18,864	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			·	
а	BUILDING OPERATING EXPENSE	266,160	181,869	84,291	
b	PRINTING AND PUBLICATIONS	168,030	163,304	4,726	
С	AMORT AND WRITE OFF	158,523		158,523	
d	BANK FEES AND SERVICE CHARGES	87,791	72,520	15,271	
е	COMMITTEES	81,316	52,124	29,192	
f	All other expenses	283,869	196,931	86,938	
25	Total functional expenses. Add lines 1 through 24f	7,582,497	5,790,632	1,791,865	0
26	Joint costs. Check here ► ☐ If following				
	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				
					000 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 849.422 1,567,641 1 1 2 2 3 3 4 677.987 4 945,455 Receivables from current and former officers, directors, trustees, key employees, and 5 highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 722,790 8 708,376 Prepaid expenses and deferred charges 131,208 9 127,807 10a Land, buildings, and equipment cost or other basis Complete 11,842,550 Part VI of Schedule D 10a 10b 2,530,623 9,547,997 **10c** 9,311,927 b Less accumulated depreciation 406,772 319,848 11 11 0 12 68,735 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 497,900 15 439,946 15 13.507.924 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 12.815.887 16 1.071.511 995,748 17 17 Accounts payable and accrued expenses . 18 18 2,983,664 1,490,075 19 19 20 6.700.000 20 5,130,000 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1.571.072 23 3.816.545 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 12.326.247 26 Total liabilities. Add lines 17 through 25 26 11,432,368 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 489,640 2,075,556 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 489,640 33 33 2,075,556 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 12.815.887 13,507,924 34

Pal	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)	1		8,8	924,75
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		1,3	342,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	189,640
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	243,65
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		2,0	75,550
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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 Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	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?		За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

| As Filed Data -

DLN: 93493136034312

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

AMERICAN CORRECTIONAL ASSOCIATION 13-1977456 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
			Yes	No	Yes	No	Yes	No		
Total										

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)
	(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	action A Public Support	organization i	ans to quanty t	macr the tests	iloted below, pie	case complete	raiciii.)
	ection A. Public Support		T		, , , , , , , , , , , , , , , , , , , 	1	
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual	1					
_	grants ")	<u> </u>	+	+	 		
2	Tax revenues levied for the	1					
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities	<u> </u>	1	+	+		
3	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3			1			
5	The portion of total contributions		+	+	+		
3	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
-	line 4	1					
Se	ection B. Total Support	•	-	•	•		
	endar year (or fiscal year beginning	() 2222	412222	() 2222	/ D 2222	() 22/2	
	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	zation,
	check this box and stop here						▶ ┌
	ection C. Computation of Pub						
14	Public Support Percentage for 2010) (line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A . Pa	rt II. line 14			15	
	-	•	-	v on line 12!	line 14 := 22 4 (=0)		this have
тоа	33 1/3% support test—2010. If the and stop here. The organization qua				nne 14 is 33 1/3%	or more, check	this box
h	•		, ,,		Saland line 1 Eve 3	33 1/20% or more	
D	33 1/3% support test—2009. If the box and stop here. The organization				oa, anu inie 15 is s	, אווו וויט של בעד כיכ	. check this ►
172	10%-facts-and-circumstances test-				ne 13 162 or 164	and line 14	F-1
1 / a	is 10% or more, and if the organizat						
	in Part IV how the organization mee						rted
	organization	es the lacts and	circumstances	cost The Organiz	acion qualifies as	a publicly suppor	►
h	10%-facts-and-circumstances test-	-2009. If the ora:	anization did not	check a box on lu	ne 13.16a 16b o	r 17a and line	FI
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						V
	supported organization					Pasilel	′ ▶⊏
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	
	instructions			, -,	,		▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ection A. Public Support						
Cale	ndar year (or fiscal year beginnin in) ►	g (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do n include any "unusual grants")	ot 786,540	1,020,300	785,323	553,334	495,026	3,640,523
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that is related to the organization's tax-exempt	ın 6 062 647	5,299,616	6,779,403	6,437,206	8,049,749	32,628,62
3	purpose Gross receipts from activities th are not an unrelated trade or	at					
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	6,849,187	6,319,916	7,564,726	6,990,540	8,544,775	36,269,144
	Amounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8 	Public Support (Subtract line 7c from line 6)						36,269,144
	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	ın) Amounts from line 6	6,849,187	6,319,916	7,564,726	6,990,540	8,544,775	36,269,144
10a	Gross income from interest, dividends, payments received or securities loans, rents, royalties and income from similar sources	1	10,691	15,400	9,806	14,163	65,339
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	15,279	10,691	15,400	9,806	14,163	65,339
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		123,529	166,032	125,987	148,968	564,516
13	Total support (Add lines 9, 10c, 11 and 12)	6,864,466	6,454,136	7,746,158	7,126,333	8,707,906	36,898,999
14	First Five Years If the Form 990 check this box and stop here	is for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section501(c)(3) organization, ►
Se	ection C. Computation of Pu	ıhlic Support Pe	ercentage				
15	Public Support Percentage for 20			13 column (f))		15	98 293 %
16	Public support percentage from 2			.,,		16	98 770 %
	ection D. Computation of Ir	westment The	me Dercentes	10			
<u>5e</u>	Investment income percentage for				(f))	17	0 177 %
18	Investment income percentage fi	•			V-77	 	
					lino 1 E io more	18 18 22 1/29/2 and	0 320 %
	33 1/3% support tests—2010. If				Tine 15 is more t cly supported	.пап эз 1/3% and	iine 1/ is not

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶▼

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136034312

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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.

Interna	al Revenue Service		F Attach to Form 990 or Form 990-6	z. F See Separate	e instructions.			Inspe	
If th	e organization an	swered "Yes	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	rt V, line 46 (Polit	ical Ca	am pa	ign Activiti	ies),
the				D 110					
	· / · /		nplete Parts I-A and B Do not completo 01(c)(3)) organizations Complete Part		Do not complete i	Oort I R			
	ection 50 f(c) (other ection 527 organizat		. , . , ,	S FA and C below	Do not complete i	all FD			
	•	•	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	rt VI, line 47 (Lob	bying	Activ	/ities), ther	n
	· /· /		have filed Form 5768 (election under	` ,,	•				
	` '\ '		have NOT filed Form 5768 (election un	,	,,			•	
	-		s," to Form 990, Part IV, Line 5 (Pro ations Complete Part III	oxy rax) or Form	i 990-E∠, Part V, i	ine 358	a (Pro	oxy rax), th	ien
	ime of the organizat	, , ,	ations complete rate in		Emplo	yer ide	ntıfıca	ation numbe	 er
AM	ERICAN CORRECTIONA	L ASSOCIATION							
Dar	t I-A Complet	e if the or	ganization is exempt under s	section 501(c		77456		nanizatio	n
						11 52	, O. <u>c</u>	jamzacio	
1	•		anızatıon's dırect and ındırect politic	al campaign activ	rities in Part IV				
2	Political expendit	ures					\$ <u>_</u>		
3	Volunteer hours						_		
Par	t I-B Complet	te if the org	ganization is exempt under s	section 501(c)(3).				
1	Enter the amount	of any excise	tax incurred by the organization und	er section 4955		>	\$_		
2	Enter the amount	of any excise	tax incurred by organization manage	ers under section	4955	F	\$_		
3	If the organizatio	n incurred a s	ection 4955 tax, did it file Form 472	O for this year?				┌ Yes	┌ No
4a	Was a correction	made?						┌ Yes	┌ No
b	If "Yes," describe	e ın Part IV							
Par	t I-C Complet	e if the org	ganization is exempt under s	section 501(c	except section	on 50	1(c)	(3).	
1	Enter the amount	directly expe	nded by the filing organization for sec	ction 527 exempt	function activities	; -	\$ <u>_</u>		
2	Enter the amount	of the filing o	rganızatıon's funds contrıbuted to oth	ner organizations	for section 527				
	exempt funtion a	ctivities				!-	\$ <u>_</u>		
3	Total exempt fun	ctıon expendıt	ures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	-	\$_		
4	Did the filing orga	nızatıon file F	orm 1120-POL for this year?					┌ Yes	┌ No
5	organization mad amount of politica	e payments F al contribution	d employer identification number (EI or each organization listed, enter the s received that were promptly and di political action committee (PAC) If a	amount paid fron rectly delivered to	n the filing organiz o a separate politi	atıon's cal orga	funds anızat	s Also ente tion, such a	rthe
	(a) Name		(b) Address	(c) EIN	(d) A mount paid	d from	(e) A mount of	f politica

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and	d filed Form 5768	(election				
Α	Check I if the filing organization belongs to a							
<u> </u>	Limits on Lobbying E		(a) Filing O rganization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)	0					
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	0					
c	: Total lobbying expenditures (add lines 1a and 1	er exempt purpose expenditures Il exempt purpose expenditures (add lines 1c and 1d) Bying nontaxable amount Enter the amount from the following table in both The many table in both						
d	Other exempt purpose expenditures		7,582,497					
е	Total exempt purpose expenditures (add lines 1	7,582,497						
f	Lobbying nontaxable amount Enter the amount is columns	529,125						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	132,281					
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -						
i	Subtract line 1f from line 1c If zero or less, ente	er-O-						

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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
<u>2a</u>	Lobbying non-taxable amount	587,416	574,039	553,842	529,125	2,244,422					
_b	Lobbying ceiling amount (150% of line 2a, column(e))					3,366,633					
c	Total lobbying expenditures	63,580	63,580	91,752	0	218,912					
d	Grassroots non-taxable amount	146,854	143,510	138,461	132,281	561,106					
e 	Grassroots ceiling amount (150% of line 2d, column (e))					841,659					
f	Grassroots lobbying expenditures	0	0	9,175	0	9,175					

	edule C (Form 990 or 990-EZ) 2010				Pa	ige 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm	5768	3
		(a)		(b)	
		Yes	No	/	Moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
b	If "Yes," enter the amount of any tax incurred under section 4912		•	1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
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, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493136034312

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** AMERICAN CORRECTIONAL ASSOCIATION

			13-	19//456
Part I	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds	or Accounts. Complete if th
		(a) Donor advised funds	((b) Funds and other accounts
1 Tot	al number at end of year			
2 Agg	gregate contributions to (during year)			
3 Agg	gregate grants from (during year)			
4 Agg	gregate value at end of year			
	d the organization inform all donors and donor advids are the organization's property, subject to the o		nor adv	rsed Yes No
use	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben nferring impermissible private benefit			
Part II	Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Г Г	rpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space mplete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a Preservation of a	certifie	d historic structure
	sement on the last day of the tax year			
				Held at the End of the Year
a Tot	tal number of conservation easements		2a	
b Tot	tal acreage restricted by conservation easements		2b	
c Nu	mber of conservation easements on a certified his	toric structure included in (a)	2c	
d Nu	mber of conservation easements included in (c) ac	cquired after 8/17/06	2d	
	mber of conservation easements modified, transfe taxable year ►	rred, released, extinguished, or terminat	ed by th	ne organization during
l Nu	mber of states where property subject to conserva	ation easement is located ►		
Do	es the organization have a written policy regarding forcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
Sta	aff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments d	uring the year ►
A m	nount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easemen	ts durin	g the year 🟲 \$
	es each conservation easement reported on line 2 0(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	┌ Yes ┌ No
bal	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t organization's accounting for conservation easen	he footnote to the organization's financia		
art II	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar Assets.
art,	the organization elected, as permitted under SFAS , historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu	
hıs	the organization elected, as permitted under SFAS torical treasures, or other similar assets held for povide the following amounts relating to these items	public exhibition, education, or research		
(i)	Revenues included in Form 990, Part VIII, line 1			► \$
(ii)	Assets included in Form 990, Part X			▶ \$
Ift	the organization received or held works of art, histo owing amounts required to be reported under SFA		for finan	cial gain, provide the
a Rev	venues included in Form 990, Part VIII, line 1			► \$
b Δ ς .	sets included in Form 990, Part X			b- ¢

3	Organizations Maintaining Co		•			· -			,	ontinaea)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	toll	owing that a	re a signific	ant u	se of its collecti	on	
a	Public exhibition		d	Γ	Loan or exc	hange prog	rams			
b	Scholarly research		e	\sqcap	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how t	thev	further the	organizatio	n's ex	empt purpose ir	1	
	Part XIV			,		- · · 5 - · · · · · ·				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	ed "Y	es" to Form 9 ^e	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary fo	orco	ontributions	or other as:	setsi		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	✓ and complete the f	followin	ng ta	ble	г		_		
							_	Am	ount	
с	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					Į	1f			
2a	Did the organization include an amount on Fo		e 21?					Г	Yes	No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	If the organization (a)Current Year	n answ (b)Pi			Form 990 vo Years Back			(a)Eour V	'ears Back
1a	Beginning of year balance	(a)Curient fear	(D)P	HOL 1	ear (C) IV	vo reals back	(a)	Tillee reals back	(e)rour t	ears back
b	Contributions							+		
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held a	is							
а	Board designated or quasi-endowment 🕨									
_										
b	Permanent endowment 🕨									
b c										
	Term endowment Are there endowment funds not in the posse	ssion of the organiza	ation th	at a	re held and a	admınıstere	d for	the		
c	Term endowment ► Are there endowment funds not in the posse organization by	_		at a	re held and	admınıstere	d for		Yes	No
c	Term endowment ► Are there endowment funds not in the posse organization by (i) unrelated organizations						d for	3a(i)	No
с За	Term endowment ► Are there endowment funds not in the posse organization by (i) unrelated organizations						d for	3a(i) i)	No No
c 3a b	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		 d on Sc		· · · · ule R? · ·		d for	3a(i) i)	No No
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		 d on Sc dowmen	hed nt fu	ule R?			3a(i) i)	No No
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		 d on Sc dowmen	hed nt fur e Fo	ule R?	art X, line	10.	3a(i 3a(i 3b) i)	No
c 3a b 4	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R?			3a(i) i)	No No
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R? nds orm 990, P	art X, line (b)Cost or basis (oth		3a(i 3a(i 3a)) i)	
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R? nds orm 990, P	art X, line (b)Cost or basis (oth	10. other	3a(i 3a(i 3a)	(d) B	ook value
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R? nds orm 990, P	art X, line (b)Cost or basis (oth	10. other er)	3a(i 3a(i 3b (c) Accumulated depreciation	(d) B	ook value 3,153,000
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R? nds orm 990, P	art X, line (b)Cost or basis (oth 3,15 7,47	10. other er)	3a(i 3a(i 3b (c) Accumulated depreciation	(d) B	ook value 3,153,000
c 3a b 4 Par	Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations		on Sc dowmen	hedint fun e Fo	ule R? nds orm 990, P	art X, line (b)Cost or basis (oth 3,15 7,47	10. other er) 3,000 7,939	3a(i 3a(i 3b (c) Accumulated depreciation	(d) B	ook value 3,153,000 6,148,868

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)20011 14140	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Tabel (Caluma (h) chauld agual Form 000, Dart V, cal (D) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	0.15		
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 19	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 19	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount	, , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,924,756
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,582,497
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,342,259
4	Net unrealized gains (losses) on investments	4	-55,329
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	298,986
9	Total adjustments (net) Add lines 4 - 8	9	243,657
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,585,916
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	9,667,481
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	243,657
3	Subtract line 2e from line 1	3	9,423,824
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-499,068
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,924,756
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1 1	8,081,565
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
_ а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	499,068
3	Subtract line 2e from line 1	3	7,582,497
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,582,497
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
financial footnote regarding fin 48 (asc 740)		The Association evaluates uncertainty in income tax positions taken or expected to be taken on a tax return based on a more likely than not recognition standard. If that threshold is met, the tax position is then measured at the largest amount that is greater than 50% likely of being realized upon ultimate settlement and is recognized in the Association's financial statements. To the extent that the Association estimates change or the final tax outcome of these matters is different than the amounts that have been recorded, such differences will impact the income tax provision when such determinations are made. If applicable, the Association records interest and penalties as a component of income tax expense. Tax years from 2008 through the current year remain open for examination by Federal and state tax authorities.
other	part x11 line 4b and part x111 line 2d	Rental expenses deducted from 990 revenue \$499,068
other	part xı lıne 8 and part xıı lıne 2d	Realized gain on sale of interst rate swap agreements \$298,986

DLN: 93493136034312

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization AMERICAN CORRECTIONAL ASSOCIATION **Employer identification number**

13-1977456

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JAMES A GONDLES	(I) (II)	309,937 0	0		42,596 0		352,533 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493136034312

Open to Public **Inspection**

Name of the organization AMERICAN CORRECTIONAL ASSOCIATION Employer identification number

13-1977456

										1 *	3-137	7 7 3 0			
Pa	rt I Bond Issues														
	(a) Issuer Name	ssuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued		(e) Issue P	Price (f) Description of P		of Purpose	(g) Defeased		(h) On Behalf of Issuer			Pool ncing		
										Yes	No	Yes	No	Yes	No
A	city of alexandria		99999999	06-01-2011	5,130	,000 в	uıldın	g financing			х		Х		×
														T	
														<u></u>	
Pa	rt III Proceeds				1				3				$\overline{}$	D	
1	Amount of bonds retired					Α			•		С				
2	Amount of bonds legally defe	ased													
3	Total proceeds of issue					5,130	,000								
4	Gross proceeds in reserve funds														
5	Capitalized interest from pro-	ceeds													
6	Proceeds in refunding escrov	v													
7	Issuance costs from proceed	ds													
8	Credit enhancement from pro	oceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pr	oceeds													
11	Other spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	on			20	11									
					Yes	No	,	Yes	No	Yes		No	Yes	s	No
14	Were the bonds issued as pa	rt of a current refun	dıng ıssue?		Х										
15	Were the bonds issued as pa	rt of an advance ref	unding issue?			Х									
16	Has the final allocation of pro	oceeds been made?			Х										
17	Does the organization mainta allocation of proceeds?	aın adequate books	and records to sup	port the final	х										
Pai	TIII Private Business	Use									<u> </u>				
						A		E	3		С			D	
					Yes	No)	Yes	No	Yes		No	Ye	5	No
1	Was the organization a partn	er in a partnership,	or a member of an	LLC, which owned											

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Part IIII Private Business Use (Continue
--

			Δ.		В		<u> </u>		<u> </u>
			Ī		<u>-</u>	<u> </u>	<u> </u>	<u>'</u>	,
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond-financed property?		×						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		30 000 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		30 000 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV	Arbitrage	3
---------	-----------	---

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
	bolid 133de								
	To the hand course we well a make years?				1				
2	Is the bond issue a variable rate issue?	X							
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
	into a fleage with respect to the bolla issue.		X						
			_ ^						
ь	Name of provider								
c	Term of hedge								
ď	Was the hedge superintegrated?								
u			×						
				1					
е	Was a hedge terminated?		×						
			_ ^						
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider		•		•		•		•
	Term of GIC								
С							_		1
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary								
	period?		X						
6	Did the bond issue qualify for an exception to rebate?								
_			Y		1		1	1	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136034312

OMB No 1545-0047

2010

Open to Public
Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

AMERICAN CORRECTIONAL ASSOCIATION

 ${\bf Employer\ identification\ number}$

13-1977456

ldentifier	Return Reference	Explanation
other programs	part III line 4d	memberships part vi section a 7a,b the nominating committee draws up a double slate of candidates for each office and the members vote on the slate a plurality of votes cast elect a board candidate 10 an independent accountant prepares the federal form 990 and it is reviewed by the cfo before being filed with the irs part vi section b 12c the board of governors of the association administers and monitors all procedures in executing the statement of policy of the association with respect to potential conflicts of interest of officers and governors of the association each officer and governor provides to the board an annual disclosure statement 15b a committee of the board considers the executive director compensation using comparative information and a written agreement to clarify all details #19 governing documents, conflict of interest policy and financial statements are available upon request

ldentifier	Return Reference	Explanation
other changes in net assets	part xı line 5	unrealized loss on investments (\$55,329) realized gain on sale of interest rate swap agreements \$298,986