

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)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012		D Employer identification number 54-0695125	
B Check if applicable ☒ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (703) 416-2000	
C Name of organization ANALYTIC SERVICES INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5275 LEESBURG PIKE SUITE NO N-5000 City or town, state or country, and ZIP + 4 FALLS CHURCH, VA 22041		G Gross receipts \$ 137,400,117	
F Name and address of principal officer DR RUTH DAVID 5275 LEESBURG PIKE SUITE NO N-5000 FALLS CHURCH, VA 22041		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.ANSER.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1958	M State of legal domicile CA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PRINCIPAL ACTIVITY OF ANALYTIC SERVICES INC IS TO PROVIDE GOVERNMENT AGENCIES WITH OBJECTIVE, TIMELY RESEARCH AND UNBIASED RECOMMENDATIONS ON COMPLEX TECHNICAL AND MANAGEMENT PROBLEMS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	783
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,713,381	109,473,990
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,952,241	1,154,667
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406	118,735
		123,666,028	110,747,392
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	76,770,113	72,290,231
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,860,971	35,081,825
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	120,631,084	107,372,056
	19 Revenue less expenses Subtract line 18 from line 12	3,034,944	3,375,336
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	105,309,340	110,819,708
	21 Total liabilities (Part X, line 26)	15,693,956	12,504,471
	22 Net assets or fund balances Subtract line 21 from line 20	89,615,384	98,315,237

Part II		Signature Block	
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 taxpayer) is based on all information of which preparer has knowledge.			
Sign Here		***** Signature of officer	
		JOAN ZAORSKI CFO Type or print name and title	
Paid Preparer's Use Only	Preparer's signature 	YONG ZHANG CPA	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 	MCGLADREY LLP 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205	

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

ANALYTIC SERVICES INC (ANSER) WAS ESTABLISHED IN 1958 AS AN INDEPENDENT, NOT-FOR-PROFIT RESEARCH CORPORATION TO CONTRIBUTE TO THE SECURITY AND PUBLIC WELFARE OF THE UNITED STATES. ANSER'S PRINCIPAL ACTIVITY IS TO PROVIDE GOVERNMENT AGENCIES WITH OBJECTIVE, TIMELY RESEARCH AND UNBIASED RECOMMENDATIONS ON COMPLEX TECHNICAL AND MANAGEMENT PROBLEMS. THE ANSER STAFF CONTRIBUTES DIRECTLY AND SIGNIFICANTLY TO PROBLEM SOLVING IN THE PUBLIC INTEREST THROUGH SYSTEMS ANALYSIS AND EVALUATION, OPERATIONS RESEARCH, INVESTIGATION OF TECHNICAL FEASIBILITY AND DEVELOPMENT AND APPLICATION OF PLANNING METHODS.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4a (Code)	(Expenses \$)	85,609,437	including grants of \$	(Revenue \$)	109,473,990)
	ANALYTIC SERVICES INC PROVIDES INDEPENDENT STUDIES AND ANALYSES TO AID KEY DECISION-MAKERS IN THE EXTENDED NATIONAL SECURITY AND HOMELAND SECURITY COMMUNITIES, DELIVERING PROFESSIONAL SERVICES THROUGH ITS TWO OPERATING UNITS - ANSER AND THE HOMELAND SECURITY STUDIES AND ANALYSIS INSTITUTE (HSSAI), FORMERLY KNOWN AS HOMELAND SECURITY INSTITUTE (HSI) ANSERADVANCING CRITICAL NATIONAL PRIORITIESTHE ANSER OPERATING UNIT PROVIDES TECHNICAL AND PROGRAMMATIC SUPPORT TO KEY COMPONENTS OF THE AIR FORCE, BUT ALSO SUPPORTS CLIENTS ACROSS THE NATIONAL SECURITY COMMUNITY WITH PARTICULAR FOCUS ON JOINT OPERATIONS-GOVERNMENT ENTITIES THAT MUST WORK TOGETHER TO ADDRESS NATIONAL SECURITY CHALLENGES THROUGH THE IMPLEMENTATION OF COMMON AND INTERSECTING FUNCTIONS INTELLIGENCE-THE NEW, REORGANIZED, AND EXISTING INTELLIGENCE COMMUNITY ANTI-TERRORISM/FORCE PROTECTION-THOSE WHO IMPLEMENT OR INFLUENCE THE ALL-HAZARDS RISK ANALYSIS CONTINUUM SCIENCE & TECHNOLOGY-THE COMMUNITY THAT ENABLES OUR NATION TO ADVANCE ITS SECURITY POSTURE AND COMPETITIVE POSITION THROUGH TECHNOLOGICAL ACHIEVEMENT IMPLEMENTING EFFECTIVE PUBLIC SECTOR OPERATIONS-ANSER APPLIES ITS TALENTS TO ASSIST CLIENTS WHO ARE UNITED BY THEIR RESPONSIBILITIES TO IMPLEMENT EFFECTIVE PUBLIC SECTOR OPERATIONS GOVERNMENT LEADERSHIP, AT ALL LEVELS, IS TASKED WITH ENSURING THE BEST AND MOST EFFICIENT OPERATIONS WHILE ACHIEVING MISSION GOALS AND OBJECTIVES ANSER CONTRIBUTES THROUGH THE FOLLOWING EFFORTS ENTERPRISE SYSTEMS & PLANNING-HELPING ORGANIZATIONS DEVELOP AND INTEGRATE THEIR BUSINESS PROCESSES AND CONTINUOUSLY ENHANCE PERFORMANCE OPERATIONS ANALYSIS & MANAGEMENT-CONDUCTING SYSTEMS ANALYSIS, RESOURCE PLANNING, AND PROGRAM MANAGEMENT TO ENABLE CLIENTS TO IMPROVE THEIR CORE MISSION OPERATIONS EMERGING INITIATIVES-KEEPING A VIGILANT EYE ON NEW WAYS TO EXTEND ANSER'S FIFTY-YEAR LEGACY OF UNBIASED SUPPORT HOMELAND SECURITY STUDIES & ANALYSIS INSTITUTE(FKA HSI)THE HOMELAND SECURITY STUDIES AND ANALYSIS INSTITUTE (HSSAI) OPERATING UNIT IS A FEDERALLY FUNDED RESEARCH AND DEVELOPMENT CENTER ESTABLISHED IN 2004 BY THE DEPARTMENT OF HOMELAND SECURITY (DHS) ANALYTIC SERVICES INC OPERATES THIS IN ACCORDANCE WITH A COMPETITIVELY AWARDED CONTRACT THE NEED FOR HSSAI WAS DOCUMENTED IN THE NATIONAL RESEARCH COUNCIL'S 2002 REPORT, MAKING THE NATION SAFER THE ROLE OF SCIENCE AND TECHNOLOGY IN COUNTERING TERRORISM, AND MANDATED BY LEGISLATION IN THE HOMELAND SECURITY ACT OF 2002 HSSAI'S FUNDAMENTAL ROLE IS TO PROVIDE AN INDEPENDENT, SCIENTIFIC, AND TECHNICAL RESOURCE FOR THE HOMELAND SECURITY COMMUNITY ANALYZE HOMELAND SECURITY ISSUES, TRENDS, POLICIES, AND PRACTICES FACILITATE INNOVATION AND IMPROVED HOMELAND SECURITY SOLUTIONS HSSAI EXECUTES ITS RESPONSIBILITIES THROUGH NINE CAPABILITIES 1 RISK ANALYSIS-IMPACTS EVERY HOMELAND SECURITY DECISION AT EVERY LEVEL (STRATEGIC, OPERATIONAL, AND TACTICAL) 2 OPERATIONS ANALYSIS-IMPROVES REAL-WORLD PROCESSES AND OPERATIONS 3 THREAT ANALYSIS-HELPS TO IDENTIFY EXISTING AND EMERGING THREATS TO THE HOMELAND 4 SYSTEMS ANALYSIS-ILLUMINATES COMPLEX INTERDEPENDENCIES, SYNERGIES, TRADEOFFS 5 INFORMATION SHARING ANALYSIS-IMPROVES EFFECTIVENESS AND EFFICIENCY OF HOMELAND SECURITY OPERATIONS WITHIN AND BETWEEN ALL LEVELS OF GOVERNMENT AND THE PRIVATE SECTOR 6 POLICY AND PLANNING ANALYSIS-SETS THE DIRECTION FOR THE HOMELAND SECURITY ENTERPRISE 7 PROGRAM ANALYSIS-IDENTIFIES SOLUTIONS THAT CAN FILL GAPS IN HOMELAND SECURITY CAPABILITIES 8 SCIENCE AND TECHNOLOGY ASSESSMENTS-ENSURES THAT ADVANCES IN SCIENCE AND TECHNOLOGY DELIVER TANGIBLE BENEFITS TO END USERS 9 TRAINING, EDUCATION, & PROFESSIONAL DEVELOPMENT-ENSURES THAT THE HOMELAND SECURITY WORKFORCE HAS THE NECESSARY COMPETENCIES				

[illegible][illegible]

4e	Total program service expenses	\$ 85,609,437
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	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? <i>If "Yes," complete Schedule C, Part I.</i> . . .	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i> . . .	4	No
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? <i>If "Yes," complete Schedule C, Part III.</i> . . .	5	No
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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . .	14a	Yes
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? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> 	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> 	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 "Yes," complete Schedule G, Part I.</i>	17	No
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 "Yes," complete Schedule G, Part II.</i> . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part 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	76			
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	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. .				2a	783			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.				3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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?				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
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 organization solicit any contributions that were not tax deductible?				6a				No
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 and services provided to the payor?				7a				No
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 required to file Form 8282?				7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.				7d				
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.									
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									
a	Initiation fees and capital contributions included on Part VIII, line 12.				10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				10b				
11 Section 501(c)(12) organizations. Enter									
a	Gross income from members or shareholders.				11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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.									
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				13b				
c	Enter the aggregate amount of reserves on hand.				13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?						14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b				

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 ☒

Section 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		
1b	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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	Yes
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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

17	List the States with which a copy of this Form 990 is required to be filed ☒ CA
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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. ☒ JOAN ZAORSKI CFO 5275 LEESBURG PIKE SUITE N-5000 FALLS CHURCH, VA 22041 (703) 416-2000

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, 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD E CUNEO TRUSTEE, CHAIR	2 00	X						44,000	0	0
(2) THOMAS I APPERSON TRUSTEE	1 00	X						31,000	0	0
(3) DR JULIAN M EARLS TRUSTEE	1 00	X						31,000	0	0
(4) DR DELORES ETTER TRUSTEE	1 00	X						35,000	0	0
(5) GEN JOHN A GORDONUSAF RET TRUSTEE	1 00	X						37,000	0	0
(6) JOANNE O ISHAM TRUSTEE	1 00	X						31,000	0	0
(7) DR RONALD L KERBER TRUSTEE	1 00	X						35,000	0	0
(8) GEN JOHN FSATTLERUSMC RET TRUSTEE	1 00	X						31,000	0	0
(9) K DUNLOP SCOTT TRUSTEE	1 00	X						31,000	0	0
(10) DR RUTH DAVID CEO, TRUSTEE	40 00	X		X				541,338	0	232,300
(11) JOAN ZAORSKI SR VP /CFO/ SECRETARY/TREASURER	40 00			X				308,062	0	35,882
(12) THOMAS BENJAMIN SR VP COO ANSER OU	40 00			X				327,438	0	28,717
(13) DR PHILIP ANDERSON SR VP COO HSSAI OU	40 00			X				278,799	0	38,523
(14) JAMES PLAYER VP	40 00			X				255,125	0	28,568
(15) MICHAEL MCGRATH VP	40 00			X				250,898	0	27,512
(16) ROBERT TUOHY VP	40 00			X				228,780	0	34,652
(17) KARL SEMANCIK VP	40 00			X				238,748	0	28,040

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT W EDSON VP	40 00			X				227,177	0	36,270
(19) DANIEL WRIGHT VP & CORP COUNSEL	40 00			X				258,446	0	29,745
(20) CARLOS MARINO SR VP	40 00			X				232,608	0	10,460
(21) GEORGE THOMPSON VP	40 00			X				239,845	0	36,933
(22) STEPHEN HOPKINS TECHNICAL MANAGER 3	40 00					X		234,945	0	25,823
(23) MIKE GLASPY TECHNICAL MANAGER 3	40 00					X		227,450	0	25,971
(24) MARGARET JOANNE VELARDO TECHNICAL MANAGER 3	40 00					X		221,756	0	28,845
(25) BERNARD KELLET TM OPS DIRECTOR	40 00					X		218,569	0	32,849
(26) PETE CHAMPAGNE TECHNICAL MANAGER 2	40 00					X		215,315	0	22,720
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,811,299	0	703,810

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶238

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCNEIL TECHNOLOGIES INC 6564 LOISDALE CT STE 900 SPRINGFIELD, VA 22150	CONSULTING	5,880,705
HARDING SECURITY 1430 SPRING HILL RD STE 525 MCLEAN, VA 22102	CONSULTING	3,035,804
GOLDEN KEY 6728 CEDAR SPRING ROAD CENTERVILLE, VA 20121	CONSULTING	1,976,192
QUALX 8300 BOONE BLVD VIENNA, VA 22182	CONSULTING	1,380,990
PRICE SYSTEMS INC 17000 COMMERCE PKWY MOUNT LAUREL, NJ 08054	CONSULTING	1,143,309
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶39		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a	CONTRACTS FROM GOV'T	Business Code 900099	109,473,990	109,473,990			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		109,473,990				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,188,777			1,188,777
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			26,618,615					
			26,652,725					
			-34,110					
d		Net gain or (loss)		-34,110			-34,110	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099	118,735			118,735		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		118,735					
12	Total revenue. See Instructions		110,747,392	109,473,990	0	1,273,402		

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 question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,034,876	810,617	3,224,259	
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	49,405,333	39,524,266	9,881,067	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,759,028	3,693,535	1,065,493	
9	Other employee benefits	10,156,516	7,658,013	2,498,503	
10	Payroll taxes	3,934,478	2,966,596	967,882	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	171,460		171,460	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	335,626		335,626	
g	Other	2,443,326	1,688,369	754,957	
12	Advertising and promotion				
13	Office expenses	281,348	225,078	56,270	
14	Information technology	2,308,508	1,927,729	380,779	
15	Royalties				
16	Occupancy	3,001,921	2,604,430	397,491	
17	Travel	1,927,683	1,729,949	197,734	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,085,754	658,014	1,427,740	
23	Insurance	154,481		154,481	
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)				
a	SUBCONTRACTOR	22,361,438	22,122,841	238,597	
b	OTHER EXPENSES	10,280		10,280	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	107,372,056	85,609,437	21,762,619	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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,826,739	1	20,618,717
	2	Savings and temporary cash investments			8,411,243	2	3,875,047
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			33,287,968	4	23,707,332
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,447,733	9	1,945,054
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	21,764,258			
	b	Less: accumulated depreciation	10b	15,484,809	7,831,233	10c	6,279,449
	11	Investments—publicly traded securities			42,595,630	11	53,269,572
	12	Investments—other securities. See Part IV, line 11			50,000	12	50,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			858,794	15	1,074,537
	16	Total assets. Add lines 1 through 15 (must equal line 34)			105,309,340	16	110,819,708
Liabilities	17	Accounts payable and accrued expenses			12,365,630	17	10,208,341
	18	Grants payable				18	
	19	Deferred revenue			1,220,352	19	285,289
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			2,107,974	25	2,010,841
	26	Total liabilities. Add lines 17 through 25			15,693,956	26	12,504,471
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			89,615,384	27	98,315,237
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			89,615,384	33	98,315,237
	34	Total liabilities and net assets/fund balances			105,309,340	34	110,819,708

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)	1	110,747,392
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,372,056
3	Revenue less expenses Subtract line 2 from line 1	3	3,375,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,615,384
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,324,517
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	98,315,237

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 ☒ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization ANALYTIC SERVICES INC	Employer identification number 54-0695125
---	--

Part I 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)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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).**

4

☐

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

5

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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)

f

☐

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

g

☐

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) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a 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						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIISupport Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	105,232,108	131,207,290	139,090,821	121,713,381	109,473,990	606,717,590
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	105,232,108	131,207,290	139,090,821	121,713,381	109,473,990	606,717,590
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						606,717,590

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	105,232,108	131,207,290	139,090,821	121,713,381	109,473,990	606,717,590
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,453,029	1,121,546	1,024,921	1,023,247	1,188,777	5,811,520
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	1,453,029	1,121,546	1,024,921	1,023,247	1,188,777	5,811,520
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			183,430	406	118,735	302,571
13Total support (Add lines 9, 10c, 11 and 12)	106,685,137	132,328,836	140,299,172	122,737,034	110,781,502	612,831,681
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☒

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.000 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	98.920 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.950 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.010 %
19a33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b33 1/3% support tests—2010. 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	☐	
20Private 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANALYTIC SERVICES INC

Employer identification number
54-0695125

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,071,541	2,936,560	134,981
d Equipment				
e Other		18,692,717	12,548,249	6,144,468
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,279,449

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	110,747,392
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	107,372,056
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,375,336
4	Net unrealized gains (losses) on investments	4	5,326,004
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,487
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	5,324,517
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,699,853

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	115,737,770
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,326,004
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	5,326,004
3	Subtract line 2e from line 1	3	110,411,766
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	335,626
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	335,626
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	110,747,392

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	107,026,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-10,280
e	Add lines 2a through 2d	2e	-10,280
3	Subtract line 2e from line 1	3	107,036,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	335,626
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	335,626
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	107,372,056

Part XIV Supplemental Information

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDELINE. THE ORGANIZATION WOULD BE LIABLE FOR INCOME TAXES IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2009.
PART XII, LINE 2D - OTHER ADJUSTMENTS		PSI REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 115,913. ELIMINATION IN CONSOLIDATED FINANCIAL STATEMENTS -115,913.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		PSI EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 105,633. ELIMINATION IN CONSOLIDATED FINANCIAL STATEMENTS -115,913.

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 54-0695125
Name: ANALYTIC SERVICES INC

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ANALYTIC SERVICES INC	Employer identification number 54-0695125
---	--

Part 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision 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 ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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 a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
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	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in 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	

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.

[illegible]

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
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 4B. THE ORGANIZATION IN MAY 2011, ESTABLISHED A 457(F) "TOP HAT" SUPPLEMENTAL RETIREMENT PLAN FOR ITS PRESIDENT WHICH PROVIDES FOR SET ASIDE AMOUNTS ANNUALLY OVER A FIVE YEAR PERIOD. AMOUNTS REPORTABLE ON FORM 990, PART VII AND SCHEDULE J, PART II ARE INCLUDED ACCORDINGLY.
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 7. FOR EMPLOYEES: 1. CEO REQUESTS NOMINATIONS FROM MANAGEMENT TEAM (MT) FOR SUBMISSION TO THEIR EXECUTIVE LEADERSHIP TEAM (ELT) MEMBER - TO INCLUDE NAME, PROPOSED AMOUNT (BASED ON TARGETS & GUIDELINES SHE PROVIDES), AND WRITTEN JUSTIFICATION. 2. ELT OFFICERS REVIEW AND ADJUST AS APPROPRIATE TO ASSURE CONSISTENCY WITHIN THEIR AREA OF RESPONSIBILITY, ELT AS A UNIT REVIEWS AND DISCUSSES NOMINATIONS FOR MEMBERS OF MT. 3. CEO REVIEWS ALL NOMINATIONS AND PRESENTS RECOMMENDATIONS TO BOARD. 4. BOARD REVIEWS AND DECIDES BONUSES AT ANNUAL MEETING.

Software ID:
Software Version:
EIN: 54-0695125
Name: ANALYTIC SERVICES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR RUTH DAVID	(i) (ii)	494,936 0	35,500 0	10,902 0	224,500 0	7,800 0	773,638 0	0 0
JOAN ZAORSKI	(i) (ii)	281,258 0	500 0	26,304 0	24,500 0	11,382 0	343,944 0	0 0
THOMAS BENJAMIN	(i) (ii)	287,565 0	35,000 0	4,873 0	24,500 0	4,217 0	356,155 0	0 0
DR PHILIP ANDERSON	(i) (ii)	267,057 0	10,500 0	1,242 0	24,500 0	14,023 0	317,322 0	0 0
JAMES PLAYER	(i) (ii)	240,976 0	0 0	14,149 0	24,500 0	4,068 0	283,693 0	0 0
MICHAEL MCGRATH	(i) (ii)	246,684 0	0 0	4,214 0	24,500 0	3,012 0	278,410 0	0 0
ROBERT TUOHY	(i) (ii)	226,458 0	0 0	2,322 0	23,901 0	10,751 0	263,432 0	0 0
KARL SEMANCIK	(i) (ii)	222,795 0	0 0	15,953 0	24,285 0	3,755 0	266,788 0	0 0
ROBERT WEDSON	(i) (ii)	205,903 0	0 0	21,274 0	23,544 0	12,726 0	263,447 0	0 0
DANIEL WRIGHT	(i) (ii)	254,284 0	0 0	4,162 0	24,500 0	5,245 0	288,191 0	0 0
CARLOS MARINO	(i) (ii)	157,750 0	0 0	74,858 0	8,156 0	2,304 0	243,068 0	0 0
GEORGE THOMPSON	(i) (ii)	227,061 0	9,288 0	3,496 0	23,448 0	13,485 0	276,778 0	0 0
STEPHEN HOPKINS	(i) (ii)	201,303 0	10,000 0	23,642 0	22,531 0	3,292 0	260,768 0	0 0
MIKE GLASPY	(i) (ii)	187,061 0	8,000 0	32,389 0	22,366 0	3,605 0	253,421 0	0 0
MARGARET JOANNE VELARDO	(i) (ii)	210,192 0	8,000 0	3,564 0	21,628 0	7,217 0	250,601 0	0 0
BERNARD KELLET	(i) (ii)	199,299 0	0 0	19,270 0	22,201 0	10,648 0	251,418 0	0 0
PETE CHAMPAGNE	(i) (ii)	205,343 0	7,000 0	2,972 0	19,066 0	3,654 0	238,035 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANALYTIC SERVICES INC

Employer identification number
54-0695125

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STANLEY E DAINS	SPOUSE OF RUTH DAVID, PRESIDENT & CEO	135,992	STANLEY DAINS, HUSBAND OF RUTH DAVID, PRESIDENT & CEO, WORKS AS A TECHNOLOGY CONSULTANT AND REPORTS TO MR THOMAS BENJAMIN, CEO OF PSI, A WHOLLY-OWNED SUBSIDIARY OF THE COMPANY MR DAINS RETIRED ON FEBRUARY 27, 2012		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ANALYTIC SERVICES INC	Employer identification number 54-0695125
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS UNDER CALIFORNIA STATE LAW
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS AND TRUSTEES ARE THE SAME PERSONS BUT THEY ACT IN DIFFERENT CAPACITIES, PURSUANT TO CALIFORNIA LAW
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY MCGLADREY LLP BASED ON INFORMATION PROVIDED BY ANALYTIC SERVICES THE 990 IS REVIEWED BY THE CFO AND CORPORATE COUNSEL FEEDBACK AND CHANGES ARE PROVIDED TO MCGLADREY LLP AFTER CHANGES ARE MADE THE 990 IS REVIEWED BY THE AUDIT COMMITTEE, AFTER WHICH THE 990 IS SUBMITTED TO THE IRS BY ANALYTIC SERVICES INC
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES OF ANALYTIC SERVICES INC HAVE EXECUTED A NONDISCLOSURE AND CONFLICT OF INTEREST AGREEMENT TRUSTEES AND OFFICERS AND KEY EMPLOYEES SHARE A SPECIAL RESPONSIBILITY TO UPHOLD THE CORPORATION'S LONGSTANDING AND WELL-EARNED REPUTATION FOR IMPARTIALITY, OBJECTIVITY AND INTEGRITY TRUSTEES, OFFICERS AND KEY EMPLOYEES CONDUCT THEIR AFFAIRS TO AVOID ANY ACTUAL OR APPARENT CONFLICT OF INTEREST, AND DISCLOSE ALL RELEVANT AFFILIATIONS OR FINANCIAL INTERESTS THAT MAY BE RELATED TO ANY MATTER BEING CONSIDERED OR DECIDED TRUSTEES, OFFICERS AND KEY EMPLOYEES WILL PROMPTLY ABSTAIN FROM PARTICIPATING IN ANY DISCUSSION OR ACTION THAT THEY KNOW MAY HAVE A SIGNIFICANT FINANCIAL AFFECT ON THEIR PERSONAL AFFILIATIONS OR FINANCIAL INTERESTS, OR THE AFFILIATIONS AND FINANCIAL INTERESTS OF A SPOUSE OR MINOR CHILDREN IF THE TRUSTEE, OFFICER, OR KEY EMPLOYEE DISCLOSES A POTENTIAL CONFLICT OF INTEREST, THE BOARD MAY DETERMINE BY A MAJORITY VOTE THAT DISCLOSURE IS SUFFICIENT AND IT IS IN THE BEST INTERESTS OF THE CORPORATION AND ITS CLIENTS THAT THE TRUSTEE, OFFICER OR KEY EMPLOYEE CONTINUE TO PARTICIPATE IN THE MATTER CONSISTENT WITH THE AGREEMENTS REFERENCED ABOVE, EACH TRUSTEE, OFFICER AND KEY EMPLOYEE WILL FILE ANNUALLY WITH CORPORATE COUNSEL A STATEMENT OF AFFILIATIONS, AND WILL FILE AN AMENDED STATEMENT WITHIN THIRTY DAYS OF ANY MATERIAL ADDITION TO HIS OR HER AFFILIATIONS (DELETIONS CAN BE FILED IMMEDIATELY OR HELD UNTIL THE NEXT ANNUAL FILING) AT THE ANNUAL MEETING OF THE BOARD OF TRUSTEES EACH BOARD MEMBER IS PROVIDED WITH THEIR PRIOR YEAR'S STATEMENT OF AFFILIATIONS (SOA) A SEPARATE SOA IS REQUIRED TO BE DISCLOSED ANNUALLY BY EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE EACH BOARD MEMBER WILL UPDATE AND COMPLETE THEIR SOA AND IDENTIFY ANY POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE FROM THEIR INDIVIDUAL AFFILIATIONS NEW TRUSTEES COMPLETE A SOA IMMEDIATELY UPON THEIR APPOINTMENT TO THE BOARD IN ADDITION TO THE DISCLOSURES REQUIRED ABOVE, ANY TRUSTEE, OFFICER OR KEY EMPLOYEE WHO BECOMES AWARE THAT A PENDING DECISION OR ACTION UNDER THEIR AUTHORITY OR INFLUENCE MAY MATERIALLY AFFECT ANY OTHER PERSONAL AFFILIATION OR FINANCIAL INTEREST WILL PROMPTLY NOTIFY THE CEO OR CHAIRMAN AND THE CORPORATE COUNSEL, AND WILL ABSTAIN FROM ANY DISCUSSION OR ACTION ON THAT MATTER, UNLESS THE BOARD DETERMINES BY A MAJORITY VOTE THAT THE TRUSTEE OR OFFICER OR KEY EMPLOYEE SHOULD CONTINUE TO PARTICIPATE IN THE MATTER
	FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING OFFICERS AND KEY EMPLOYEES' COMPENSATION AS SET FORTH ABOVE, THE BOARD TAKES (BUT WITH KEY EMPLOYEES, USUALLY THE EXECUTIVE COMMITTEE) INTO CONSIDERATION FACTORS SUCH AS THE FOLLOWING AVAILABLE SURVEY DATA RELATING TO COMPENSATION IN SOMEWHAT COMPARABLE POSITIONS (INCLUDING AMONG OTHER THINGS INFORMATION AVAILABLE FROM FORM 990 FILINGS), THE SALARY HISTORIES OF THE INDIVIDUALS BEING CONSIDERED AND THE ASSESSMENT OF THEIR PERFORMANCE IN THE LIGHT OF THEIR RESPECTIVE RESPONSIBILITIES, THE KNOWLEDGE WHICH MEMBERS OF THE BOARD POSSESS CONCERNING SALARY LEVELS ELSEWHERE, THE FINANCIAL POSITION OF THE CORPORATION, AND THE EXTENSIVE REVIEW WHICH THE EXECUTIVE COMMITTEE HAS MADE OF THESE MATTERS ALL SALARY OFFERS GREATER THAN \$200,000 ARE REVIEWED BY THE EXECUTIVE COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 5,326,004 PRIOR PERIOD ADJUSTMENTS -1,487 TOTAL TO FORM 990, PART XI, LINE 5 5,324,517
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANALYTIC SERVICES INC

Employer identification number
54-0695125

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PROGRAM SOLUTIONS INC 5275 LEESBURG PIKE SUITE N-5000 FALLS CHURCH, VA 22041 20-0136691	TO PROVIDE PROFESSIONAL AND ANALYTICAL SERVICES	DE	ANALYTIC SERVICES INC	C	115,913	263,980	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROGRAM SOLUTIONS INC	L	115,913	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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