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.

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address change ASIS INTERNATIONAL Name change 53-0234507 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number 519-6200 Termin-1625 PRINCE STREET (703)30,063,554. Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ ALEXANDRIA, VA 22314-2818 Applica-H(a) Is this a group return pending F Name and address of principal officer:MICHAEL J. STACK Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 1 Tax-exempt status: 501(c)(3) X 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP://WWW.ASISONLINE.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association L Year of formation 1955 M State of legal domicile DE Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO INCREASE THE EFFECTIVENESS Activities & Governance AND PRODUCTIVITY OF SECURITY PROFESSIONALS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. SCANNED DEC 19 2012 Number of voting members of the governing body (Part VI, line 1a) 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 97 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 14 6 Total number of volunteers (estimate if necessary) 3,354,560. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-7, line 34 7ь OS(**Prior Year Current Year** NOV 2 0 2012 0. Contributions and grants (Part VIII, line 1h) RS. Revenue 25,128,938. 27,754,479. Program service revenue (Part VIII, line 2g) 467,711. 761,740. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,105,199. 1,278,277. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 29,500,467. 26,995,877. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 11,457,043. 11,596,970. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 15,526,235. 16,121,362. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,983,278. 27,718,332. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,782,135. 12,599. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 50,532,099. 46,835,482. 20 Total assets (Part X, line 16) 21,534,606. 25,292,150 21 Total liabilities (Part X, line 26) 25,239,949. 25,300,876. 22 Net assets or fund balances. Subtract line 21 from line 20 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 Reclaration of preparer to the rethan officer) is based on all information of which preparer has any knowledge 11/0/2012 Din Signature of officer Sign EVANS, VP FIN. & ADM Here Type or print name and title Print/Type preparer's name Preparet C KAY L. VOLLANS Paid Firm's name TATE AND TRYON Preparer

NW SUITE

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

WASHINGTON, DC 20036

Firm's address 2021 L STREET,

Use Only

132002 02-09-12 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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	!		
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
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	N/	<u>A</u>
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<u>^</u>	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļļ	X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 "	2044
		rorm	990 ()	20 I I)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Α
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	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ 	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
	If "Yes," complete Schedule N, Part I	31_		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	35		
34	Was the organization related to any tax-exempt or taxable entity?	34	х	
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		Х
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	338		
Ь	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
20	Section 512(b)(13)? If res, complete Scriedule N, Fait V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
36		36	N/	A
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		1
38	Note. All Form 990 filers are required to complete Schedule O	38	X	ĺ
	Note. All Form 330 liters are required to complete contends o			(2011)

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1 (41)	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	100	[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ible gaming	1		
_	(gambling) winnings to prize winners?			1c	Х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
	filed for the calendar year ending with or within the year covered by this return	2a	97			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		За	Х	ĺ
-	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
_	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	Х	
ь	If "Yes," enter the name of the foreign country: ▶ BELGIUM, AUSTRALIA		•			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action1	?	5b		X
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	he org	anization solicit			
	any contributions that were not tax deductible?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions c	or gifts			
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas rec	uired			
	to file Form 8282?	i	1	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		ł
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f	N/	7
9	If the organization received a contribution of qualified intellectual property, did the organization file f			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	14 /	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					İ
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	9a	:	İ
а	Did the organization make any taxable distributions under section 4966?		N/A	9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		11/11	30		
10	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1			
a 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:	100				
''а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				/	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2011)

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

	Check if Schedule O contains a response to any question in this Part VI						<u>LX</u>
Sec	tion 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	1a		14			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			L	2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?				7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following				
а	The governing body?				8a	Х	
ь	Each committee with authority to act on behalf of the governing body?				8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Ŀ	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ŀ	10b	X	
11a	the state of the s	ly befo	re filing the forn	1?	11a		X
b	Description of the second factor and the second factor and the second factor and the second second factor and the second second factor and the second second factor and the second secon						
12a				Ŀ	12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	Ŀ	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I						
	in Schedule O how this was done			Ŀ	12c	Х	
13	Did the organization have a written whistleblower policy?			L	13	X_	
14	Did the organization have a written document retention and destruction policy?			_	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approv	al by ır	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			Ŀ	15a	Х	
b	Other officers or key employees of the organization			Ŀ	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	/ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıo	n's				
	exempt status with respect to such arrangements?				16b		L
Sec	tion C. Disclosure						
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 Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s o	nly) av	allab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy	, and	fınan	cıal	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the orga	ınızatıd	on: 🕨		
	LARRY A. KAPLAN, CPA - (703) 519-6200						
13200	1625 PRINCE STREET, ALEXANDRIA, VA 22314-2818						
					-	- 34343 /	00441

53-02341

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per		not c	Posi heck ss pe	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director of		Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRIAN J. ALLEN, CPP	1 00									•
DIRECTOR	1.00	X				ļ		0.	0.	0.
(2) MARENE N. ALLISON	1 00	.,								0
DIRECTOR	1.00	Х						0.	0.	0.
(3) CHAD CALLAGHAN, CPP	1 00	.						0.	0.	0.
DIRECTOR	1.00	X	_					<u> </u>	0.	0.
(4) DAVID C. DAVIS, CPP	1.00	X						0.	o.	0.
DIRECTOR	1.00	^	\vdash		-			0.	- 0.	<u></u>
(5) EDWARD G. HALLEN, CPP	1.00	X						0.	0.	0.
DIRECTOR CREATER WAS A CONTRACT OF THE CONTRAC	1.00	A		-			-	<u> </u>		
(6) JOSEPH H. MCDONALD, CPP, PSP DIRECTOR	1.00	x			ļ			0.	0.	0.
(7) STEPHEN SCHARF	100	 			\vdash	<u> </u>				<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(8) DAVE N. TYSON, CPP								· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	1.00	X						0.	0.	0.
(9) RICHARD Y. YAMAMOTO, CPP										·
DIRECTOR	1.00	X			ļ			0.	0.	0.
(10) JOSEPH R. GRANGER, CPP										
CHAIRMAN	1.00	X		X				0.	0.	0.
(11) RAYMOND T. O'HARA, CPP										
PRESIDENT	1.00	X		X				0.	0.	0.
(12) EDUARD J. EMDE, CPP								_	_	_
PRESIDENT-ELECT	1.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(13) GEOFFREY T. CRAIGHEAD, CPP										
TREASURER	1.00	X	ļ	Х		<u> </u>	ļ	0.	0.	0.
(14) RICHARD E. WIDUP, JR. CPP	1							_		
SECRETARY	1.00	X		X	_	├_		0.	0.	0.
(15) MICHAEL J. STACK	40.00			,,				E71 050		171 767
EXECUTIVE VICE PRESIDENT	40.00	├ ─	-	X	\vdash	┝		571,058.	0.	171,767.
(16) JAMES B. EVANS	40.00			v		-		219,337.	0.	144,816.
VP FINANCE & ADMINISTRATION	40.00	+-		X	-	├-		217,337.	- 0.	144,010.
(17) SUSAN A. MELNICOVE	40.00					х	1	218,912.	0.	57,723.
VP EDUCATION 132007 01-23-12	1 40.00	Щ.		Ь-	Ц	_Λ	<u> </u>	210,712.		Form 990 (2011)

132007 01-23-12

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (D) (E) Position Average Estimated Reportable Name and title Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (describe organizations compensation the hours for organization (W-2/1099-MISC) from the trustee or related nstitutional frustee (W-2/1099-MISC) organization organizations and related ndwdual in Schedule organizations O) (18) JACK D.P. LICHTENSTEIN 40.00 224,754 0. 70,069. X VP GOV'T AFFAIRS & PUBLIC POLICY (19) COLLINS DENNY WHITE 197,736 0 40.00 X 51,414. VP PUBLISHING (20) EILEEN R. SMITH 0 388,191. 40.00 Х 183,846. VP MARKETING (21) SANDRA L. WADE 40.00 X 252,108. 0. 67,628. PUBLISHER 0 951,608 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 1,867,751. ,608. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization No Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

1 Complete 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
REGISTER SALES & MARKETING	PUBLICATIONS	
7166 WYNGROVE DRIVE, MONTGOMERY, AL 36117	ADVERTISING SALES	269,546.
CREATIVE EXPOS & CONFERENCE 28 BUBBLING BROOK ROAD, WALPOLE, MA 02081	EXHIBIT BOOTH SALES	188,695.
OLD TOWN IT, LLC, 2312 MT. VERNON AVENUE, ALEXANDRIA, VA 22301	IT CONSULTING	134,444.
TNT BUILDING SERVICES, 5005 KILLEBREW DRIVE, ANNANDALE, VA 22003-5117	BUILDING CLEANING & MAINTENANCE	131,550.
Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization \$100,000 of compensation from the organization \$4	and above, who received more than	

Form 990 (2011)

Statement of Revenue Part VIII (A) (B) (C) Revenue excluded from tax under sections 512, Unrelated Total revenue Related or exempt function business revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c Fundraising events 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 158,015 541800 2 a SEMINARS 16,356,265 16,198,250. Program Service Revenue 4800645. 1604100. 541800 3,196,545 ь PUBLISHING c MEMBERSHIP DUES 900099 3639494. 3639494. 900099 2429878. 2429878. d EDUCATION 900099 528,197. 528,197. CERTIFICATION f All other program service revenue 27,754,479 Total. Add lines 2a-2f Investment income (including dividends, interest, and 466,673. 466,673. other similar amounts) Income from investment of tax-exempt bond proceeds 84,111. 84,111. 5 Royalties (ı) Real (II) Personal 183581. 6 a Gross rents 105233. b Less: rental expenses 78,348. c Rental income or (loss) 78,348. 78,348 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 12,713. assets other than inventory b Less: cost or other basis 11,675 and sales expenses 1,038 c Gain or (loss) 1,038. 1,038 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \triangleright c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,315,917 and allowances 446179. b Less: cost of goods sold 869,738 869,738. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 246,080. 900099 246,080. 11 a OTHER INCOME d All other revenue 246,080. Total. Add lines 11a-11d 876,250. 3,354,560. 29,500,467 25,269,657. Total revenue. See instructions Form 990 (2011)

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							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States See Part IV, line 21							
2	Grants and other assistance to individuals in		-		7.11111			
	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	1,106,978.						
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	6,323,609.						
8	Pension plan accruals and contributions (include							
	section 401(k) and section 403(b) employer contributions)	1,025,308.						
9	Other employee benefits	2,592,222.						
10	Payroll taxes	548,853.	-					
11	Fees for services (non-employees):							
а	Management							
b	Legal	164,646.						
С	Accounting	36,370.						
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	36,479.						
g	Other	2,875,966.			.,			
12	Advertising and promotion	2,045,017.						
13	Office expenses	2,183,902.						
14	Information technology	56,292.	V					
15	Royalties	1,954.						
16	Occupancy	464,891.						
17	Travel	861,306.						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials			ļ				
19	Conferences, conventions, and meetings	4,708,463.						
20	Interest	79,805.						
21	Payments to affiliates	740 005						
22	Depreciation, depletion, and amortization	740,985.						
23	Insurance	434,552.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line							
	24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule 0)	401 040		<u> </u>				
а	BANK FEES	481,848. 388,311.						
b	MISCELLANEOUS			-				
С	RESEARCH & SURVEYS	256,381.						
d	SUBSRIPTIONS & DUES	94,268. 209,926.		+				
	All other expenses	27,718,332.						
25	Total functional expenses. Add lines 1 through 24e	21,110,332.						
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation							
	Check here I if following SOP 98-2 (ASC 958-720)				L			

Par	tΧ	Balance Sheet			
L.TTIF.			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	350.	1	72.
	2	Savings and temporary cash investments	3,873,492.	2	3,602,042.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,467,996.	4	5,844,687.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	74 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1110 - 1
	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)		6_	
Assets	7	Notes and loans receivable, net		7	10,310.
Ass	8	Inventories for sale or use	592,707.	8	420,569.
-	9	Prepaid expenses and deferred charges	881,664.	9	1,356,440.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 14,247,93 10b 6,507,23	5.		
	b	Less: accumulated depreciation 10b 6,507,23			7,740,702.
	11	Investments - publicly traded securities	27,329,681.	11	21,743,449.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	100 000	13	100 000
	14	Intangible assets	180,000.	14	120,000.
	15	Other assets. See Part IV, line 11	4,684,348.	15	5,997,211.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	50,532,099.	16	46,835,482.
	17	Accounts payable and accrued expenses	2,317,113.	17	2,612,477.
	18	Grants payable	12 477 162	18	12 257 204
	19	Deferred revenue	13,477,163.	19	13,357,294.
	20	Tax-exempt bond liabilities		20_	<u> </u>
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilíties	22	Payables to current and former officers, directors, trustees, key employees,			
jab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L	5,026,773.	22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties	3,020,773.	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	4,471,101.	25	5,564,835.
		Schedule D	25,292,150.		21,534,606.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete			22/002/3000
Ses	0.7	lines 27 through 29, and lines 33 and 34.	25,239,949.	27	25,300,876.
lan	27	Unrestricted net assets Temporarily restricted net assets	20/200/020	28	
8	28	Permanently restricted net assets		29	
Ę	29	Organizations that do not follow SFAS 117, check here			
Ē	1	complete lines 30 through 34.			
S	20	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	25,239,949.		25,300,876.
	34	Total liabilities and net assets/fund balances	50,532,099.		46,835,482.
	, ,,,,	Total liabilities director to the salations			Form 990 (2011)

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

• :	Section 501(c)(4), (5), or (6) org:	anizations: Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
	ASIS	INTERNATIONAL			53-0234507
Pa	rt I-A Complete if the	organization is exempt unde	section 501(c	e) or is a section 527 o	rganization.
2	Provide a description of the or Political expenditures Volunteer hours	ganization's direct and indirect political	campaign activities		
Pa	ert I-B Complete if the	organization is exempt unde	r section 501(c	:)(3).	
1	Enter the amount of any excis	e tax incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any excis	e tax incurred by organization managers	s under section 495	5 5 ▶ \$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 fo	r this year?	•	Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		1: 504/-	\	-1(0)
		e organization is exempt unde			
		ended by the filing organization for secti			
2		organization's funds contributed to othe	r organizations for	section 527	
_	exempt function activities		E 4400 DO	~ \$	
3	·	litures. Add lines 1 and 2. Enter here and	on Form 1120-PO	,∟, ▶\$	
	line 17b Did the filing organization file I	Earm 1120 BOL for this year?		ΨΨ	Yes No
5	Enter the names, addresses a made payments. For each org contributions received that we	and employer identification number (EIN) panization listed, enter the amount paid to gre promptly and directly delivered to a s C). If additional space is needed, provid	rom the filing orgar separate political or	nization's funds. Also enter th rganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_		ALEXANDRIA, VA			
AS	IS PAC	22314		0.	1,805.
_					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule	C (Form 990 or 990-EZ) 2011 A	SIS	INTERN.	ATIONAL		53-0	0234507 Page 2
Part II		nizatio	n is exer	npt under sectio	n 501(c)(3) and file		
	(election under secti			•	• • • •		
A Check				ated group (and list in	n Part IV each affiliated	group member's nar	me, address, EIN,
. 0,,00,	expenses, and share					5 ,	
B Check			• -	d "limited control" pro	ovisions apply.		
				•		(a) Filing	(b) Affiliated group
			bying Exper leans amou	nditures nts paid or incurred.)	organization's totals	totals
1a Tot	tal lobbying expenditures to influe	ence pub	lic opinion (grass roots lobbying)			
	tal lobbying expenditures to influe						
	tal lobbying expenditures (add lin		-	, , , , , ,			
	ner exempt purpose expenditures		•				
	tal exempt purpose expenditures		s 1c and 1d)			
	bbying nontaxable amount. Enter				th columns.		
	ne amount on line 1e, column (a) or			bying nontaxable am	1 t		
	t over \$500,000	757 10.		the amount on line 1e			
	er \$500,000 but not over \$1,000,	000		0 plus 15% of the exc	 ;		
	er \$1,000,000 but not over \$1,50			0 plus 10% of the exc			
	er \$1,500,000 but not over \$1,50			0 plus 5% of the exce			
		00,000	\$1,000,0		233 OVEI Ψ1,000,000.		
<u>[Ov</u>	er \$17,000,000		<u> </u>				
a Gr	assroots nontaxable amount (ent	er 25% c	of line 1f)				
_	btract line 1g from line 1a. If zero						
	btract line 1f from line 1c. If zero						
	here is an amount other than zero			line 1, did the organiz	ration file Form 4720		<u>. </u>
=	porting section 4911 tax for this y		5. 111.0				Yes No
	Softing Section 4317 tax for time y	<u> </u>	4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organiza	tions th			n do not have to comp	lete all of the five	
	col	umns be	low. See th	e instructions for line	es 2a through 2f on pa	ge 4.)	
		Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
(0	Calendar year r fiscal year beginning in)	(a)	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
-							
2a Lo	bbying nontaxable amount		····				
	bbying ceiling amount						
(15	50% of line 2a, column(e))						
<u>c</u> To	tal lobbying expenditures						
	assroots nontaxable amount			[
	assroots ceiling amount 50% of line 2d, column (e))						
(1:	50 % Of line 2d, Column (e))						
4 0-	assroots lobbying expenditures						
r ur	assidute jubbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 ASIS INTERNATIONAL 53-0234507 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

ror e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6)	(b)		
of th	e lobbying activity.	Yes	No	Amo	ount	
 1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?	-				
	Grants to other organizations for lobbying purposes?		* - * -			
g	D. J.					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion 501(c)	(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	X		
Pa	ct III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) d "No" OF	(b) Part	III-A, lin		
1	Dues, assessments and similar amounts from members		1	3,639	,494.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
	expenses for which the section 527(f) tax was paid).			170	. 212	
а	Current year		2a),312.	
b	Carryover from last year		2b_		1,153. 3,841.	
C	: Total		2c		3,949.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	363	,949.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		_587	7,790.	
_	expenditure next year?		5	-307	, 150.	
5	Taxable amount of lobbying and political expenditures (see instructions)					
	rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A: and	Part II-R III	ne 1 Also	complete	
		an il-A, and	ran iro, iii	ie 1. Also, 0	ompiete	
PA	part for any additional information. RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	FORMAT	ON:			
AS	IS PAC	<u> </u>				
<u>16</u>	25 PRINCE STREET ALEXANDRIA, VA 22314				· · · · · · · · · · · · · · · · · · ·	
		· -				

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

<u></u> .	ASIS INTERNATIONAL				53-0234507
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar F	unds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.			
		(a) D	onor 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 th	e assets held in dono	r advised fur	nds
•	are the organization's property, subject to the organization's			457,000 101	Yes No
6	Did the organization inform all grantees, donors, and donor a			an he used	
•	for charitable purposes and not for the benefit of the donor		-		·
	impermissible private benefit?	or donor advis	ior, or for any other pa	i pose come	Yes No
Pa		roanization an	swered "Yes" to Form	990 Part IV	
				<u> </u>	
1	Purpose(s) of conservation easements held by the organizat			an historical	lly important land area
	Preservation of land for public use (e.g., recreation or	education	Preservation of		
	Protection of natural habitat		Freservation of	a certilled fi	istoric structure
_	Preservation of open space	.61			
2	Complete lines 2a through 2d if the organization held a qual	ified conserva	tion contribution in the	e torm of a co	onservation easement on the last
	day of the tax year.				Hold at the End of the Tay Vac-
					Held at the End of the Tax Year
a	Total number of conservation easements				2a
р	Total acreage restricted by conservation easements				2b
C	Number of conservation easements on a certified historic st				2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	and not on a historic	structure	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated	by the organ	nization during the tax
_	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe		ing, inspection, nandii	ng or	Yes No
_	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo	ve satisty the	requirements of section	on 170(n)(4)(t	
_	and section 170(h)(4)(B)(ii)?				└ Yes └ No
9	In Part XIV, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	ation's financia	ai statements that desc	cribes the or	ganization's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of	of Art Hiet	orical Treasures	or Other	Similar Assets
rei	Complete if the organization answered "Yes" to Form			or Other	Olifficial Addition
4-	If the organization elected, as permitted under SFAS 116 (A			etatement e	nd balance sheet works of ort
ıa	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that descri			Tinciance of	public service, provide, in rail 707,
	If the organization elected, as permitted under SFAS 116 (A)			ement and h	valance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e				
		education, or i	esearch in futfilerance	oi papiic se	rvice, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1				▶ ६
					► \$ ► \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	agelirae ar ati	ner eimilar accete for fi	nancial cain	
2	the following amounts required to be reported under SFAS				piorido
•		1 10 (430 830)	relating to these items	٠.	▶ \$
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X				► \$ ► \$
U	Assers moraga iii Lollii 880' Lair V				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. (a) Description of security or category			(c) Method of valuat	ion:
(including name of security)	(b) Book value	•	or end-of-year mark	
) Financial derivatives				
) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
_(F)				
(G)				
(H)				•
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.		ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuat or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				·····
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			<u></u>	
Part IX Other Assets. See Form 990, Part X, II	(a) Description			(b) Book value
DEDOCTED AND ECODOM	ay bescription	· · · · · · · · · · · · · · · · · · ·		113,312
				5,317,257
(2) WIP NEW AMS (3) 457B PLAN				550,623.
(4) DUE FROM AFFILIATE	· · · · · · · · · · · · · · · · · · ·	 		16,019.
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		•	5,997,211.
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) POST-EMPLOYMENT BENEFITS	3	5,014,212.		
(3) ACCRUED ASIS 457B PLAN				
(4) CONTRIBUTIONS		550,623.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	line 25)	5,564,835.	ation's liability for uncertain	tax positions under
FIN 48 (ASC 740) FOOTNOTE IN Part XIV, provide the text of the rootho	te to the organization's maricial's			
132053 01-23-12			Sche	dule D (Form 990) 2011

53-02341

	dule D (Form 990) 2011 ASIS INTERNATIONAL					0234507	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	<u>ed Financ</u>	ial State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		29,500	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		27,718	<u>,332.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,782	
4	Net unrealized gains (losses) on investments		L	4		-969	<u>,144.</u>
5	Donated services and use of facilities			5			
6	Investment expenses		L	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		-752	<u>,064.</u>
9	Total adjustments (net). Add lines 4 through 8			9		-1,721	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10		60	<u>,927.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Reveni	ue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements				1	28,231	,794.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-969	,144.			
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIV.)	2d	-745	,708.]		
e	Add lines 2a through 2d				2e	-1,714	,852.
3	Subtract line 2e from line 1				3	-1,714 29,946	,646.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	-446	,179.			
c	Add lines 4a and 4b				4c	-446	,179.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	-446 29,500	,467.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Exper	ses per	Retu	ırn	
1	Total expenses and losses per audited financial statements		_		1	28,166	,011.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
- а	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b					
c		2c					
ď	Other (Describe in Part XIV.)	2d	447	,679.	1		
e					2e	447	,679.
3	Subtract line 2e from line 1				3	27,718	,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					•	<u>•</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
- a	Other (Describe in Part XIV.)	4b			1		
٥	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	27,718	
	rt XIV Supplemental Information					•	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l. lines 1	a and 4: Part	IV. lines 1	b and	2b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						,
PAI	RT X, LINE 2: THE ORGANIZATION BELIEVES THE	T T	T HAS F	PPROP	RIA	TE	
SU	PPORT FOR ANY INCOME TAX POSITIONS TAKEN. A	ANA	GEMENT	HAS N	\mathbf{TOI}	IDENTIF	IED
			· · · -				
AN:	Y UNCERTAIN INCOME TAX POSITIONS. AT A MINI	IMUM	, THE I	ECEMB	ER	31, 200	8
			·				
THI	ROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINAT	ION	BY TAXI	NG AU	ТНО	RITIES.	
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
GA:	IN ON INTEREST RATE SWAP					38	,144.
PO	STRETIREMENT BENEFIT					-790	,208.
					Sched	dule D (Form 9	990) 2011
13205	4						

Schedule D (Form 990) 2011 ASIS INTERNATIONAL Part XIV Supplemental Information (continued)	53-0234507 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 8	-752,064.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC REVENUE	6,355.
UNREALIZED GAIN ON INTEREST RATE SWAP	38,145.
POSTRETIREMENT BENEFIT CREDIT	-790,208.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-745,708.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-446,179.
EXTRAORDINARY GAIN	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
PAC EXPENSES	1,500.
COST OF GOODS SOLD	446,179.
EXTRAORDINARY GAIN	
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	447,679.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization					Employer identi	ilication number
ASIS INTERNATIO	NAL				53-02345	07
	rmation on A	ctivities Ou	tside the United States. Comp	ete if the organ		
		maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
			the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	her assistance ou	tside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING	1	1	PROGRAM SERVICES	LOCAL NETWO	RKING	460,806.
ICELAND & GREENLAND)			PROGRAM BERVICES	DOCAL MELWO		1
EAST ASIA AND THE						
PACIFIC	1	1	PROGRAM SERVICES	LOCAL NETWO	RKING	704,439.
MIDDLE BYCH YND						
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES	LOCAL NETWO	RKING	271,300.
MORTH AFRICA						
				<u> </u>		
						
	† · · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · ·	1 435 545
3 a Sub-total		3				1,436,545.
b Total from continuation sheets to Part I		0				0.
c Totals (add lines 3a				1		
	! .			}		1 426 545

Schedule F (Form 990) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

			Outside the United States		rganization answered	d "Yes" to Form 99	90, Part IV, line 15, fo	or any
			one recipient received mo	re than \$5,000				
Part II can be du 1 (a) Name of organization	(b) IRS code section	space is needed. (c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description of non-cash	(i) Method of valuation (book, FMV
(a) Name of organization	and EIN (if applicable)	(o) Negion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
								
-'••'•• .'-!!'41444441 -'•• !!!!'414								
*** ' .!*!******************************	***************************************							

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]		
2 Enter total number of	f recipient organizatio	ns listed above that are i	recognized as charities by t	the foreign country	, recognized as tax-e	exempt by		
			501(c)(3) equivalency lette		-	▶ _		
3 Enter total number of	f other organizations	or entities				<u> </u>		

Part ## Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (f) Amount of (g) Description of (e) Manner of (d) Amount of (b) Region (a) Type of grant or assistance non-cash assistance recipients cash grant cash disbursement non-cash assistance

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

Schedule F (Form 990) 2011

Yes X No

for Form 5713)

SCHEDULE'J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions. ► Attach to Form 990.

ASIS INTERNATIONAL

Employer identification number 53-0234507

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),		ĺ
	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.	∍nce		
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of 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, director	ors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n's		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation	mittee		
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?	<u>4a</u>		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		
b	Any related organization?	5b	ļ	ļ
	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:		1	
а	The organization?	6a		<u> </u>
b	Any related organization?	6b	ļ.,.	ļ
	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	1		
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	—
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in]	1	
	Regulations section 53.4958-6(c)?	9	1	Щ.
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2011

132111 01-23-12

Part # 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) No.	(i) Base	(ii) Bonus &	(iii) Other	other deferred	benefits	(B)(i)-(D)	reported as deferred
(A) Name	compensation	incentive compensation	reportable compensation	compensation			ın prior Form 990
		Compensation	·	İ		_	
	376,247		103,355.	37,400.	134,367.	742,825.	0.
1 MICHAEL J. STACK			0.	0.	0.	0.	0.
(176,190		26,147.	46,189.	98,627.	364,153.	0.
2 JAMES B. EVANS			0.	0.	0.	0.	0.
			29,918.	47,323.	10,400.	276,635.	0.
3 SUSAN A. MELNICOVE (i	4 - 4 4 4 4		0.	0.	0.	0.	0.
(36,626.	48,099.	21,970.	294,823.	0.
4 JACK D.P. LICHTENSTEIN	4 4 4 4 4 4		0.	0.	0.	0. 249,150.	0.
(26,751. 0.	46,829.	4,585.	249,150.	0.
5 COLLINS DENNY WHITE (i		1	26,331.	45,528.	342,663.	572,037.	0.
DILEDN D GMITH			20,331.	45,526.	0.	0.	0.
6 EILEEN R. SMITH			11,952.	32,500.	35,128.	319,736.	0.
- CANDDA I MADE	' <u> </u>		0.	32,300.	33,128.	0.	0.
7 SANDRA L. WADE	/ 		- 0.	0.			-
							
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Schedule J (Form 990) 2011

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ASIS INTERNATIONAL	53-0234507
FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIPS WITH AS:	IS INTERNATIONAL
ARE INDIVIDUAL. THEY RECEIVE MEMBER BENEFITS, SUCH AS REDU	JCED PRICING AT
ASIS EVENTS, THE MONTHLY SECURITY MANAGEMENT MAGAZINE, TH	E BI-MONTHLY
MEMBERSHIP NEWSLETTER "DYNAMICS".	
FORM 990, PART VI, SECTION A, LINE 7A: AN ELECTION IS HELI	O FOR THE
OFFICERS OF THE BOARD OF TRUSTEES EACH YEAR AND ALL MEMBER	RS IN GOOD
STANDING ARE ELIGIBLE TO VOTE.	
FORM 990, PART VI, SECTION B, LINE 11: THE DATA IS COLLECT	יבה פע יישב
MANAGER OF ACCOUNTING. THE DIRECTOR OF ACCOUNTING & VP OF	
ADMINISTRATION REVIEW THE RETURN BEFORE FILING. BOARD OF I	DIRECTORS DOES NOT
REVIEW THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST FORM IS
COMPLETED ANNUALLY AND ENFORCEMENT IS MONITORED BY THE EXI	ECUTIVE VICE
PRESIDENT AND THE PRESIDENT.	
	
FORM 990, PART VI, SECTION B, LINE 15A: THE ASIS BOARD OF	TRUSTEES HAS A
COMPENSATION COMMITTEE THAT REVIEWS PERFORMANCE AND RECOMM	MENDS/APPROVES
SALARY ADJUSTMENTS. COMPARABLE DATA IS USED AND THE DECISE	IONS ARE
DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW.	

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	Employer identification number
ASIS INTERNATIONAL	53-0234507
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-969,144.
GAIN ON INTEREST RATE SWAP	38,144.
POSTRETIREMENT BENEFIT	-790,208.
TOTAL TO FORM 990, PART XI, LINE 5	-1,721,208.
FORM 990, PART XII, LINE 2C	
THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN	INDEPENDENT
ACCOUNTANT. THE ORGANIZATION DOES HAVE AN INDEPENDENT AU	OIT COMMMITTEE
THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDI	IT OF ITS
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT	r accountant.
	<u> </u>

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service Employer identification number-Name of the organization 53-0234507 ASIS INTERNATIONAL Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) **(f)** (d) (e) (b) Direct controlling Total income End-of-year assets Legal domicile (state or Primary activity Name, address, and EIN entity of disregarded entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (g) Section 512(b)(13) (d) (e) (c) (b) (a) Public charity Direct controlling Legal domicile (state or Exempt Code Name, address, and EIN Primary activity controlled status (if section entity section entity? of related organization foreign country) 501(c)(3)) Yes No ASIS FOUNDATION - 52-0848090 1625 PRINCE STREET Х VIRGINIA 501(C)(3) 509(A)(1) SCHOLARSHIPS ALEXANDRIA, VA 22314 ASIS PAC 1625 PRINCE STREET X 527 POLITICAL CONTRIBUTIONS VIRGINIA ALEXANDRIA, VA 22314

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

Schedule R (Form 990) 2011

Page 2 /

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

(a)	(b)	(c)	(d)	(e)	(f)	(9)	(1	h)	(i)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income end-of-year ate allocations? amount in box 20 of Schedule		partne	Percentage ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?	1	•	ŧ
•	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)	•			1b	X	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
							1
f	Sale of assets to related organization(s)				1f		X
g	Purchase of assets from related organization(s)				1g		X
h	Exchange of assets with related organization(s)				1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	ļ	X
							۱
j	Lease of facilities, equipment, or other assets from related organization(s)				1 <u>j</u>		X
k	Performance of services or membership or fundraising solicitations for related orga	anızatıon(s)			1k		X
1	Performance of services or membership or fundraising solicitations by related orga	anızatıon(s)			11	ļ	X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1m	L	X
n	Sharing of paid employees with related organization(s)				<u>1n</u>	X	ļ
							ŧ
0	Reimbursement paid to related organization(s) for expenses				10	ļ	X
p	Reimbursement paid by related organization(s) for expenses				1p	ļ	X
					-		ŧ .,
q	Other transfer of cash or property to related organization(s)				1q_		X
	Other transfer of cash or property from related organization(s)		 		1r		X
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his 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)	ASIS FOUNDATION	В	187,378.	FMV			
(2)	ASIS FOUNDATION	N	164,121.	FMV			
(3)							
(4)							
(5)							
(6)							
		21		0-64-4-	D /F	000	0044

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under section 512-514)	partners sec 501(c)(3)	Share of total	Share of end-of-year	tionate allocations	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage ownership
or smary		country)	excluded from tax under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
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								1		
	·							<u> </u>	 	
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	· 			++-					+ +	
		<u> </u>			<u> </u>	<u> </u>				

Schedule R	(Fdrm 990) 2011 Supplemental Info	ASIS	INTERNATIONAL	53-0234507 Page 5
Part VII	Supplemental Info	rmation		
	oupplemental imol	mation		
	Complete this part to pro	ovide additi	onal information for responses to questions on Schedule R (see instr	uctions).
				
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Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

If you ar	e filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			▶ [X]	
If you ar	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not co	emplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
lectronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	me to file (6	months for a	corporation	
equired to	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically t	file Form 88	368 to request	an extension	
f time to f	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated Wit	h Certain	
Personal B	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of	this form,	
isit www.i	rs.gov/efile and click on e-file for Charities & Nonprofits		·				
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
corporat	ion required to file Form 990-T and requesting an auton					<u> </u>	
Part I only				-			
	orporations (including 1120-C filers), partnerships, REM. me tax returns.	ICs, and ti	rusts must use Form 7004 to reque	st an exten	sion of time		
ype or	Name of exempt organization or other filer, see instruc	ctions.		Employer	Identification	number (EIN) or	
print	ASIS INTERNATIONAL			X	53-023	4507	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1625 PRINCE STREET	ee instruct	tions.	Social se	curity number	(SSN)	
etum See nstructions	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22314-2818	oreign add	ress, see instructions.				
=atau th a [Column and for the voture that this application is far (file		to application for each return)			0 1	
	Return code for the return that this application is for (file	a separa	e application for each return)				
Applicatio	on	Return	Application			Return	
s For		Code	Is For	Code			
orm 990	- <u></u>	01	Form 990-T (corporation)				
orm 990-l	BL	02	Form 1041-A				
orm 990-l	EZ	01	Form 4720				
Form 990-I	PF	04	Form 5227				
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				
orm 990-	T (trust other than above)	06	Form 8870				
The bea	LARRY A. KAPLAN oks are in the care of 1625 PRINCE STR			2314-	2818		
	one No. > (703) 519-6200	<u> </u>	FAX No. ▶	2311	2010		
		امطفصنا					
	rganization does not have an office or place of business			If this is for	the whole are	up shock this	
_	s for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box						
	uest an automatic 3-month (6 months for a corporation				eis ille exterisi	on is ior.	
			tion return for the organization nam		The extension		
	r the organization's return for:	l Organiza	non return for the organization ham	ed above.	me extension		
	$\overline{\mathbf{X}}$ calendar year 2011 or						
	tax year beginning	an	d ending				
	tax year beginning	, an	d ending		 '		
2 If the	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	า		
						0.	
nonrefundable credits. See instructions. 3a \$							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, ei						0.	
		woment al	or over 1 as a citeful	JD	an a	V .	
	mated tax payments made. Include any prior year overp						
c Bala	nated tax payments made, include any prior year overpance due. Subtract line 3b from line 3a. Include your pasing EFTPS (Electronic Federal Tax Payment System).	yment wit	h this form, if required,	3c	*	0.	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	xod e		► X	
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously f	iled Form 8	868.		
 If you are filing for an Automatic 3-Month Extension, comp 						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no co	pies needec	i).	
		Enter filer's	identifyin	g number, see i	nstructions	
Type or Name of exempt organization or other filer, see ins	Employer identification number (EIN)					
print						
File by the ASIS INTERNATIONAL			X	507		
ming your 1625 DDINGE CODEEM	Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions. City, town or post office, state, and ZIP code. For a	a foreign add	dress, see instructions.				
ALEXANDRIA, VA 22314-2818						
Enter the Return code for the return that this application is for	file a separa	te application for each return)			01	
						
Application	Return	Application			Return	
Is For	Code	ls For		Code		
Form 990	01			### ### ### ### ######################		
Form 990-BL	02	Form 1041-A		08		
Form 990-EZ	01	Form 4720		·	09	
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant			lously filed	i Form 8868.		
LARRY A. KAPL						
• The books are in the care of • 1625 PRINCE S'	PREET -		2314-2	818		
Telephone No. ► (703) 519-6200		FAX No. ►				
 If the organization does not have an office or place of business. 					-	
• If this is for a Group Return, enter the organization's four dig		· · · · · · · · · · · · · · · · · · ·				
		ach a list with the names and EINs of	all membe	rs the extension	is for.	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.				
5 For calendar year 2011, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months	, check reas	on: La Initial return	Final re	turn		
Change in accounting period						
7 State in detail why you need the extension	DITE	A COMPLETE AND ACC	TID A MID	DEMUDAL I	IAS	
THE INFORMATION NECESSARY TO	LIDE I	A COMPLETE AND ACC	UKATE	RETURN I	IAS	
NOT YET BEEN OBTAINED.			-			
			- T			
8a if this application is for Form 990-BL, 990-PF, 990-T, 4720	ı, or buby, e	nter the tentative tax, less any		\$	0.	
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 606	0 00101 0011	roficedoble amplita and aptimated	8a	<u></u>		
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868.						
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$						
EFTPS (Electronic Federal Tax Payment System). See ins		st be completed for Part II o		Ψ	0.	
				my knowledne soo	l helief	
Under penalties of perjury, i declare that I have examined this form, inclif is true, correct, and complete, and that I am authorized to prepare this	itom.	ranying senautias and statements, and to	110 De2f 01	A A	, אסווסו,	
	CPA		Date I	Al. 15		
Olympian () () () () () () () () () (<u> </u>	7	Rev. 1-2012)	
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