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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Check if applicable:

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NORTH AMERICAN SOCIETY FOR SPORTS MANAGEMENT INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
117 WEST GYM SRU

City or town, state or country, and ZIP + 4
SLIPPERY ROCK, PA 16057

D Employer identification number
83-0480642

E Telephone number
(724) 738-2967

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify):

I Website: WWW.NASSM.ORG

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-Exempt status (check only one): ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 241,669

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	164,695
	3	Membership dues and assessments	3	76,965
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	241,669
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	5,000
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe)	16	206,830
	17	Total expenses. Add lines 10 through 16	17	211,830
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,839
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,055
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	146,894

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	117,055	22 146,894
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	117,055	25 146,894
26 Total liabilities (describe)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,055	27 146,894

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROMOTE, STIMULATE, AND ENCOURAGE STUDY, RESEARCH, SCHOLARLY WRITING, AND PROFESSIONAL DEVELOPMENT IN THE AREA OF SPORT MANAGEMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	188,682

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ DR ROBIN AMMON JR Telephone no ▶ (724) 738-2967 SLIPPERY ROCK UNIVERSITY WEST GYM 224 Located at ▶ SLIPPERY ROCK, PA ZIP + 4 ▶ 16057		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
May the IRS discuss this return with the preparer shown above? See instructions					

TY 2009 Compensation Explanation

Name: NORTH AMERICAN SOCIETY FOR SPORTS
MANAGEMENT INC

EIN: 83-0480642

Person Name	Explanation
DR JAMES J ZHANG	
DR MING LI	
DR GEORGE CUNNINGHAM	
DR MATT BROWN	
DR DAMON PS ANDREW	
DR T CHRISTOPHER GREENWELL	
DR LAURA BURTON	
DR MARLENE A DIXON	
MARY A HUMS	
DR RICHARD WOLFE	
G CLAYTON STOLDT	
DR ROBIN AMMON JR	
DR ORLAND HOEBER	
DR LISA MILLER	

TY 2009 Other Expenses Schedule

Name: NORTH AMERICAN SOCIETY FOR SPORTS
MANAGEMENT INC

EIN: 83-0480642

Description	Amount
EXPENSES	
BUSINESS OPERATIONS	500
BANK CHARGES	14
EXECUTIVE BOARD MEETINGS	9,988
INTERNATIONAL TRAVEL SUPPORT	400
ANNUAL CONFERENCE	127,485
BOARD SERVICE AWARDS	1,420
JOURNAL OF SPORT MANAGEME	40,057
SPORT MGMT EDUC JOURNAL	9,880
RESEARCH GRANT	5,195
STUDENT AWARDS	1,250
OUTSIDE SUPPORT	200
WEBSITE	4,386
CREDIT CARD FEES	6,055

Additional Data

Software ID:

Software Version:















EIN: 83-0480642

Name: NORTH AMERICAN SOCIETY FOR SPORTS
MANAGEMENT INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PUBLICATION OF 2 SPORT MANAGEMENT JOURNALS AND THE ORGANIZATION SPONSORS AN ANNUAL CONFERENCE TO SHARE RESEARCH IN THE FIELD OF SPORTS MANAGEMENT (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	28a	179,844
29 MEMBERSHIP SERVICES PROVIDED VIA ORGANIZATION WEBSITE (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	29a	2,193
30 ORGANIZATION NETWORK - ORGANIZATION SUPPORTS THE ACTIVITIES OF OTHER SPORT MANAGMENT SCHOLARLY AND PROFESSIONAL ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	30a	200
ORGANIZATION SUPPORTS STUDENT RESEARCH IN THE FIELD OF SPORT MANAGEMENT (Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/> <input type="checkbox"/>		6,445

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DR JAMES J ZHANG  UNIVERSITY OF FLORIDA DEPT OF TOURISM RECREATION SPORT GAINESVILLE, FL 32611	PRESIDENT EL 0	0		
DR MING LI  OHIO UNIVERSITY SCHOOL OF RECREATIO GROVER CENTER E160 ATHENS, OH 45701	PAST PRESIDE 0	0		
DR GEORGE CUNNINGHAM  TEXAS AM UNIVERSTIY 4243 TAMU COLLEGE STATION, TX 77843	PRESIDENT 0	0		
DR MATT BROWN  UNIVERSITY OF SOUTH CAROLINA CAROLINA COLISEUM 2012 COLUMBIA, SC 29208	TREASURER 0	0		
DR DAMON PS ANDREW  TROY UNIVERSITY 153 COLLEGEVIEW TROY, AL 36082	MEMBERATLARG 0	0		
DR T CHRISTOPHER GREENWELL  UNIVERSITY OF LOUISVILLE 103 HP/STUDIO ARTS BUILDING LOUISVILLE, KY 40292	MEMBERATLARG 0	0		
DR LAURA BURTON  UNIVERSITY OF CONNECTICUT 2095 HILLSIDE ROAD UNIT 1110 STORRS, CT 06269	MEMBERATLARG 0	0		
DR MARLENE A DIXON  UNIVERSITY OF TEXAS AT AUSTIN 222 BELLMONT HALL MS D3700 AUSTIN, TX 78712	MEMBERATLARG 0	0		
MARY A HUMS  UNIVERSITY OF LOUISVILLE 107 HPES/STUDIO ARTS BUILDING LOUISVILLE, KY 40292	EDITOR 0	0		
DR RICHARD WOLFE  BROCK UNIVERSITY 500 GLENRIDGE AVENUE ONTARIO CA	EDITOR 0	0		
G CLAYTON STOLDT  WICHITA STATE UNIVERSITY 1845 FAIRMOUNT AVENUE WICHITA, KS 67260	CONFERENCE C 0	0		
DR ROBIN AMMON JR  SLIPPERY ROCK UNIVERSITY WEST GYM 224 SLIPPERY ROCK, PA 16057	OFFICE MGR 0	0		
DR ORLAND HOEBER  MEMORIAL UNIVERSITY OF NEWFOUNDLAND DEPARTMENT OF COMPUTER SCIENCES NEWFOUNDLAND CA	WEB ADM 0	0		
DR LISA MILLER  OHIO DOMINICAN UNIVERSITY 264 SANSBURY HALL 1216 SANSBURY ROA COLUMBUS, OH 43219	SECRETARY 0	0		