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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)

2009

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning FEB 1, 2009 and ending	JAN 31, 2010								
В	heck if	Please C Name of organization	D Employer identific	cation number							
а	pplicable	" USE IRS NATIONAL ASSOCIATION OF SPORTING GOODS									
X	∏Addre: chang	ss label or WHOLESALERS									
	_Name _chang	e type Doing Business As	36-6	05 <u>6575</u>							
]initial retum	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number								
	Termir ated	Specific 1536 TREELINE COURT	(312) 399-3115							
	Amend	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$	1,389,475.							
	Applic	MAPERVILLE, IL 00303	H(a) Is this a group re								
	pendir	F Name and address of principal officer MAURICE DESMARAIS	for affiliates?	Yes X No							
		1536 TREELINE COURT, NAPERVILLE, IL 60565	H(b) Are all affiliates inc	luded? Yes No							
<u></u>	ax-exe	empt status: X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)							
<u>J V</u>	Nebsit	te: > HTTP://WWW.NASGW.ORG	H(c) Group exemption	n number 🕨							
<u>K F</u>	orm of		ar of formation: 1954 N	State of legal domicile: FL							
Pa	art I	Summary									
a)	1	Briefly describe the organization's mission or most significant activities TO PROMOS	TE THE COMMON	INTEREST							
anc		OF THE SPORTING GOODS WHOLESALER, TO ENCOURAGE	SE THE HIGHES	T STANDARDS							
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	7							
ಳ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5							
	5	Total number of employees (Part V, line 2a)	5	0							
Activities	6	Total number of volunteers (estimate if necessary)	6	0							
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<u> </u>							
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u></u>							
		-	Prior Year	Current Year							
nue	Į.	Contributions and grants (Part VIII, line 1h)	500 505								
<u>-</u>	1	Program service revenue (Part VIII, line 2g) 600,586. 538,881 (nvestment income (Part VIII, column (A), lines 3, 4, and 7d) <136,167. 7,474									
E	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									
~	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,970.	8,910.							
ည ၂		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,389.	555,265.							
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000.	25,000.							
NNEL) UEC	j	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · ·								
Ses	į.	Professional fundraising fees (Part IX, column (A), line 11e)									
]	Total fundraising expenses (Part IX, column (D), line 25)	· · · · · · · · · · · · · · · · · · ·								
巡	l		656,185.	613,921.							
Z	10	Total expenses Add lines 13.17 (must equal Part IX column (A) line 35)	706,185.	638,921.							
	19	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A) Line 25 Revenue less expenses. Subtract line 18 from line 12	<230,796.								
Net Assets of Fund Balances	13		Beginning of Current Year	End of Year							
age	20	Total assets (Part X line 16)	1,377,739.	1,667,507.							
ASS Bass	21	Total liabilities (Part X, line 26)		2700170011							
甏	22	Net assets or fund balances. Subtract line 21 from line 20 DEAL	1,377,739.	1,667,507.							
	art II	Signature Block									
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledg	ge and belief, it is true, correct,							
		1 1/2 2/	·								
Sig	n	Millewer V. / Xsmarab.	13/8	//0							
Her	е	Signature of efficer	Date								
		MAURICE DESMARAIS, PRESIDENT									
		Type or print name and title	Charlet								
Paid	I	repairs a	self- (seè ins	ar's identifying number structions)							
Prep	arer's		employed								
Use	Only	yours if CORBETT, DUNCAIN & HUBBIT, P.C.									
		self-employed), address, and TDACCA II 60143	DL	C20\ 10E 01E							
	, the If	3S discuss this return with the preparer shown above? (see instructions)	Prione no. > ($\frac{630)}{X}$ Yes $\frac{1}{2}$ No							
IVIG!		no oneseso una return with the circulater allowit autover (SEE IIISHUCHOHS)		INITES I INO							

	•	
Form	990 (NATIONAL ASSOCIATION OF SPORTING GOODS 2009) WHOLESALERS 36-6056575 Page 2
		Statement of Program Service Accomplishments
1		ly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
•		PROMOTE THE COMMON INTEREST OF THE SPORTING GOODS WHOLESALER, TO
		COURAGE THE HIGHEST STANDARDS OF WHOLESALE-DISTRIBUTION PRACTICES,
		MAINTAIN AN ACTIVE LIAISON WITH TRADE ASSOCIATIONS OF ALL OTHER
		GMENTS OF THE SPORTING GOODS INDUSTRY AND TO COLLECT AND DISTRIBUTE
2		he organization undertake any significant program services during the year which were not listed on
2		prior Form 990 or 990-EZ?
	•	es," describe these new services on Schedule O
3		he organization cease conducting, or make significant changes in how it conducts, any program services?
3		es," describe these changes on Schedule O.
4		ribe the exempt purpose achievements for each of the organization's three largest program services by expenses
-		ion 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
		ations to others, the total expenses, and revenue, if any, for each program service reported
	anoca	ations to others, the total expenses, and revenue, if any, for each program service reported
40	(Cod	e·) (Expenses \$ 72,700 • including grants of \$) (Revenue \$
48	•	NUAL CONVENTION-OVER 200 MANUFACTURING AND WHOLESALE COMPANIES MET
	<u>FUI</u>	R PRESENTATION AND PLANNING 2009 PROGRAMS
		20.000
4b	(Cod	
		VERTISING-VARIOUS TRADE PUBLICATION ADS WERE PLACED IN ORDER TO
	UT/	GHLIGHT THE ADDITIONAL BENEFITS OF BUYING FROM WHOLESALERS.
		,
		NE 05 000 111 125
4c	(Cod	
		NTRIBUTIONS TO THE CONGRESSIONAL SPORTSMEN'S FOUNDATION TO PARTNER UP
	MT.	TH THEM IN PROMOTING THE SPORTING GOODS INDUSTRY.
4d	Othe	r program services. (Describe in Schedule O.)

) (Revenue \$

including grants of \$

127,682.

Form **990** (2009)

(Expenses \$

4e Total program service expenses ▶ \$

Form 990 (2009) WHOLESALERS
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_		_X
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	•		
•	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.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	l		
•	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	1		
	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.	1		
•	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? If "Yes," complete Schedule D, Part X.	1		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		Α
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	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, Part III	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		Х
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		Х
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (20091

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Pai	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1 1		
Ŭ	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u>├</u>
D	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifi			-
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
00		21		^
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-	X	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	^
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		v	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3.5
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1?		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	. 38	X	
		Form	990	(2009)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a0	İ		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	}	:	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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	ı		
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			ŀ
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l _		
_	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ]	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	1	\	
	Gross income from members or shareholders	ĺ		
_	Gross income from other sources (Do not net amounts due or paid to other sources against	İ		
-	amounts due or received from them.)	ĺ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Form 990 (2009) WHOLESALERS

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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.

Sec	tion A. Governing Body and Management							
	•						Yes	No
1a	Enter the number of voting members of the governing body	1	a			']		
b	Enter the number of voting members that are independent	11	b L		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wı	ıth an	y other				
	officer, director, trustee, or key employee?					2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne di	rect	supervis	ion			
	of officers, directors or trustees, or key employees to a management company or other person?					3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	990 v	vas filed	? .	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?				_ 5		<u>X</u>
6	Does the organization have members or stockholders?					6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more more more more more more more	emb	ers o	f the				
	governing body?		_			7a		<u> X</u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe					7b		<u> </u>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:					_		
a	The governing body?		-			8a	X	
b	Each committee with authority to act on behalf of the governing body?					8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								3.5
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			3 - d - 1		9		<u> </u>
900	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	rever	nue (oae)			V	N ₂
40-	Does the evaporation have local chapters, branches, or efficience?					40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	cha	Intere	affiliati		10a		
b	and branches to ensure their operations are consistent with those of the organization?	Clia	pters	, amau	5 5,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filina	the f	orm2		11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	······································	1101	Omit:		· · ·		
	Does the organization have a written conflict of interest policy? If "No," go to line 13					12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld d	aive r	ISA		12.0		
~	to conflicts?	u.u 5	J			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	s." de	scлbе				
_	in Schedule O how this is done		•			12c		
13	Does the organization have a written whistleblower policy?		•			13		X
14	Does the organization have a written document retention and destruction policy?		•	Ū		14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by	y inde	epender	ıt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official					15a	X	
b	Other officers or key employees of the organization					15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	men	ıt witl	n a				
	taxable entity during the year?					16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluat	te its	participa	ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janiz	ation	's				
	exempt status with respect to such arrangements?					16b		
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE	- /						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (50	J1(c)(3)s only	available	for		
	public inspection. Indicate how you make these available. Check all that apply.							
40	Own website Another's website X Upon request		1	f 4 .	·1.	C -		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confi	IICT O	interes	t policy, a	na tina	incial	
20	statements available to the public			ام ملالما-		-	_	
20	State the name, physical address, and telephone number of the person who possesses the books a MAURICE DESMARAIS – (312) 399–3115	ນາຕ r	ecor	us of the	organiza	uon. 🗩		
	1536 TREELINE COURT, NAPERVILLE, IL 60565							
	TOO INDUITED COOKI, MAERINATION, IN COOKI							

Form 990 (2009) WHOLESALERS

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not of	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours	Position (check all that						Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE ATTACHED STATEMENT.								0.	0	0
·		 		 	-			0.	0.	0.
			_							
		-	-	_	_		_			
										· · · · · · · · · · · · · · · · · · ·
						_				
	-	-								
		ļ								
- <u> </u>		-	-				-			
				-						
		-				-	_			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No		• (A) Name and title	(B) Average			(C Pos	C) itior	า		(D) Reportable	(E) Reportable	(F) ble Estimat			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.			per	⊢ <u>`</u>				Γ		from the organization	from related organizations	\$	com fr orga	other pensa om the anizati d relate	tion e ion ed
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No.															
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation R. WAYNE ASSOCIATES, INC., 362 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760		Total number of individuals (including bu		iose	liste	ed al	bov	e) wh	10 r),000 ın reportable				0.
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation R. WAYNE ASSOCIATES, INC., 362 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760	3	Did the organization list any former office	er, director or tru		, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		2	Yes	No
the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation R. WAYNE ASSOCIATES, INC., 362 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760	4	For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab 150,000? <i>If</i> "Yes,	le co " <i>co</i>	mple	ete S	Sch	edul	e J i	for such ındıvıdual					X
the organization. (A) Name and business address R. WAYNE ASSOCIATES, INC., 362 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760		the organization? If "Yes," complete Sch				rom	any	y unr	elat	ted organization for serv	ices rendered to		_5_		X
Name and business address R. WAYNE ASSOCIATES, INC., 362 NW SUNVIEW WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760	1	the organization.	compensated in	depe	ende	ent c	ont	racto	ors t		\$100,000 of com	pens			
WAY, PORT ST. LUCIE, FL 34986 MANAGEMENT FEE 145,760		Name and busine		TW.	Çī	TNI	7T	ЕW			services	C	ompe	رز nsatıo	n
										MANAGEMENT F	EE		14	5,7	60.
2 Total number of independent contractors (including but not limited to those listed above) who received more than															

NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS

			SALERS				36-6056	575 Page 9
Pa	rt V	III Statement of Reve	nue					
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 :	a Federated campaigns	1a					
gra		b Membership dues	1b					
a, ts		c Fundraising events	1c					
<u>a</u> .g.		d Related organizations	1d					
Sim	•	e Government grants (contribut	-					
후	1	f All other contributions, gifts, gran	1 1					
물형		similar amounts not included abo		 "				
Contributions, gifts, grants and other similar amounts		9 Noncash contributions included in lines h Total. Add lines 1a-1f	s 1a-1f \$					
		1 Total. Add lines 1a 11		Business Code				
.	2 :	a TRADE SHOW REVE	ENUE	200,,,000,000,0	375,156.			375,156.
Program Service Revenue		MEMBERSHIP DUES			163,725.			163,725.
3 2		C			•			
e au	,	d						
<u>6</u> —	,	e						
ت	1	f All other program service reve	enue					
		g Total. Add lines 2a-2f			538,881.			
	3	Investment income (including	dividends, intere	est, and	54 006			F4 006
		other similar amounts)			51,336.		-	51,336.
	4	Income from investment of ta	x-exempt bond p	proceeds				
ļ	5	Royalties .	_ <u> </u>	() ()		-		
I	_	- Oraca Banka	(ı) Real	(II) Personal				
İ	6		 					
		b Less rental expenses c Rental income or (loss)						
ĺ		d Net rental income or (loss)		•				
ĺ		a Gross amount from sales of	(i) Securities	(ii) Other				
ł	•	assets other than inventory	790348.					
	1	b Less: cost or other basis						
		and sales expenses	834210.					
- 1		c Gain or (loss)	<43862.	>				
ļ		d Net gain or (loss)			<43,862.	>		<43,862.
Other Revenue	8	a Gross income from fundraisir including \$	-					
e		contributions reported on line			:			
ᇤ		Part IV, line 18	а					
美		b Less: direct expenses	b					
		c Net income or (loss) from fun-			·····			
	9	 a Gross income from gaming a 						
			a					
		b Less direct expenses	b					
		c Net income or (loss) from gan		. •				
	10	a Gross sales of inventory, less						
		and allowances b Less. cost of goods sold	a					
		c Net income or (loss) from sale	b se of inventory					
ł		Miscellaneous Revent		Business Code				
l	11	a ANNUAL MEETING		Dusiness Code	8,910.			8,910.
		b			<u> </u>			2,220.
		c						
		d All other revenue						
		e Total. Add lines 11a-11d			8,910.			
	12	Total revenue. See instructions.		<u> </u>	555,265.	0.	0.	
93200								Form 990 (2009)

Form 990 (2009)

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).										
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	25,000.	25,0 <u>00</u> .								
2	Grants and other assistance to individuals in				·						
	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,				_						
	organizations, and individuals outside the U.S.										
	See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees).										
а	Management	237,087.		237,087.							
b	Legal	22,514.		22,514.							
С	Accounting	7,950.		7,950.							
d	Lobbying	•									
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	23,386.		23,386.							
g	Other										
12	Advertising and promotion	29,982.	29,982.								
13	Office expenses	2,543.	•	2,543.							
14	Information technology	•		•							
15	Royalties										
16	Occupancy										
17	Travel	19,722.	6,060.	13,662.							
18	Payments of travel or entertainment expenses	- 1									
	for any federal, state, or local public officials		,								
19	Conferences, conventions, and meetings	10,123.	10,123.								
20	Interest	•									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization				_						
23	Insurance	3,744.		3,744.							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	•									
а	HO SOFTWARE PROJECT	136,780.		136,780.							
b	TELEPHONE	45,215.	136.	45,079.							
c	EQUIPMENT RENTAL & MAIN	26,952.	26,952.		·						
d	RECEPTION/SHUTTLE	20,005.	20,005.								
e	BANK CHARGES & CC FEES	10,713.		10,713.							
f	All other expenses	17,205.	9,424.	7,781.							
25	Total functional expenses. Add lines 1 through 24f	638,921.	127,682.	511,239.	0.						
26	Joint costs. Check here J if following	330,321.		,							
	SOP 98-2. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation										
	The state of the s				- 000						

Part X Balance Sheet (A) End of year Beginning of year 111,067 54,422. 'Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1,266,672. 1,613,085. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 1,377,739 1,667,507 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,377,739. 1,667,507. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,377,739. 1,667,507. 33 Total net assets or fund balances 377.739. 1,667,507. Total liabilities and net assets/fund balances

Form **990** (2009)

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Form 990 (2009) WHOLESALERS 36-6056575 Page 12 Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990. ___ Cash ___ Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Both consolidated and separate basis X Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS

Employer identification number 36-6056575

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	*	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	• — … — …
•	for chantable purposes and not for the benefit of the donor of	<u> </u>	_
	impermissible private benefit?		. Yes No
Pa		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or p		ustorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
	22, 0. 2.0 (2.1,) 22.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	• •	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a	• •	2d
3	Number of conservation easements modified, transferred, rel		
_	year >	,,	
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements if	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		· ·
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
			> \$
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		▶ \$
	* **		

	dule D (Form 990) 2009 WHOLESA							<u> 36-60</u>			age 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tro	easures, c	or Othe	er Simil	<u>ar Asse</u>	ts (cont	inued	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	t are a si	gnificant	use of its	collectio	n item	iS
	(check all that apply):										
а	Public exhibition	d	ı 🔲 Lo	oan or excl	hange progra	ams					
ь	Scholarly research	е		ther							
С	Preservation for future generations							·		-	
4	Provide a description of the organization's co	ollections and explai	n how the	v further th	ne organizatio	on's exer	mot purpo	ose in Par	t XIV		
5	During the year, did the organization solicit of										
3	to be sold to raise funds rather than to be ma					or o	400010		Yes] No
Par	t IV Escrow and Custodial Arran					s" to For	m 000 Da	rt IV kne			<u></u>
	reported an amount on Form 990, Pa		ete ii Oiga	inzation ar	13446164 166		11 330, 1 6		0, 0.		
4.	Is the organization an agent, trustee, custod		tion, for o	antribution	e or other se	cote not	uncluded				
ıa		ian or other intermet	laly loi ci	Jiilibullon	S OI OUIEI AS	2012 1101	IIICIUUEU		Yes	Γ_	No
b	If "Yes," explain the arrangement in Part XIV and complete the following table:										
									Amoun	<u> </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year	•					1e				
f	Ending balance					•	1f		_		
	Did the organization include an amount on F		21?						」Yes		_l No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" to For						_	
		(a) Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	year <u>s</u>	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								}		
	and programs	'	1								
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as.		•						
_	Board designated or quasi-endowment		%								
ь	Permanent endowment		_								
c	· —	^~ %									
_	Are there endowment funds not in the posse	• -	ation that	are held a	nd administa	red for ti	he organi	zation			
Sa		sssion of the organiz	allon that	ale lielu a	ila aariiiliste	nea loi u	ne organi	Lation		Yes	No
	by:								20(1)	162	140
	(i) unrelated organizations								3a(i)		\vdash
	(ii) related organizations		 باممطم من						3a(ii)		
	If "Yes" to 3a(ii), are the related organization:	•		•••		••			3b		
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dort V En-	10					
Pai		· · · · · · · · · · · · · · · · · · ·	1		· · · · · ·						
	Description of investment	(a) Cost or o basis (investi	1		or other (other)		ccumulate preciation	l.	(d) Boo	k valu	.e
1a	Land					!					
b	Buildings .										
С	Leasehold improvements										
d	Equipment			_							
е	Other										
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0(c).)			>			0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 WHOLESALER	S		36-6056575 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category	(b) Book value		nod of valuation:
(including name of security)		Cost or end-	of-year market value
Financial denvatives			4
Closely-held equity interests			
Other			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
		(c) Meth	nod of valuation
(a) Description of investment type	(b) Book value		of-year market value
			-
Total (Cat (b) must assed Farm CCC Port V and (D) line 12.)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, II			
	a) Description		(b) Book value
	a) Description		(b) Book value
	·		
T . 1 (O-1 (1) (1) (1) (1) (1)	Eng. 45 \		
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part		·	
(a) December of liability		(b) Amount	
<u>" </u>		(b) Anount	
Federal income taxes			
		<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B)			
2. FIN 48 Footnote. In Part XIV, provide the text of the	footnote to the organization's f	inancial statements that rep	orts the organization's liability for

uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 WHOLESALERS						056575	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fin	ancial	State	ment	<u>s</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>555</u>	<u>,265.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	_		2	<u></u>		638	,921.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			<83	,656.
4	Net unrealized gains (losses) on investments			4				,424.
5	Donated services and use of facilities			5				
6	Investment expenses .			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9			373_	<u>,424.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10			289	<u>,768.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Re	venue _l	oer R	eturn		
1	Total revenue, gains, and other support per audited financial statements					1	<u>928</u>	<u>,689.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ı					
а	Net unrealized gains on investments	_2a		<u>373,4</u>	24.			
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c	ļ					
d	Other (Describe in Part XIV)	2d	<u> </u>					
е	Add lines 2a through 2d					2e		<u>,424.</u>
3	Subtract line 2e from line 1					3	<u>555</u>	<u>,265.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		ı					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1					
b	Other (Describe in Part XIV)	_4b						
c	Add lines 4a and 4b					4c		<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		10.1 F			5		<u>,265.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents v	WITH EX	(pense:	s per	Ketur		-001
1	Total expenses and losses per audited financial statements		-			1	638	,921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1					
a	Donated services and use of facilities	2a	1					
þ	Prior year adjustments	2b	-					
C	Other losses	2c	 					
d	Other (Describe in Part XIV.)	2d	<u> </u>					^
е	Add lines 2a through 2d					2e	630	0.
3	Subtract line 2e from line 1					3	638	,921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.	1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV)	_ 4b						^
C	Add lines 4a and 4b			••••	-	4c	620	921.
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information					5	638	<u>,941.</u>
				5 . 11/				
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	-						4, Part
X, line	2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	olete thi	s part to	provide a	iny add	ittional	information.	
				-				

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

SPORTING GOODS

Opén to Public

Employer identification number

Inspection

Schedule I (Form 990) 2009 **≗** ∏ 36-6056575 (h) Purpose of grant PROMOTE THE SPORTING PARTNER UP WITH THE COUNDATION TO HELP or assistance X Yes SOODS INDUSTRY recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 25,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations NATIONAL ASSOCIATION OF General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WHOLESALERS Enter total number of other organizations 1 (a) Name and address of organization ž AVENUE SOUTHEAST - WASHINGTON, FOUNDATION - 303 PENNSYLVANIA CONGRESSIONAL SPORTSMEN'S or government Name of the organization Part 20003

Page 2

36-6056575

WHOLESALERS

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009
Part III Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ntal Information. Complete this	de the information	required in Part I,	part to provide the information required in Part I, line 2, and any other additional information and the contraction of the con	additional information	
SCREDULE 1, FART 1, LINE 2: THE GOVERN SRANTS TO ENSURE THE GRANTS ARE GOING		RGANIZATIC	NS THAT AR	ING BODI AFFROVES WHO RECEIVES ANY TO ORGANIZATIONS THAT ARE UPHOLDING	
THIS ORGANIZATIONS PRIMARY PURPOSE		IN ARTICLE	STATED IN ARTICLE II OF THEIR	IR BYLAWS.	

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

or Form 990-EZ, Part V, line 38a or 40b.

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OMB No 1545-0047

2009

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

Name of the	ne organization NA WH	TIONAL OLESALE		CIATIO	N OF SE	PORTIN	G GOOI	S		Employe			number
Part I	Excess Benefit			ection 501(c)(3) and section	n 501(c)(4) organizatio	ns only)		50 0 (<u> </u>		
	Complete if the org						_			V, line 4	0b.		
1 (a) Name of disqualified person			(b) Description of transaction								rected?		
	(a) Name of di	Squaiilleu per	5011			(a)	Description	or transa	ection			Yes	No
													ļ
													1
						-				 -			
2 Enter	the amount of tax ımp	osed on the	organiza	tion manager	s or disqualif	ed person	s during the	vear un	der				L
	n 4958		- · J · · ·					you. u.		▶ \$			
3 Enter	the amount of tax, if a	iny, on line 2,	above, r	eimbursed by	the organiza	ation				> \$			
Part II	Loans to and/o												
	Complete if the org	1			•	line 26, or	Form 990-E				proved		
(a) Name of interested (b) Loan to or person and purpose the organizate				nal principal mount			(e) In default?		(f) Approved by board or		(g) Written agreement?		
p 0.0	To From			<u> </u>		committee?		 					
		10	Fron	1		-	-	Yes	No	Yes	No	Yes	No
										1	<u> </u>		
							-			-			
										1			
		_	<u> </u>										
Total	Cranta an Assi	-t D.			\$					ŀ			
Part III	Grants or Assi		•	-									
	Complete if the org		wered "Y					1	—				
(*	a) Name of interested	person		(b) Relati	onship betwe the or	een interes ganization		and		(c) An	nount an assistan		भ
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		•											
Don't IV	Dunings Trans												
Part IV	Business Trans			•									
	Complete if the orga						1		- T	_		(a) Sha	anna of
· · · · · · · · · · · · · · · · · · ·					p between interested (c) Amount of the organization transaction			(d) Description of transaction		(e) Sharing of organization's revenues?			
				porcorr air	a tito organiz		l aranoa	01.017		transas.			1
WAYNE	SMITH		P	RESIDEN	1 _{th}		145	760	PRI	ESIDE	NT O	Yes X	No
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									1				
				_									
												I	

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS

Employer identification number 36-6056575

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF WHOLESALE-DISTRIBUTION PRACTICES, TO MAINTAIN AN ACTIVE LIAISON WITH
TRADE ASSOCIATIONS OF ALL OTHER SEGMENTS OF THE SPORTING GOODS INDUSTRY
AND TO COLLECT AND DISTRIBUTE INFORMATION PERTAINING TO SPORTING GOODS
WHOLESALERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMATION PERTAINING TO SPORTING GOODS WHOLESALERS.
FORM 990, PART VI, SECTION B, LINE 11: NO SPECIFIC PROCESS DOCUMENTED FOR
REVIEWING THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 15: MICHAEL BROWN, THE CHAIRMAN,
APPROVES THE YEARLY COMPENSATION OF THE MANAGEMENT COMPANY THAT THE
ASSOCIATION USES AND THAT THEIR PRESIDENT WAYNE SMITH HAS AN OWNERSHIP
INTEREST IN AND TRACY KOLOJESKI, ADMIN/OPERATIONS.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: WAYNE SMITH
(D) DESCRIPTION OF TRANSACTION: PRESIDENT OF THE INDEPENDENT CONTRACTOR
MANAGEMENT COMPANY LISTED ON FORM 990 PART VII, SECTION B.

NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS 36-6056575

Statement made part of and attached to the Return of Organization Exempt from Income Tax (Form 990) For fiscal year ended January 31, 2010

Page 7, Part VII, Section A List of Officers and Directors

NAME	ADDRESS	TITLE
Wayne N. Smith	NASGW 362 NW Sunview Way Port St. Lucie, FL 34988	President (from 2/1/09 - 5/31/09)
Maurice Desmarais	NASGW 1536 Treeline Court Naperville, IL 60565	President (from 6/1/09 - 1/31/10)
Richard A. Lipsey	Lipsey's Inc. 6823 Exchequer Dr. Baton Rouge, LA 70805	Treasurer
Michael Brown	Camfour, Inc. 65 Westfield Industrial Park Rd. Westfield, MA 01085	Chairman
Hewitt Grant	Ellett Bros. P.O. Box 128 Chapin, SC 29036	Vice Chairman
Pete Brownell	Brownell's 200 Front Street Montezuma, IA 50171	Director
Tracy King	NASGW 3409 Glen Village Ct Orlando, FL 32822	Admin & Operations
Jack Baumler	W.L. Baumler Company PO Box 3744 Quincy, IL 62305	Secretary

NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS 36-6056575

Statement made part of and attached to the Return of Organization Exempt from Income Tax (Form 990) For fiscal year ended January 31, 2010

Page 5, Part V-A List of Officers and Directors Compensation

All of the officers and directors receive no compensation, contribution to employee benefit plans, or expense account allowances (column (C), (D), (E)), except Wayne Smith (president).

Wayne Smith receives \$145,760 as a base management (contractors) fee. An additional bonus of 15% of the associations adjusted net profit before investments shall be paid within 30 days after professionally prepared financial reports.