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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 OCT 1, 2009 and ending	SEP 30, 2010	
i	B c	neck if	Please C Name of organization	D Employer identific	cation number
	ap	plicable	USE IRS NATIONAL ASSEMBLY OF STATE ARTS		
		Addres change	s label or la constant of the		
	〒	Name change	type	62-0	913689
		Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si		
	匸	Termin	Constal)347-6352
	Ī	Amend		G Gross receipts \$	2,098,004.
	$\overline{}$	Applica		H(a) Is this a group re	
		pendin	F Name and address of principal officer JONATHAN KATZ	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates inc	
•	I Ta	ax-exe	mpt status X 501(c) (3) ◀ (insert no)		list (see instructions)
			e:▶ WWW.NASAA-ARTS.ORG	H(c) Group exemption	
	K Fo	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1974 N	
			Summary		
	4	1 [Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.	
	nc.		· · · · · · · · · · · · · · · · · · ·	-	
	rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets
	ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	20
	Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	sa {	5	Total number of employees (Part V, line 2a)	5	15
	Activities & Governance	6	Total number of volunteers (estimate if necessary)	6	101
	\cti	7a -	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
2011	_	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Ì			Prior Year	Current Year
ලා	<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)	1,308,635.	1,432,540.
≈	en	9 1	Program service revenue (Part VIII, line 2g)	632,278.	623,310.
JUN	Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	11,361.	4,775.
	-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,861.	<u>37,379.</u>
SCANNED		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,968,135.	2,098,004.
¥	ĺ	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
Z		14	Benefits paid to or for members (Part IX, column (A), line 4)		
\mathbf{S}	es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,233.	1,318,256.
Ø	eus	16a 1	Professional fundraising fees (Part IX Loturn (A), line 1 e)		
	Expenses		Total fundraising expenses (Part-IX, column (D)) (ine. 25) 59,664.		
	ш		Other expenses (Part IX, column (A), lines 11a·11d, 10924f)	831,755.	780,977.
		18	Total expenses Add Intes 13-17 (must equal Part IX column (A), line 25)	2,106,988.	2,099,233.
	. S	19	Revenue less expenses Subtract line 18 from line 12	<138,853.	> <1,229.
	Net Assets or Fund Balances		OCDENIIT	Beginning of Current Year	End of Year
	Sse Bala		Total assets (Part X, Impe_16) OGDEN, UT	960,797.	1,081,731.
	ind A		Total liabilities (Part X, line 26)	435,717.	544,204.
		22 rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block	525,080.	537,527.
	Га	18 E 11	<u> </u>	nts, and to the best of my knowledge	as and belief it in true, correct
			Under penalties of penuly, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge	1
	۵.		, Jane K	16/2	3 / 1/
	Sigr		Signature of officer	Date	/
	Her	е	JONATHAN KATZ, CEO		•
			Type or print name and title		
			Preparer's Date	Check if Prepare	er's identifying number
	Paid		signature	self- employed > (see ins	structions)
	•	arer's	Firm's name (or CFI.MAN POSENBERG & ERFEDMAN	EIN >	
	Use	Only	yours if self-employed), self-employed), \$4550 MONTGOMERY AVE., SUITE 650 NOR		
			address, and ZIP+4 BETHESDA, MD 20814-2930		301) 951-9090
	—— Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No
	1		- To also are the Management		

Pa	t III Statement of Progra	ım Service Accompli	ishments		20003
1	Briefly describe the organization'	's mission:		· · · · · · · · · · · · · · · · · · ·	
	THE NATIONAL ASS				
	ORGANIZATION THA		RESENTS AND SERV	ES THE NATION'S	STATE AND
	JURISDICTIONAL A	RTS AGENCIES.			
2	Did the organization undertake a	ny significant program con	wood during the year which were	not listed on	
2	the prior Form 990 or 990-EZ?	ny significant program serv	ices during the year which were	That listed on	Yes X No
	If "Yes," describe these new serv	vices on Schedule O.			iesino
3	Did the organization cease condi		changes in how it conducts, any	program services?	Yes X No
	If "Yes," describe these changes			•	
4	Describe the exempt purpose ac	hievements for each of the	organization's three largest pro	gram services by expenses	
	Section 501(c)(3) and 501(c)(4) o	-		•	
	allocations to others, the total ex	penses, and revenue, if an	y, for each program service repo	orted.	
4a	(Code) (Expe	enses \$ 1,176,383)(Revenue \$	623,310.)
	REPRESENTATION S			EARNED INCOME A	ND NEA.
		·			<u> </u>
				· · · · · · · · · · · · · · · · · · ·	
4b			2. including grants of \$) (Revenue \$)
	CONTRACTS-COOPERAND A FEDERAL AG	· · · · · · · · · · · · · · · · · · ·			
	AND A FEDERAL AG	ENCI TO ASSIST	I IN CARRIING OU	I A SHARED PUBLI	C PURPUSE.
•				-	
			•		
					
					
				<u> </u>	
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
			·		
				····	
٠	Other program convers (Daniell	no un Sobodiulo O \	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describ (Expenses \$	ncluding grants of \$) (Revenu	φ \$	
4e	Total program service expense	1 565)	
_ , ,	. Trai program ou vice expense	<u> </u>	, - • • •		Form 990 (2009)
93200	2				(2230)

Form 990 (2009) AGENCIES, INC.

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_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
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	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			77
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		•
8	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	7		X
٥	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	-		
3	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 term, permanent, or quasi-endowments?	-		
	If "Yes," complete Schedule D, Part V	10		х
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	х	
•	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40	х	
104		12	Δ_	
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
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		<u>X</u>
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		<u>X</u> _
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		<u>X</u>
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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_	000	<u>X</u>
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Form 990 (2009) AGENCIES, INC.

Part IV Checklist of Required Schedules (continued)

			T.,	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	 -	<u> </u>	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		04-		
	any tax-exempt bonds? Did the exemptation get on on "on behalf of" legues for bonds outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	05-		v
		25a		X
D	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	OEL		х
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		Λ.
20	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	20		<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	_x_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
Ī	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
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		Х
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		х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
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	Х	
		Form	990 (2009)

2009) AGENCIES, INC.
Statements Regarding Other IRS Filings and Tax Compliance Part V

1a Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns Enter of. In rot applicable 0.				Yes	No_
b Enter the number of Forms W26 included in line 1a. Enter 0-if not applicable Obt the organization comply with backpy withholding rules for reportable parments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, like of for the calendar year ending with or winn the year covered by this return. 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the least one is reported on line 2a, did the organization of the all returns of the return (see institutions). 3 In the least one is reported on line 2a, did the organization have an interest in, or a signature or other authority over, a financial account? 4 In 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)? 5 In the same of the foreign country See the mistration of party to a prohibited fact where the number of the organization and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5 In the same of the foreign country See the mistration of the same of the foreign and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5 In the same of the foreign country the organization and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5 In the same of the foreign and filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5 In the same of th	1a	•			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) within gamining) within the year owners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return. 3			<u> </u>		
a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has filed a Form 990-17 for this year," if "No.," provide an explanation in Schedule O if "Yes," set if filed a Form 990-17 for this year," if "No., provide an explanation in Schedule O if "Yes," enter the name of the foreign country [vex] See the instructions for exceptions and filing requirements for Form 10 F 90.22 1, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the foreign country [vex] See the instructions for exceptions and filing requirements for Form 10 F 90.22 1, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the foreign country [vex] See the instructions for exceptions and filing requirements for Form 10 F 90.22 1, Report of Foreign Bank and Financial Accounts if "Yes," to line 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 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? 6b Jet 17 Yes," to line 5a of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Jet 17 Yes, "Indicate the number of Eorm 8882 file during the year and the property for which it was required to the form 8282? 6c Jet 18 Yes," indicate the number of Forms 8282 filed during the year. 7c Jet 18 Yes," indicate the number of Forms 8282 filed during the year. 9c Point and Form 8282	b		1		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 2a 1.5 b if all least one is reported on fine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business organizations (1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year" if "No." provide an explanation in Schedule O 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 in a foreign country is the security of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Security of the organization in the foreign country Security of the organization and party to a prohibited tax shelter transaction? 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? 6b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the security of the security of the organization of the payor? 7 Organizations that may receive deductible contributions under section 170(c). 9 If "Yes," did the organization of the organization of the value of the goods or services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 9 If "Yes," indicate the number of Forms 8828	С				
thed for the calendar year ending with or within the year covered by this return 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 1a If Yes, "has it flied a Form 990 Tor this year? If "No.," provide an explanation in Schedule 0 1a 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, secretism of the responsibility of the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 1a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 2b If Yes," to line 5a or 5b, did the organization file Form 88861, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 2c Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 2c Did with 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? 2c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 2c Did the organization self, exchange, or otherwise dispose of langible personal property for which it was required to the form 8282? 2d If Yes," ridd the organization self, exchange, or otherwise dispose of langible personal property for which it was required? 2d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 2d Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 2d Did the organization of qualified intellectual			1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3a 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 if tied a Form 990.T for this year? If 'No.' provide an explanation in Schedule 0 3b At any time during the calendar year, did the organization have an intrest 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; or a financial account in a financial account in a foreign country [such as a bank account, securities account, or other financial account; or a financial account in a financial account, or a signature or other authority over, a financial account in a financial account in a financial account in a financial account in a financial account, a financial account, or a signature or other financial account; a financial account, a financial account, a financial account, or a signature or other financial account; a financial account, a sample and a financial account in a financial account,	2a				
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3	_				
3a	b		2b	X	
b if "Yes," has it filled a Form 990-T for this yea? if No," provide an explanation in Schedule O 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, secretical account in a foreign country (such as a bank account, secretical account in a foreign country (such as a bank account, secretical account in a foreign country (such as a bank account, secretical account in a foreign country (such as a bank account, secretical account or other financial account?) b if "Yes," the fire any 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 See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts See the instructions of exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts Financial Accounts Financial Accounts See the organization has the foreign country of provided the tax settle transaction? Financial Accounts See the organization than the very selectation at any time during the tax year? See the filing of the organization maintaining donor	_				
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d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization of qualified intellectual property, did the organization file Form 8899 as required? 7g For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h For contributions maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b Did the organizations. Enter a Initiation fees and capital contributions included on Part Vill, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a 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 amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	С				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
			12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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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					r
		1	1	0.0	Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		20		
b	Enter the number of voting members that are independent	_1b	l	20		
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	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		0 was filed?	4_	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	•	5	 -	X
6	Does the organization have members or stockholders?			6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the		,,	
	governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	tne year			
	by the following				٠,,	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?	. ale = -!	a. t. t. a	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned	at the			v
900	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	L	X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e coae)	· · · · · · · · · · · · · · · · · · ·	Var	N1 -
100	Does the organization have local chapters, branches, or affiliates?			100	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ore affiliator	10a	<u> </u>	Δ.
D	and branches to ensure their operations are consistent with those of the organization?	спарі	ers, armates,	10h		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılına th	e form?	10b		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	iiiig ii	6 101111	''	 	Λ
12a	Does the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13			12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld aw	o neo	120		
	to conflicts?	ala giv	0 1130	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes "	describe	120	11	-
Ŭ	in Schedule O how this is done	, 00,	acsonbe	12c	х	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al bv ır	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	моронови			
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	ment v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	ıluate ı	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızatı	on's			
	exempt status with respect to such arrangements?			16b		
Sec	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 990-7	r (501(c)(3)s only) ava	ulable for		
	public inspection. Indicate how you make 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 makes its governing documents, or	conflict	of interest pol	icy, and fina	ıncıal	
	statements available to the public		•			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the org	janization 🕨	>	
	JONATHAN KATZ - (202)347-6352				_	
	1029 VERMONT AVENUE NW # 2, WASHINGTON, DC 20005					
				Form	990 (2009)

932006 02-04-10

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."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SUZETTE SURKAMER										11***
PRESIDENT	5.00	X	<u></u>	X	<u>_</u>	<u> </u>		0.	0.	0.
ARLYNN FISHBAUGH										
1ST VICE PRESIDENT	2.00	X		X	<u> </u>	_	<u> </u>	0.	0.	0.
BRUCE RICHARDSON								_	_	_
2ND VICE PRESIDENT	2.00	X		X		L.	<u> </u>	0.	0.	0.
ELAINE MARINER										
TREASURER	2.00	X		X			<u> </u>	0.	0.	0.
PAMELA BREAUX							l			
SECRETARY	2.00	X		X		ļ	<u> </u>	0.	0.	0.
LOIE FECTEAU										
DIRECTOR	2.00	X				<u> </u>	<u> </u>	0.	0.	0.
CAROL ANN HERBERT							1			
DIRECTOR	2.00	X	L		L	ļ	<u> </u>	0.	0.	0.
TIMOTHY DERATANY									!	
DIRECTOR	2.00	X	<u> </u>		<u> </u>	<u> </u>	╙	0.	0.	0.
THERESA COLVIN			1					_		
DIRECTOR	2.00	X			_		_	0.	0.	0.
JULIE HENAHAN								_		
DIRECTOR	2.00	X	_		_	ļ	<u> </u>	0.	0.	0.
PHILIP HORN									_	_
DIRECTOR	2.00	X	<u> </u>	ļ	<u> </u>		ļ	0.	0.	0.
BETTY MAHONEY		l								_
DIRECTOR	2.00	X			<u> </u>	\vdash		0.	0.	0.
SUZANNE WISE										
DIRECTOR	2.00	X	<u> </u>	<u> </u>	_	_	-	0.	0.	0.
MARK HOFFLUND										
DIRECTOR	2.00	X	-	-		<u> </u>	_	0.	0.	0.
SUSAN LANDIS										
DIRECTOR	2.00	X		ļ	 	ļ	\vdash	0.	0.	0.
AN-MING TRUXES										_
DIRECTOR	2.00	 X	\vdash		_	_	-	0.	0.	0.
TERRY SCROGUM	2 22									_
DIRECTOR	2.00	<u> X</u>	1	<u></u>	<u> </u>	1	<u> </u>	0.	0.	0 . Form 990 (2009)

932007 02-04-10

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (check all that apply)					. I. A	Reportable	Reportable			tımate	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	- 1	comp fro orga and	ount other oensa om the anizat I relat nizatie	ation e cion ced
JOHN BRACEY	2 00	37						0		\dagger			
DIRECTOR	2.00	<u>^</u>	-	-	 	-	ļ	0.).			0.
JOHN ROHMAN IMMEDIATE PAST PRESIDENT	2.00	×						0.	ſ) .			0.
BOBBY KADIS	2.00		 		\vdash		 			-			<u> </u>
DIRECTOR	2.00	x	<u> </u>					0.	C).			0.
JONATHAN KATZ													
CEO	40.00	<u> </u>	<u> </u>	X	_	_	ļ	149,916.	C).	<u> 16</u>	<u>5,6</u>	<u>52.</u>
DENNIS DEWEY	40.00			3,5				114 022		,	21	1	1.0
COO/CFO	40.00			Х				114,933.).		<u>4, 1</u>	10.
KELLY BARSDATE CHIEF PROG. OFFICER	40.00					X		106,000.	C).	Ę	5,2	50.
		<u> </u>	<u> </u>	ļ	_		ļ			4			
										Ì			
		-			 	-				+			
										İ			
										\top			
		<u></u>	<u> </u>	<u></u>									
1b Total	 					<u> </u>		370,849.).	44	1,0	<u>12.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 in reportable				3
compensation from the organization											$\overline{}$	Yes	No
3 Did the organization list any former officer	director or tru	istee	, ke	y en	olqn	yee.	or h	highest compensated er	nplovee on	Γ			
line 1a? If "Yes," complete Schedule J for s				•	•			,	. ,	L	3		X
4 For any individual listed on line 1a, is the si									the organization				
and related organizations greater than \$15										-	4	X	
5 Did any person listed on line 1a receive or	-			from	any	/ unr	elat	ted organization for serv	ices rendered to		_		
the organization? If "Yes," complete Sched	lule J for such	pers	ion_		-						5		X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsat	tion fr	om	
the organization NONE							1	(D)					
(A) Name and business	address							(B) Description of s	ervices	Со	(C) mpen		n
											<u> </u>		
							_						
2 Total number of independent contractors (_	not li	mıte	d to		_	stec	d above) who received m	ore than				
\$100,000 in compensation from the organ	zation					0				_ _		100 ··	2000
										F	orm 9	/ フ ひ (2	∠∪U9)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D). Fundraising
/b,	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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,	204 225	205 005		0 200
_	trustees, and key employees	304,225.	295,905.		8,320.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	702 270	757 702		25 406
7	Other salaries and wages	793,279.	757,793.		35,486.
8	Pension plan contributions (include section 401(k)	22 400	21 225		1 074
_	and section 403(b) employer contributions)	22,409.	21,335.		1,074.
9	Other employee benefits	120,431.	114,999.		5,432.
10	Payroll taxes	77,912.	74,752.		3,160.
11	Fees for services (non-employees)				
	Management	67 410	E0 762	7 046	0.01
	Legal	67,410.	58,763.	7,846.	801.
	Accounting	28,372.	24,732.	3,302.	338.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	110 041	104 466	12 040	1 426
_	Other	119,841.	104,466.	13,949.	1,426.
12	Advertising and promotion	10 016	25 720	22 770	4.4.0
13	Office expenses	49,946.	25,728.	23,778.	440.
14	Information technology	88,716.	77,334.	10,326.	1,056.
15	Royalties	172 702		172 702	
16	Occupancy	172,783.	115 202	172,783.	2.6
17	Travel	117,300.	115,283.	1,981.	36.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	74 010	71 266	E E 2	
19	Conferences, conventions, and meetings	74,919.	74,366.	553.	
20	Interest		·		
21	Payments to affiliates	11,563.		11,563.	
22	Depreciation, depletion, and amortization	9,888.	1,191.	8,697.	
23	Other expanses, Itemize expanses not covered	3,000.	1,131.	0,037.	
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) EQUIPMENT	15,954.	4,000.	11,954.	
a b	MISCELLANEOUS	13,153.	11,194.	1,959.	
	PUBS., DUES AND FEES	11,132.	4,044.	4,993.	2,095.
, c		11,1000	4,044.	4,333.	4,093.
d			-		
e •	All other expenses				
f OF		2,099,233.	1,765,885.	272 604	FO 664
25	Total functional expenses Add lines 1 through 24f Joint costs Check here ☐ if following	4,099,433.	1,700,000.	273,684.	59,664.
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined				
	, , , ,				
	educational campaign and fundraising solicitation				5 000 -

Form **990** (2009)

23910__1

Pa	rt X	Balance Sheet				
		-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		296.	1	53,235.
	2	Savings and temporary cash investments		441,516.	2	554,725.
	3	Pledges and grants receivable, net	235,190.	3	143,098.	
	4	Accounts receivable, net	17,660.	4	35,600.	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 49	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
छ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		25,700.	9	47,894.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 269,723.			
	Ь	Less accumulated depreciation	10b 240,077.	40,365.	10c	29,646.
	11	Investments - publicly traded securities		186,160.	11	29,646. 203,623.
	12	Investments other securities See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	13,910.	15	13,910.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	960,797.	16	1,081,731.
	17	Accounts payable and accrued expenses		106,660.	17	141,959.
	18	Grants payable		18		
	19	Deferred revenue		296,060.	19	317,975.
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
abi		highest compensated employees, and disqualif	led persons Complete Part II			
J		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D		32,997.	25	84,270.
	26	Total liabilities. Add lines 17 through 25		435,717.	26	544,204.
		Organizations that follow SFAS 117, check h	ere 🕨 🗓 and complete			
S		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets	+	525,080.	27	537,527 .
3ale	28	Temporarily restricted net assets			28	
Ď	29	Permanently restricted net assets			29	
Ţ		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et 🌶	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
ž	33	Total net assets or fund balances		525,080.	33	537,527.
	34	Total liabilities and net assets/fund balances		960,797.	34	1,081,731.

Form **990** (2009)

NATIONAL ASSEMBLY OF STATE ARTS

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

62-0913689 Page 12 Form 990 (2009) AGENCIES, INC. Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2<u>c</u> review, or compilation of its financial statements and selection of an independent accountant? X 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 X Separate basis Consolidated basis Both consolidated and separate basis

Form **990** (2009)

3a | X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name o	of the	e organization	on NATIONA	L ASSEMBLY	OF	STAT	E AR	TS		E	mployer	identification numb	er
			AGENCIE	S, INC.						ļ	62	2-0913689	
Part		Reason f	or Public Char	ity Status (All organ	nızatı	ons must	complet	e this part	.) See inst	ructions			
The org	janiza	ation is not a	private foundation	because it is (For line	s 1 th	rough 11	, check	only one b	ox)				
1 🗀	□ △	church, cor	vention of churches	s, or association of ch	urche	es describ	ed in se	ction 170	(b)(1)(A)(i)				
2] A	school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach	Sched	dule E)							
з 🗌	\neg			tal service organization			section	170(b)(1)(A)(iii).				
4	_ A	nedical res	earch organization	operated in conjunctio	n witl	h a hospil	tal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,	
		ity, and state											
5	_ A	An organizatio	on operated for the	benefit of a college or	unive	ersity own	ed or op	erated by	a governr	nental uni	t describe	ed in	
	5	section 170(b)(1)(A)(iv). (Comple	ete Part II)					-				
6	_ A	A federal, stat	te, or local governm	ent or governmental u	ınıt de	escribed i	n sectio	n 170(b)(1)(A)(v).				
7 🛽	_		-	eives a substantial pa						r from the	general r	oublic described in	
		•	o)(1)(A)(vi). (Comple	•				•					
8 	_			ection 170(b)(1)(A)(vi). (Co	mplete Pa	art II)						
9 🗆	$\overline{}$			eives. (1) more than 3				rom contri	butions, m	nembershi	ıp fees. ar	nd aross receipts from	n
		•	•	nctions - subject to ce							•	•	
			•	axable income (less se		•	•					-	
			509(a)(2). (Complete	•		,			•	,			
10 🗀	\neg			perated exclusively to	test f	or public	safety S	See sectio	n 509(a)(4	I).			
11	_	•		perated exclusively for			-			•	y out the	purposes of one or	
		•	•	ations described in sec			•				•	•	
	d	lescribes the	type of supporting	organization and com	plete	lines 11e	through	11h	•	•			
		Type I		Type II	_			tionally int	egrated		d□	Type III - Other	
e 🗀	_			t the organization is n						more dis	qualified p	persons other than	
		,	•	han one or more publi			•	•	•				
f			-	ten determination fror	-		-				(// /	(// /	
•		-	ganization, check th				,					E	_
g			•	organization accepted	anv c	aft or con	tribution	from any	of the follo	owina per	sons?	_	
J	_	_		irectly controls, either		-		-				Yes N	0
	•	•		upported organization		Ü				• • • • • • • • • • • • • • • • • • • •	` ,	11g(ı)	
	(i	_		n described in (i) abov								11g(II)	
	•	•	· ·	person described in (н) above?						11g(III)	
h	•	. *	•	about the supported		•							
•					3								
(i) No	me of	f supported	(ii) EIN	(iii) Type of	fiv) is the org	anızatıon	(v) Did you	notify the	(vi) Is	s the	(vii) Amount of	
٠,,		ization	(11) = 114	organization	, lind	col (ı) liste	d in your	organizat	on in col.	organizati (i) organiz	on in col.	support	
	J			(described on lines 1-9 above or IRC section		verning do	cument?	(ı) of your	support?	Ü.S	5.2	,	
				(see instructions))		Yes	No	Yes	No	Yes	No		
									_				
											+ +		_
Total													

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

62-0913689 Page 2

Schedule A (Form 990 or 990-EZ) 2009 AGENCIES, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 1.251.351 1.201.898 1.475.836 1.308.635 1,432,540 6 670 260. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 1,251,351 1,201,898 1,475,836 1,308,635 1,432,540 6,670,260. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 6,670,260. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 1,251,351 1,201,898 1,475,836 6,670,260. 1,308,635 1,432,540 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 16,412. 39,849 34,354. 11,361 4,775. 106,751. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 29,694 1,699 1,270 15,861 37.379 assets (Explain in Part IV) 85,903. 11 Total support. Add lines 7 through 10 6.862,914. 3,438,570. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.19 % 96.17 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you	checked the b	ox on line 9 of Part I.)		
Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total		
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 5									
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons									
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
	Public support (Subtract line 7c from line 6)									
_	ction B. Total Support					,	····			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total		
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)									
	First five years. If the Form 990 is for	r the organization	s first, second, thir	d fourth or fifth t	ax year as a section	n 501	(c)(3) organiz	ration		
	check this box and stop here	o organization	o., 500011 0 , ti iii	ا الله الله الله الله الله الله الله ال	your as a section	50 1	Nono, organiz	.		
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2009 (I			column (fl)		15		%		
	Public support percentage from 2008		<u>=</u>	VII		16		<u>/</u> %		
	ction D. Computation of Inves					1				
17			_	ne 13, column (f))		17		%		
18	Investment income percentage from :		•	, ("		18		%		
198	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
ł	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, che							ightharpoons		
20					his box and see in	struct	ions	0 or 990-EZ) 2009		

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 VI, 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), then

	0 : 504()(4) (5)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Section 501(c)(4), (5), or (6) organization NATIONA		DAME ADMO	Emn	loyer identification number
IVAII		L ASSEMBLY OF ST	TATE ARTS	Emp	
D.	AGENCIE	S, INC.	dor costion 501/s	or is a section 507 a	62-0913689
Ь		anization is exempt un			organization.
	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities	_	
2	Political expenditures			▶ \$	S
3	Volunteer hours				
		<u> </u>			
Pa	art I-B Complete if the org	anization is exempt un	der section 501(c		
1	Enter the amount of any excise tax	incurred by the organization ur	der section 4955	▶ 9	S
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5 ▶ \$	S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	o for this year?		Yes No
48	a Was a correction made?				Yes No
<u> </u>	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt un	der section 501(c)), except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	S
	Enter the amount of the filing organ				
	exempt function activities		-	▶ 9	5
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POI	L,	
_	line 17b				S
4		1120-POL for this year?			Yes No
5		·	EIN) of all section 527 p	olitical organizations to which	
•	For each organization listed, enter t				
	that were promptly and directly deli				
	(PAC) If additional space is needed	i, provide information in Part IV	•		·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Fladicis	(0) 2.11	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					
					ļ
	İ			ł	
				1	1

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

Schedule C (Form 990 or 990-EZ) 2009

23910 1

Schedule C (Form 990 or 990-EZ) 2009		SSEMBLY OF	STATE ARTS	62-0	913689 Page 2
Part II-A Complete if the org	ianization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768	JIJOOJ Fagez
(election under sec	•		()(-)		
A Check ▶ ☐ If the filing organiza	ition belongs to an affi	liated group			
		nd "limited control" pro	visions apply.		
	ts on Lobbying Expe	nditures ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uongo nublio oninion (arass roots lobbying)		0.	
b Total lobbying expenditures to infi				6,123.	
c Total lobbying expenditures (add I	•	ay (ancor lobb) ing,		6,123.	
d Other exempt purpose expenditur	•			2,093,110.	
e Total exempt purpose expenditure		1)		2,099,233.	
f Lobbying nontaxable amount. Ent	•		h columns.	254,962.	
If the amount on line 1e, column (a) of		bying nontaxable am			
Not over \$500,000	` ' 1	the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			63,741.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	•				Yes No
	zations that made a solumns below. See th	eraging Period Under section 501(h) election se instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	232,364.	276,994.	255,349.	254,962.	1,019,669.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					1,529,504.
c Total lobbying expenditures	13,832.	4,083.	12,281.	6,123.	36,319.
d Grassroots nontaxable amount	58,091.	69,249.	63,837.	63,741.	254,918.
e Grassroots ceiling amount (150% of line 2d, column (e))					382,377.
	1	1	i		ı

Schedule C (Form 990 or 990-EZ) 2009

108.

f Grassroots lobbying expenditures

147.

62-0913689 Page 3

Schedule C (Form 990 or 990 EZ) 2009 AGENCIES, INC. 62-091368

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)).

	(a)		(t)
	Yes	No	Amo	ount
the year, did the filing organization attempt to influence foreign, national, state or				
egislation, including any attempt to influence public opinion on a legislative matter				
rendum, through the use of				
eers?				
taff or management (include compensation in expenses reported on lines 1c through 1i)?				
advertisements?				
· · · · · · · · · · · · · · · · · · ·				
ations, or published or broadcast statements?				
·				
-				
• • • • • • • • • • • • • • • • • • • •				
•				
filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5044)4			
Somplete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(b), or se	ction	
			Yes	No
substantially all (90% or more) dues received nondeductible by members?		1		
e organization make only in-house lobbying expenditures of \$2,000 or less?		2		
		3		
"Yes." assessments and similar amounts from members		1		
in 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
ises for which the section 527(f) tax was paid).				
nt year		2a		
over from last year				
·		2c		
gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	222			
ses were serit and the amount on the Le execeds the amount on the e, what portion of the exe				
the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
•		4		
the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		4 5	<u></u> 1	
the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		4		
	gs to members, legislators, or the public? sations, or published or broadcast statements? s to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912 s," enter the amount of any tax incurred by organization managers under section 4912 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Par "Yes." assessments and similar amounts from members	gs to members, legislators, or the public? ations, or published or broadcast statements? sto other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912 s," enter the amount of any tax incurred by organization managers under section 4912 filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6). substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political uses for which the section 527(f) tax was paid). In tyear	gs to members, legislators, or the public? ations, or published or broadcast statements? s to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912 s," enter the amount of any tax incurred by organization managers under section 4912 filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6). substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is an "Yes." assessments and similar amounts from members in 162(e) nondeductible lobbying and political expenditures (do not include amounts of political asses for which the section 527(f) tax was paid). In tyear over from last year	gs to members, legislators, or the public? ations, or published or broadcast statements? s to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912 s," enter the amount of any tax incurred by organization managers under section 4912 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes substantially all (90% or more) dues received nondeductible by members? e organization make only in-house lobbying expenditures of \$2,000 or less? e organization agree to carryover lobbying and political expenditures from the prior year? 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 1 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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.

OMB No 1545-0047 Inspection

NATIONAL ASSEMBLY OF STATE ARTS Name of the organization AGENCIES, INC.

Employer identification number 62-0913689

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	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	ised 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 charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or j		istorically 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 quali	ified conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		To a conservation odesment on the last
	day of the tax year		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 sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		——————————————————————————————————————
•	year >		o organization doming the tax
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		· •
	violations, and enforcement of the conservation easements	<u> </u>	Yes No
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) abor		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or 0	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	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	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		,
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of		
	these items	,	, promote management and the second s
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	ial gain, provide
_	the following amounts required to be reported under SFAS 1		9 p. 4
а	D		▶ \$
b			► \$ ► \$
J			-

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

Schedule D (Form 990) 2009

23910__1

NATIONAL ASSEMBLY OF STATE ARTS

	dule D (Form 990) 2009 AGENCIE								<u> 13689</u>		
Par	t III Organizations Maintaining C	collections of A	rt, <u>Histori</u>	<u>cal Tre</u>	asures, c	or Othe	<u>er Simila</u>	ar Asse	ts (contir	าued))
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the f	ollowing tha	t are a si	gnificant i	use of its	collection	ıtem	is
	(check all that apply)										
а	Public exhibition	C	I 🔲 Loai	n or exch	ange progra	ams					
b	Scholarly research	e	· Dthe	er	_						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they f	urther th	e organizati	on's exer	npt purpo	se in Parl	t XIV.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be mi								Yes] No
Par	t IV Escrow and Custodial Arran					s" to Forr	n 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Pa		•								
	Is the organization an agent, trustee, custod		diary for con	tributions	or other as	sets not	ıncluded			-	
	on Form 990, Part X?		,					Γ	Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table	a							5
	Troo, explain the arrangement are are	and complete the re	mo ming table	•					Amount		
_	Beginning balance						1c		7 2110 Carte		
	Additions during the year						1d				
	Distributions during the year						1e	•			
	Ending balance						1f	·····			
١	Did the organization include an amount on F	orm 000 Part V line	212				<u> </u>		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIV		21.						J 162		7 140
Par			swered "Ye	s" to For	n 990 Part	IV line 1	n				
L		(a) Current year	(b) Prior		(c) Two year		(d) Three v	ears hack	(a) Four	Veare	hack
4	Beginning of year balance	(a) Current year	(10) 1 1101	year	(C) Two year	3 back	(d) Till CC y	cuis back	(C) i oui	ycars	Dack
	Contributions										
						-	-				
	Net investment earnings, gains, and losses										
	Grants or scholarships				·						
е	Other expenditures for facilities										
	and programs										
Ť	Administrative expenses										
g	End of year balance	L	l <u> </u>								
2	Provide the estimated percentage of the year	ar end balance neld a									
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e neid ar	id administe	ered for th	ne organiz	ation	Γ.		
	by									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(iı)		
Ь	If "Yes" to 3a(II), are the related organization	•							3b		<u> </u>
4	Describe in Part XIV the intended uses of the										
Pa	rt VI Investments - Land, Building										
	Description of investment	(a) Cost or o		(b) Cost			ccumulate	q	(d) Book	value	е
		basis (investi	nem)	basis (Juler)	aep	preciation	 			
	Land										
b	Buildings					········			- · ··—·		
С	Leasehold improvements				4 40 5			40			4.6
d	· ·				4,486.		L94,8		29	, 6	<u>46.</u>
	Other				5,237.		45,2	3/.			0.
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 10	O(c))				29	1,6	46.

Schedule D (Form 990) 2009

1 (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD IN TRUST	52,324.
DEFERRED RENT	31,946.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 84,270.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

932053 02-01-10 NATIONAL ASSEMBLY OF STATE ARTS

	dule D (Form 990) 2009 AGENCIES, INC.		_			62-	0913689	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	<u>ted Fina</u>	ncial 9	State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	<u> </u>		2,098	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			2,099	<u>,233.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3				<u>,229 </u>
4	Net unrealized gains (losses) on investments			4			13	<u>676.</u>
5	Donated services and use of facilities			5				
6	Investment expenses			6	<u> </u>			
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9			13	<u>.676.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		<i></i>	10	<u> </u>			447.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts v	vith Reve	enue p	er K	eturr		
1	Total revenue, gains, and other support per audited financial statements					1	2,111	680.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	ı					
а	Net unrealized gains on investments	2a		<u>13,6</u>	76.			
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d	<u> </u>					
е	Add lines 2a through 2d					2e	13, 2,098,	<u>676.</u>
3	Subtract line 2e from line 1					3	<u>2,098</u> ,	004.
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						
b	Other (Describe in Part XIV)	_4b						
c	Add lines 4a and 4b					4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					_ 5	2,098,	004.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Exp	enses	per	Retu		
1	Total expenses and losses per audited financial statements					1	2,099,	<u>233.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ı					
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b			,			
С	Other losses	_2c						
d	Other (Describe in Part XIV)	2d	<u> </u>					
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	2,099,	233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b					4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	2,099,	233.
Pai	t XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	, lines	1a and 4, F	Part IV, I	ines 11	b and 2	2b, Part V, line	4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl						ınformatıon	
PAI	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTING	IG S	TANDA	RDS	BOA	RD		
(F/	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	3, T	HAT P	ROVI	DES	GU:	IDANCE F	OR
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	IE Y	EARS	ENDE	D S	EPT!	EMBER 30)
201	.0 AND 2009, NASAA HAS DOCUMENTED ITS CONSI	DEF	NOITA	OF	<u>FAS</u>	B A	<u>SC 740-1</u>	.0
ANI	DETERMINED THAT NO MATERIAL UNCERTAIN TAX	PC	SITIO	NS Q	UAL	IFY	FOR EIT	HER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	ATE	MENTS	•				

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

► Attach to Form 990. ► See separate instructions. NATIONAL ASSEMBLY OF STATE ARTS

AGENCIES, INC.

Questions Regarding Compensation

Employer identification number 62-0913689

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions —— Payments for business use of personal residence			
	Tax 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, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
3	CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		_X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

62-0913689

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	149,91	0	0	7,500.	9,152.	166,568.	0
JONATHAN KATZ	3	0	0	0	0	0	0	0
	Ξ							
	3							
	Ξ							
	(i)							
	Ξ							
	Ξ							
	Ξ							
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	<u>(ii</u>							
	Ξ							
	Ξ							
	Ξ							
	3							
	Ξ							
	Ξ							

Schedule J (Form 990) 2009

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 ASSEMBLY OF STATE ARTS AGENCIES, INC.

Employer identification number 62-0913689

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE ASSEMBLY

CONSISTS OF THE STATE ARTS AGENCIES, REPRESENTED BY THE CHAIRMAN AND THE

DIRECTOR OR THE CHIEF EXECUTIVE OFFICER OF EACH OF THE CONSTITUENT

AGENCIES, AS DEFINED IN THE UNITED STATES.

FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE PREPARES

THE SLATE AND THE FULL MEMBERSHIP ELECTS FIVE NEW BOARD MEMBERS AND NEW

OFFICERS ANNUALLY.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP MAY AMEND, REVISE OR REPLACE THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND PROVIDED TO THE COO, WHO REVIEWED THE 990 AND THEN

GAVE IT TO THE CEO FOR REVIEW AND SIGNATURE. THE FORM WAS ALSO SHARED WITH

THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST OCCURS WHEN
THE INTERESTS OF AN EMPLOYEE OR ANOTHER OUTSIDE PARTY ACTUALLY OR

POTENTIALLY AFFECT THE ORGANIZATION IN A NEGATIVE WAY. IF IT IS DETERMINED
THAT AN EMPLOYEE'S WORK IS BEING ADVERSELY AFFECTED BY OUTSIDE ACTIVITIES,
THE EXECUTIVE DIRECTOR MAY TAKE ACTION NORMALLY TAKEN IN RESPONSE TO
UNSATISFACTORY WORK PERFORMANCE.

ANY BOARD MEMBER MUST DISCLOSE ANY CONFLICTS OF INTEREST IMMEDIATELY. IF A

CONFLICT OF INTEREST ARISES, THE BOARD MEMBER WILL RECUSE HIMSELF/HERSELF

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

Schedule O (Form 990) 2009

932211

932211

932211

SCHEDULE O (Form 990)

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.

OMB No	1545-0047
20	109
ZU	UJ
	to Public
Insped	ction

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSEMBLY OF STATE ARTS AGENCIES, INC.

Employer identification number 62-0913689

FROM VOTING ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE APPROVES
THE COMPENSATION RANGES FOR THE CEO. THE PROCESS IS BASED ON REVIEW OF
COMPARABLES, MARKET TRENDS AND EVALUATION. ALL DECISIONS REGARDING
COMPENSATION ARE DOCUMENTED.
ALONG WITH THE CHIEF OF STAFF RECOMMENDATIONS, THE EXECUTIVE COMMITTEE
APPROVES THE SALARY RANGES FOR ALL EMPLOYEES. THE PROCESS IS BASED ON
REVIEW OF COMPARABLES, MARKET TRENDS AND EVALUATION. ALL DECISIONS
REGARDING COMPENSATION ARE DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC ONLINE AND/OR UPON REQUEST.