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DLN: 93493135009332

Form **990** 

Department of the Treasury

### **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)

2010

OMB No 1545-0047

Open to Public

Tax-exempt status	4 ▼ No ~ Yes
Intal elation Intal elation Intal elation Intal elation Terminated Intal elation Terminated Termin	Ves □ No
Number and street (or P O box if mail is not delivered to street address)   Room/suite   (316) 878-6222	Ves □ No
Terminated Amended return Application pending  F Name and address of principal officer JIM HANEY 1111 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105  F Name and address of principal officer JIM HANEY 1111 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105  H(b) Are all affiliates included?  If "No," attach a list (see instr. H(c) Group exemption number ▶  Website: ▶ www nabc com  K form of organization ▼ Sol(c)(3) ▼ Sol(c) (6) ◀ (insert no.) ▼ 4947(a)(1) or ▼ 527  Website: ▶ www nabc com  K form of organization ▼ Corporation Trust ▼ Association ○ Other ▶ L Year of formation 1994 ■ State of leg  Part I Summary  1 Briefly describe the organization's mission or most significant activities  SEE SCHEDULE 0  2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	Ves □ No
Application pending  F Name and address of principal officer  ITM HANEY  ITM MAN STREET SUITE 1000  KANSAS CITY, MO 64105  IT Tax-exempt status  Sol(c)(3)	Ves □ No
F   Name and address of principal officer   IIM HANEY   IIII MAIN STREET SUITE 1000   KANSAS CITY, MO 64105   H(b)   Are all affiliates included?   If No, attach a list (see instruction of organization of summary   Mobility   Mob	Yes No
H(b)   Are all affiliates included   Time	,
Tax-exempt status   SOL(c)(3)   SOL(c)(6)   (Insert no)   4947(a)(1) or   527	
Part I Summary  1 Briefly describe the organization is mission or most significant activities  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	
Part I Summary    1	
Prior Year   Prior Year   Prior Year   Currer	al domicile K
SEE SCHEDULE 0	
2 Check this box FT if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	
Net unrelated business reverlue from Part VIII, column (A), line 12	
Net unrelated business revenue inform Fart VIII, Column (A), line 12	
Net unrelated business revenue inform Fart VIII, Column (A), line 12	
Net unrelated business revenue (rom Form 990-T, line 34	2
Net unrelated business revenue inform Fart VIII, Column (A), line 12	2
Net unrelated business revenue inform Fart VIII, Column (A), line 12	1
Net unrelated business revenue (noth Part VIII, Column (2), line 12	1
Note the translated business taxable income from Form 990-T, line 34   Total rundraising expenses (Part IX, column (A), line 4)   1,358,062	31,91
Prior Year   Current	
8 Contributions and grants (Part VIII, line 1h)	t Year
Program service revenue (Part VIII, line 2g)	3,089,00
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,903,21
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,66
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line  12)	3,27
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	
Benefits paid to or for members (Part IX, column (A), line 4)	5,049,16
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	45,71
5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶0  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       3,004,330         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       4,362,392         19       Revenue less expenses Subtract line 18 from line 12       84,092	1,546,03
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	416,68
17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       3,004,330         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       4,362,392         19       Revenue less expenses Subtract line 18 from line 12       84,092	410,00
18Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)4,362,39219Revenue less expenses Subtract line 18 from line 1284,092	2 256 12
19 Revenue less expenses Subtract line 18 from line 12	2,356,12
	4,364,55 684,60
TQ   Veer   End o	
20 Total assets (Part X, line 16)	3,630,12
20 Total assets (Falt X, Illie 10)	2,000,12
22 Net assets or fund balances Subtract line 21 from line 20	3,630,12
Part III Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre knowledge.	
****** Signature of officer Date	
Horo I	
JIM HANEY DIRECTOR Type or print name and title	
Print/Type Preparer's signature Date Check if self-	
preparer's name Michael J Engle Michael J Engle employed F	
Paid Firm's name BKD LLP Firm's EIN	
	<b>)</b>
Kansas City, MO 641062246  May the IRS discuss this return with the preparer shown above? (see instructions)	<b>(816) 221-</b>

) (Revenue \$

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$

meradi

Part TV	Checklist o	f Required	Schedules
	CHCCKHSCO		Schodules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{m{g}}$	2	Yes	
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 $I^{\bullet}$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$ ?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm <b>99</b> 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 38			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	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			
b	return	21.	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
а	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		N.1
a h	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		N o
ט	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of recovery the comment of the com			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand  13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No.
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Yes	
ь	governing body?	7a 7b	165	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	76		110
0	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JIM HANEY

1111 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105

(816) 878-6222

### 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che		1		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JEFF JONES DIRECTOR	2 0	х						0	0	0
(2) PAUL HEWITT DIRECTOR	2 0	х						0	0	0
(3) BO RYAN DIRECTOR	2 0	х						0	0	0
(4) BILL SELF DIRECTOR	2 0	Х						0	0	0
(5) CHARLIE BROCK DIRECTOR	2 0	Х						0	0	0
(6) LORENZO ROMAR DIRECTOR	2 0	Х						0	0	0
(7) MIKE BREY DIRECTOR	2 0	х						0	0	0
(8) TIM CARTER DIRECTOR	2 0	х						0	0	0
(9) TRENT JOHNSON DIRECTOR	2 0	х						0	0	0
(10) LENNIE ACUFF DIRECTOR	2 0	х						0	0	0
(11) JIM BOEHEIM DIRECTOR	2 0	х						0	0	0
(12) MARK GOTTFRIED DIRECTOR	2 0	х						0	0	0
(13) JAMIE DIXON DIRECTOR	2 0	х						0	0	0
(14) BRAD STEVENS DIRECTOR	2 0	х						0	0	0
(15) ERNIE KENT PRESIDENT	2 0	х		х				0	0	0
(16) LARRY GIPSON 1ST VICE PRESIDENT	2 0	Х		Х				0	0	0

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

(A) Name and Title						II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o	ited fother
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the		:he on and ed
(17) PHIL MARTELLI 2ND VICE PRESIDENT	2 0	x		х				0		0		0
(18) PAGE MOIR 3RD VICE PRESIDENT	2 0	х		х				0		0		0
(19) RON HUNTER 4TH VICE PRESIDENT	2 0	Х		х				0		0		0
(20) TOM IZZO PAST PRESIDENT - 2011	2 0	х		х				0		0		0
(21) DALE CLAYTON PAST PRESIDENT - 2010	2 0	х		х				0		0		0
(22) BRIAN WELCH TREASURER	3 0			х				0		0		0
(23) JIM HANEY EXECUTIVE DIRECTOR	40 0			х				506,096		0		38,946
(24) REGGIE MINTON DEPUTY EXECUTIVE DIRECTOR	40 0				х			200,986		0		32,499
(25) STEPHANIE WHITCHER DIRECTOR OF FINANCE	40 0					х		115,928		0		17,306
1b Sub-Total							<b> </b>					
c Total from continuation sheets	to Part VII, Sec	tion A				<b>&gt;</b>						
d Total (add lines 1b and 1c) .							<u> </u>	823,010	0			88,751
Total number of individuals (incl \$100,000 in reportable compen	-				ted a	above)	) who	received more tha	n			
											Yes	No
3 Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci	•			•		. ,	•	r highest compens	ated employee	3		No

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

### **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
FISHBAIT MARKETING LLC	MARKETING	432,174
ROPES GRAY LLP	ATTORNEY	350,698
CBS COLLEGE SPORTS NETWORK	AWARD SHOW PRODUCER	165,000
AVEDIS SOLUTIONS LLC	SOFTWARE DEVELOPMENT	159,333
BLUE RIDGE SPORTS ENTERTAINMENT	TOURNAMENT MGMT	151,831
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

	•	2010)					P	age <b>9</b>
Part V	<b>/***</b>	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax under sections
\$ \$	1a	Federated campaigns	<b>1</b> a					512, 513, or 514
돌드	b	Membership dues	. 1b					
್ಕ್	c	Fundraising events	. 1c					
<u>∯</u>		Related organizations						
<u>ا آي</u>		Government grants (contributions)	1e					
[ 호		All other contributions, gifts, grants		3,089,009				 
Contributions, gifts, grants and other similar amounts	-	similar amounts not included above	2					
	g	Noncash contributions included in li	nes 1a-1f \$	131,909				
ပ်ခု	h	<b>Total.</b> Add lines 1a-1f	in a contract 🟲		3,089,009			
<u>a</u>				Business Code				
Program Service Revenue	2a			519100	25,225		25,225	
윤	b	Merchandise		453000	4,986		4,986	
₩ 0.0	С	Convention		900099	1,328,985	1,328,985		
Ser		CBE Classic		900099	42,710	42,710		
E		Membership dues		900099	501,311	501,311		
5	Т	All other program service rev	venue					
ΔŤ	g	<b>Total.</b> Add lines 2a-2f	<b>.</b>		1,903,217			
	3	Investment income (includin						
		and other similar amounts)			53,667			53,66
		Income from investment of tax-ex		-	1,571			1,57
	5	Royalties	(ı) Real	(II) Personal	1,3/1			1,57
	6a	Gross Rents	(I) Keal	(II) F EISOIIdi				
	b	Less rental						
	c	expenses Rental income		+				
	a	or (loss)  Net rental income or (loss)	<b>▶</b>					
ŀ	<u>u</u>	Net rental income of (1033)	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	(i) countries	(, 5 35.				
	_	than inventory Less cost or other basis and sales expenses						
		Gain or (loss)	<u> </u>					
-		Net gain or (loss)			0			
Other Kevenue	Ва	Gross income from fundraisii (not including						
E		of contributions reported on See Part IV, line 18						
<u> </u>			а					
5		Less direct expenses						
-		Net income or (loss) from fur			0			
			ctivities See Part IV, line 19 . a	<u></u>				
		Net income or (loss) from ga		b	0			
}		Gross sales of inventory, les		<del>                                     </del>				
		returns and allowances .	a					
		Less cost of goods sold . Net income or (loss) from sa			0			
}	_	Miscellaneous Revenue	ico of inventory i i .	Business Code				
}	11a	Other		900099	1,700		1,700	
	b							
	c	1						
	_	All other revenue	<del></del>					
		Total. Add lines 11a-11d	· 					
	_		•		1,700			
	12	Total revenue. See Instructi	ons	ļ	5,049,164		31,911	55,23
					3,043,104	1,873,006		,3,2.

## 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).  Do not include amounts reported on lines 6b.  (A) (B) (C) (D)										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	15,716									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,000									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	802,800									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	101,923			_						
7	Other salaries and wages	436,130									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,289									
9	Other employee benefits	101,523									
10	Payroll taxes	70,371									
а	Fees for services (non-employees) Management	0									
ь	Legal	213,257									
c	Accounting	22,069									
d	Lobbying	0									
e	Professional fundraising services See Part IV, line 17	416,680									
f	Investment management fees	0									
g	Other	0									
12	Advertising and promotion	1,139									
13	Office expenses	19,357									
14	Information technology	, 0									
15	Royalties	37,500									
16	Occupancy	91,330									
17	Travel	63,989									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	1,183,659									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	21,444									
23	Insurance	13,585									
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
a	Guardians of the Game Award Sh	210,721									
Ь	Special Projects	77,883									
c	CBE Classic Tournament	70,770									
d	All Star Game	57,775									
e	All American Team	41,188									
f	All other expenses	230,461									
25	Total functional expenses. Add lines 1 through 24f	4,364,559			_						
26	Joint costs. Check here ► ☐ If following	.,_ 5,,533									
	SOP 98-2 (ASC 958-720) Complete this line only if the										
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part X Balance Sheet (A) (B) Beginning of year End of year 553,415 553,596 1 1 2.101.243 2 1.746.312 2 Savings and temporary cash investments . . . . . . . 3 3 4 4 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges . . . . . . 5.000 9 0 10a Land, buildings, and equipment cost or other basis Complete 521.831 Part VI of Schedule D 10a 10b 173.876 b Less accumulated depreciation . . . . . 85,643 **10c** 347,955 190.520 937,208 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 9.694 15 45,049 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,945,515 16 3.630.120 **17** 0 17 n Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 26 0 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 2.945.515 27 3,630,120 Temporarily restricted net assets . . . . . 28 28 Fund F 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 2,945,515 33 33 3,630,120 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 2.945.515 34 3.630.120

Ра	Check if Schedule O contains a response to any question in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0	049,16
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		6	584,60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	945,51
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,6	530,120
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	leelleel	20	103	
u	on a separate basis, consolidated basis, or both	issucu			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493135009332

OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

**Political Campaign and Lobbying Activities** 

Open to Public **Inspection** 

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	nme of the organization tional Association of Basketball Coaches			Employer ident	tification number
1144	tional vissociation of Basketball coaches			31-1626159	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures			<b>.</b>	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5 ▶	\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under section	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt unde	er section 501(	c) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	¢
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			▼
	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's fo to a separate political organ	unds Also enter the nızatıon, such as a
	(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
	Paparuark Poduction Act Nation	ee the Instructions for Form 990 or	200.57	Cat No 50084S Schedule C (F	

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	IOT f	iled Fo	orm !	Page <b>5768</b>
	(election under section 501(h)).	(	a)	Ι	(b)
		Yes	No	А	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	:)(5), d	or se	ction
			_		Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?		L		Yes
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L		Yes
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	N
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ction
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Identifier | Return Reference | Explanation

Also, complete this part for any additional information

Schedule C (Form 990 or 990EZ) 2010

5

DLN: 93493135009332

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

tema	al Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspect	tion
	me of the organiz			Employer identific	ation number	er
wat	tional Association of B	oaskeldali Coacnes		31-1626159		
Pa			dvised Funds or Other Similar Fu		<b>s.</b> Comple	te if the
	organız	ation answered "Yes" to Form 99		ZES E		
	Total number - *	and of year	(a) Donor advised funds	<b>(b)</b> Funds and	other accou	nts
1	Total number at	•				
2 3		ributions to (during year) ts from (during year)				
3 4	Aggregate yran	, , ,				
		•				
5			sors in writing that the assets held in don organization's exclusive legal control?	oradvised	┌ Yes	┌ No
6	Did the organiz	ation inform all grantees, donors, and	donor advisors in writing that grant funds	may be		
	used only for ch	haritable purposes and not for the ben	efit of the donor or donor advisor, or for ar		☐ Yes	□ No
Da		ermissible private benefit	ıf the organization answered "Yes" to	n Form OOA Dart T	•	1 140
		onservation easements. Complete		J FOITH 330, PARL I	v, iiile /.	
1		•	rganization (cneck all that apply) on or pleasure)	historically importar	ntly land are	a
		of natural habitat		ertified historic stru		
	┌ Preservation	on of open space				
2	Complete lines	2a-2d if the organization held a qual	ified conservation contribution in the form	of a conservation		
	•	ne last day of the tax year		·		
			ļ	Held at th	e End of the	Year
а		f conservation easements		2a		
b	_	estricted by conservation easements	-	2b		
С		servation easements on a certified his	` '	2c		
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d		
3	Number of cons	servation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization	n during	
	the taxable yea	ır ►				
4	Number of state	es where property subject to conserva	ation easement is located ►	_		
5		ızatıon have a written policy regarding the conservation easements it holds	g the periodic monitoring, inspection, hand	lling of violations, an	d <b>F Yes</b>	┌ No
6	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<b>-</b>	
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$		
8		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Par	t IIII Organi	zations Maintaining Collectio	ons of Art, Historical Treasures,	or Other Similar	Assets.	
		<del>-</del>	'Yes" to Form 990, Part IV, line 8.		h	
1a	art, historical ti	reasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h in furtherance of p		≘,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in s			
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets incl	uded in Form 990, Part X		<b>►</b> \$		
2	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items			
а	_	ded in Form 990, Part VIII, line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easui</u>	res, or C	)the	<u>r Similar Asse</u>	ts (co	ntınued)
	Using the organization's accession and other items (check all that apply)	records, check and	y of th	ne foll	owing t	hat are	a signific	ant u	se of its collection	า	
a	Public exhibition		d	Γ	Loan	orexch	ange prog	rams			
ь	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they	furthe	r the o	rganızatıoı	ı's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Part IV, line 9, or reported an an						answere	d "Y	es" to Form 990	),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions o	rotherass	sets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	ble		г				
_								_	Amou	ınt	
۲ C	Beginning balance						}	1c			
	Additions during the year						}	1d			
_	Distributions during the year						ŀ	1e			
f -	Ending balance	000 5					L	<b>1</b> f			<u> </u>
	Did the organization include an amount on Fo		e 21?						ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				-1 !!\/ -		000	D-	1.77.1 40		
Par	t V Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990 Years Back			NEOUR Y	ears Back
1a	Beginning of year balance	(a)current rear	(5)	<i>)</i> 1 1101	cai	(C) W	7 Tears back	1(4)	Three reals back (e	Ji our iv	cars back
	Contributions							+			
c	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as								
a	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment 🕨										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon 1	that a	re held	and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)		
	(ii) related organizations							•	3a(ii)	<u> </u>	<u> </u> 
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th							•	Зь		<u> </u>
Part						an Da	rt Y line	10			
ren e	investments—Land, buildings	, and Equipme	<u> </u>		) Cost or				(a) Assumulated		
	Description of investment				sis (inves		( <b>b)</b> Cost or basis (oth		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
	and		•								
	uildings		•								
c L	easehold improvements										
d E	quipment						52	1,831	173,876		347,955
<b>e</b> 0	ther			1			I				
	Add lines 1a-1e (Column (d) should equal Fo										347,955

Investments—Other Securities. See	form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)20011 10100	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
	<u> </u>		
	<del> </del>		
Total (Column (h) should equal Form 990, Part X, col (R) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  , line 25.  (b) A mount		(b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	
LO	Excess or (deficit) for the year per financial statements  Combine lines 3 and 9	10	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		turn
L L	Total revenue, gains, and other support per audited financial statements		Curri
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
ı	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b	1	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
art	Reconciliation of Expenses per Audited Financial Statements With Expense	s per l	Return
L	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)	_	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
ŀ	A mounts 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)	_	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
_	t XIV Supplemental Information		

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS DISCLOSURE		MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITION UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

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DLN: 93493135009332

SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2010

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

								пізресноп
Name of the organization	hall Carabaa						Employer iden	tification number
National Association of Basket	Dall Coacnes						31-1626159	
Part I Fundraising Ac	rtivities Complet	e if the i	organiza	ition a	nswered "Yes"	to Form	1 990 Part IV	line 17
								, IIIC 17.
1 Indicate whether the orga	inization raised funds	through	any of the		_			
<b>a</b> Mail solicitations			e		Solicitation of nor	_	=	
<b>b</b> Internet and e-mails	olicitations		f		Solicitation of gov		_	
c Phone solicitations			g	ı	Special fundraisin	g event	S	
d 🔽 In-person solicitation	15							
<b>2a</b> Did the organization have								
or key employees listed ii	n Form 990, Part VII	) or entity	y in conne	ection	with professional f	undraisi	ing services?	Yes N
<b>b</b> If "Yes," list the ten higher								
to be compensated at lea	st \$5,000 by the org	anization	Form 99	0-EZ 1	ilers are not requi	red to c	omplete this tab	ole
(i) Name and address of	(ii) Activity	(iii	<b>)</b> Dıd	(iv)	Gross receipts	( <b>v)</b>	mount paid to	(vi) A mount paid to
ındıvıdual	(, , , , , , , , , , , , , , , , , , ,		serhave		rom activity	(or r	etained by)	(or retained by)
or entity (fundraiser)		custody or control of				fundraiser listed in col (i)	organization	
			outions?				cor (i)	
		Yes	No					
ISHBAIT MARKETING LLC	MARKETING		No		1,453,400		416,680	1,036,720
otal					1,453,400		416,680	1,036,720
3 List all states in which the	e organization is regi	stered or	licensed t	to solu	rit funds or has he	en notif	ied it is evennt	from registration or
licensing	e organization is regi	stered or	iicciisca (	CO 3011	cic fullus of flus be	.cm noth	red it is exempt	nom registration of

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Φ.		_	(event type)	(cromer, pe)	(total number)	
Revenue	1 2	Gross receipts Less Charitable				
<b>₽</b>		contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		
	11	Net income summary Combine li	nes 3 and 10 ın column	(d)		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
9	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes%	┌ Yes%	│ Yes% │ No	
		Direct expense summary Add lines  Net gaming income summary Com				
9 a	Ente	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
b	If"N	No," Explain				
10a		re any of the organization's gaming l				· · Fyes Fno
b	T.L	res," Explain				

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to provide instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493135009332

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

National Association of Basketball Coaches

Employer identification number

David I Company Information	Ct	J A : - t				31-1626159	
Part I General Informatio  Does the organization maintain			grants or assistance the	arantees' eligibility for	the grants or assist	ance and	
the selection criteria used to aw	vard the grants or as	sıstance?					✓ Yes
Describe in Part IV the organiza	<u> </u>	<del>-</del>	<u> </u>				!! b
Part II Grants and Other A Form 990, Part IV, line							
duplicated if additiona	I space is needed					▶ ▽	
1 (a) Name and address of	(b) EIN	(c) IRC Code	(d) A mount of cash	(e) A mount of non-	<b>(f)</b> Method of	(g) Description of	(h) Purpose of gra
organization or government	(8) 2111	section if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
	<u> </u>						
	+						
Enter total number of section 50							
Enter total number of other orga				Cat No 50055P			le I (Form 990) 2010

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	6	30,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
	· · · · · ·	ANY FUNDS THAT ARE CONTRIBUTED TO OTHERS ARE BASED UPON WRITTEN DOCUMENTATION REQUESTING
MONITORING THE USE OF GRANT FUNDS		SUCH PAYMENT ALL CONTRIBUTIONS AND GRANTS ARE APPROVED BY THE EXECUTIVE DIRECTOR DOCUMENTATION SUPPORTING THE USE OF THE FUNDS IS REQUESTED FROM ALL RECIPIENTS ALL
		DOCUMENTATION IS MAINTAINED IN ACCORDANCE WITH THE NABC FILE RETENTION POLICY

DLN: 93493135009332

OMB No 1545-0047

**Compensation Information** 

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

For certain Officers, Directors, Trustees, Key Employees, and Highest

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

National Association of Basketball Coaches

**Employer identification number** 

31-1626159

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to a officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	Compensation committee	굣	Written employment contract			
		굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines $4a-c$ , list the persons and pr	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JIM HANEY	(1) (11)	476,096 0	30,000 0	0 0	24,500 0	14,446 0	545,042 0	0 0
	(I) (I)	180,986 0	20,000	0	20,088 0	12,411	233,485 0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
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( 13 )								
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( 16 )								

Schedule J (Form 990) 2010 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

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Schedule J (Form 990) 2010

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DLN: 93493135009332

### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

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

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization National Association of Basketball Coaches	5							<b>mployer i</b> 1-16261		ition numb	er
							organ	zations	only).	ıne 40h	
	Tt I Excess Benefit Transactions (section 501 Complete if the organization answered "Yes" on For						of trans		r ure v , r		(c) rected?
										Yes	No
2 Enter the amount of tax impos											
Complete if the organi  (a) Name of interested person and purpose	(b) L		d "Yes" on F	orm 990 jinal	, Part IV, line 26 ( <b>d)</b> Balance due	, or For (e) defau	In	EZ, Part V (f) Approving by boar commit	ved d or	a (g)Writ	
	То	From				Yes	No	Yes	No	Yes	No
		1								_	
Total				<b>▶</b> \$				+			
Part IIII Grants or Assista	nce Be	enefitt	ing Intere	ested I	Persons.						
Complete if the orga	anızatı						27.				
(a) Name of interested pers	son	<del>-   '</del>			een interested per ganization	rson	<b>(c)</b> A n	nount of g	rant or ty	pe of assi	stance

Part IV Business Transactions Involving Interested Persons
--

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

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharin organization revenues	
	organızatıon			Yes	No
(1) SEE PART IV					
					1

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	,	(A) CAROL HANEY (B) CAROL HANEY IS A FAMILY MEMBER OF JIM HANEY, EXECUTIVE DIRECTOR (C) \$101,923 (D) EMPLOYEE COMPENSATION (E) NO

Schedule L (Form 990 or 990-EZ) 2010

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**NonCash Contributions** 

DLN: 93493135009332

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization National Association of Basketball Coaches **Employer identification number** 

					31-1626159			
Pa	rt I Types of Property				т			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining on amounts	ıcash c	ontribut	ion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	V		121.000				
good		X		131,909	FAIR MARKET VALU	ΙE		
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			
					_		Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			- <u></u>
	must hold for at least three years f	rom the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?		[	30a		No
b	If "Yes," describe the arrangement	in Part I	I					
31	Does the organization have a gift a	cceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell		32a	Yes	
b	If "Yes," describe in Part II				ŀ			
33	If the organization did not report re	venuesi	n column (c) for a type of n	roperty for which column (a	) is checked			
	describe in Part II				, .5 0001.00,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 32B		THE NABC RETAINS THE SERVICES OF A THIRD-PARTY MARKETING COMPANY TO RAISE SPONSORSHIPS FOR THE ANNUAL NABC CONVENTION SOME OF THE SPONSORSHIPS COME IN THE FORM OF PRODUCTS (I E , APPAREL) AS WELL AS CASH

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135009332

OMB No 1545-0047

2010

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** National Association of Basketball Coaches 31-1626159

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART 1 & PART 3, LINE 1	THE NATIONAL ASSOCIATION OF BASKETBALL COACHES (NABC) HAS CONTINUALLY WORKED TO FURTHER THE BEST INTERESTS OF THE GAME OF BASKETBALL AS WELL AS THE PLAYERS AND COACHES WHO PARTICIPATE IN THE SPORT IN DOING SO, THE NABC HAS ESTABLISHED THE FOLLOWING GOALS AND OBJECTIVES TO PURSUE ITS MISSION 1 TO PROMOTE THE IDEALS OF INTEGRITY, SPORTSMANSHIP AND TEAMWORK AMONG MEN'S BASKETBALL COACHES AND THE PLAYERS WHOM THEY COACH, 2 TO UNIFY COACHES ON ISSUES PERTAINING TO BASKETBALL AT ALL LEVELS, 3 TO PROVIDE MEMBER SERVICES WHICH ADDRESS THE NEEDS OF THE COACH PROFESSIONALLY, EMOTIONALLY, FINANCIALLY, PHY SICALLY AND SPIRITUALLY, 4 TO ENCOURAGE BASKETBALL COACHES TO SERVE AS COMMUNITY OUTREACH AGENTS WHO ELEVATE MORAL, ETHICAL AND EDUCATIONAL VALUES, 5 TO ENLIGHTEN THE GENERAL PUBLIC, MEDIA, INSTITUTIONAL EDUCATORS AND ATHLETIC ADMINISTRATORS TO THE FACT THAT COACHES ARE GOOD FOR THE SPORT AND THE YOUNG PEOPLE THEY SERVE, 6 TO WORK WITH THE LEGISLATIVE ARM OF THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA) ON ISSUES THAT AFFECT BASKETBALL AND INTERCOLLEGIATE ATHLETICS, IN PARTICULAR IDENTIFYING ISSUES THAT NOT ONLY BENEFIT THE STUDENT-ATHLETE BUT ALSO THE ABILITY OF THE COACHING STAFF TO WORK EFFECTIVELY AND BENEFICIALLY WITHIN THE INSTITUTION

ldentifier I	Return Reference	Explanation
SERVICES F	4A	MEETINGS/ANNUAL CONVENTION ALL MEETINGS ARE HELD TO DETERMINE THE DIRECTION OF COLLEGIATE BASKETBALL MEETINGS ARE HELD FOR ALL NCAA DIVISIONS, CONFERENCES AND COMMITTEES NUMEROUS COACHING CLINICS ARE ALSO PROVIDED AND LED BY SOME OF THE NATION'S FINEST BASKETBALL COACHES THE ANNUAL CONVENTION IS A FOUR DAY EVENT THAT BEGINS ON THE THURSDAY PRECEEDING THE NCAA FINAL FOUR GAMES BECAUSE THE ANNUAL CONVENTION IS HELD IN THE CITY HOSTING THE NCAA FINAL FOUR, MEMBERS ATTENDING THE CONVENTION HAVE THE OPPORTUNITY TO PURCHASE TICKETS TO THE NCAA FINAL FOUR SEMI-FINAL AND CHAMPIONSHIP GAMES THE CONVENTION ALSO PROVIDES ITS MEMBERS THE OPPORTUNITY TO ATTEND THE NABC MARKETPLACE (OFFICIAL TRADE SHOW WHOSE EXHIBITORS ARE ON HAND TO DISPLAY THE NEWEST AND MOST ADVANCED PRODUCTS AND SERVICES AVAILABLE FOR THE SPORT OF BASKETBALL) AND PROFESSIONAL DEVELOPMENT SEMINARS (CLINICS THAT COVER TOPICS CONCERNING VARIOUS ASPECTS OF THE PROFESSION INCLUDING COACHING, ETHICS, AND PROFESSIONAL DEVELOPMENT

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6	THE ASSOCIATION IS ORGANIZED AS A NOT-FOR-PROFIT, NON-STOCK CORPORATION WITH MEMBERS THE ASSOCIATION HAS FIVE CLASSES OF MEMBERSHIP ACTIVE, ASSOCIATE, ACTIVITY, LIFE, AND HONORARY MEMBERS THE MEMBERS SERVE WITHOUT AUTHORITY AND DO NOT HAVE THE RIGHT TO NOTICE OR TO VOTE, ARE NOT CONSIDERED FOR THE PURPOSES OF ESTABLISHING A QUORUM, AND DO NOT HAVE ANY CORPORATE RIGHTS OR RESPONSIBILITY AN ACTIVE MEMBER IS AN INDIVIDUAL EMPLOYED AS A FULL-TIME INTERCOLLEGIATE BASKETBALL COACH AT A COLLEGE OR UNIVERSITY OFFERING FOUR OR MORE YEARS OF COLLEGE WORK LEADING TO A BACCALAURETTE DEGREE OR ANY INDIVIDUAL EMPLOYED AS A RESTRICTED COACH IN A RESTRICTED COACH POSITION IN DIVISION I OF INTERCOLLEGIATE MENS BASKETBALL AT A FOUR YEAR COLLEGE OR UNIVERSITY AN ASSOCIATE MEMBER IS ANY INDIVIDUAL THAT HAS SERVED AS AN ACTIVE MEMBER FOR NOT LESS THAN 15 YEARS AN ACTIVITY MEMBER IS ANY INDIVIDUAL EMPLOYED AS A COACH IN MEN'S BASKETBALL AT ANY JUNIOR COLLEGE OR HIGH SCHOOL OR ANY INDIVIDUAL EMPLOYED AS THE PART-TIME AND GRADUATE ASSISTANT COACH OF A FOUR YEAR COLLEGE OR UNIVERSITY, OR ANY INDIVIDUAL EMPLOYED AS A PART-TIME OR FULL-TIME OR ASSISTANT COACH OF MEN'S BASKETBALL AT A FOREIGN COLLEGE OR UNIVERSITY A LIFE MEMBERSHIP IS AWARDED TO THE INDIVIDUAL WHO HAS COMPLETED HIS TERM AS THE PRESIDENT OF THE ASSOCIATION AN HONORARY MEMBER IS AWARDED TO ANY MEMBER, UPON BOARD APPROVAL, WHO HAS MADE A VALUABLE CONTRIBUTION TO THE ASSOCIATION

ldentifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF GOVERNING BODY	FORM 990 PART VI, LINE 7A	THE ASSOCIATION'S AFFAIRS ARE MANAGED BY THE BOARD OF DIRECTORS WHO HAVE AND EXERCISE ALL THE POWERS OF THE ASSOCIATION THE DIRECTORS ARE ELECTED BY A NOMINATING COMMITTEE COMPRISED OF ONE CURRENT DIRECTOR AND TWO MEMBERS THIS COMMITTEE NOMINATES AND RECOMMENDS TO THE DIRECTORS THEN IN OFFICE THE INDIVIDUALS SELECTED FOR OPEN DIRECTOR POSITIONS UPON ELECTION, THE DIRECTORS HOLD OFFICE UNTIL THEIR SUCCESSOR IS ELECTED, DEATH, RESIGNATION OR DISQUALIFICATION OCCURS THE DIRECTORS WILL BE NOT LESS THAN 13 NOR GREATER THAN 21 AND SHALL BE DIVIDED INTO THREE CLASSES, REPRESENTATIVE OF THE NCAA DIVISIONS, WITH THE TERM OF ONE CLASS EXPRING EACH YEAR THE DIVISION I CLASS CONSISTS OF ONE MEMBER FROM EACH OF THE FOUR NCAA REGIONS AND SEVEN AT-LARGE MEMBERS THE DIVISION II AND DIVISION III CLASSES EACH CONSIST OF TWO MEMBERS ONE OF WHOM REPRESENTS THE EAST REGION AND THE OTHER REPRESENTS THE WEST REGION THE PAST PRESIDENT AND THE IMMEDIATE PAST PRESIDENT ALSO SERVE AS DIRECTORS THE DIRECTORS APPOINT AND DELEGATE THEIR POWERS AS DIRECTORS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE DIRECTORS DURING THE INTERVALS BETWEEN MEETINGS OF THE DIRECTORS THE EXECUTIVE COMMITTEE THE PRESIDENT, VICE PRESIDENTS, PAST PRESIDENT, IMMEDIATE PAST PRESIDENT, SECRETARY, GENERAL COUNSEL AND TREASURER THE GENERAL COUNSEL, TREASURER AND SECRETARY WHO ARE EX-OFFICIO, NON-VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ARE NOT MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ARE NOT MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ARE NOT MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE REMAIN IN OFFICE AT THE PLEASURE OF THE DIRECTORS.

ldentifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, LINE 11B	THE ASSOCIATION'S FORM 990, SCHEDULES TO THE FORM 990 AND FORM 990-T (HEREIN REFERRED TO AS FORM 990) IS PREPARED BY THE ASSOCIATION STAFF AND REVIEWED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. THE ASSOCIATION STAFF EXTENDS THE DUE DATE OF THE FORM 990 SO THAT IT CAN BE PRESENTED TO THE EXECUTIVE COMMITTEE AT THE ANNUAL CONVENTION MEETING. THE ASSOCIATION STAFF REVIEWS THE FORM 990 PAGE BY PAGE WITH THE EXECUTIVE COMMITTEE. UPON RESOLUTION OF ANY QUESTIONS, THE EXECUTIVE COMMITTEE APPROVES THE FORM 990 AND REPORTS TO THE FULL BOARD OF DIRECTORS THAT SUCH ACTION WAS TAKEN. THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS DOCUMENT SUCH APPROVAL AND DISCUSSION IN THEIR RESPECTIVE MINUTES. SUBSEQUENT TO THE ANNUAL CONVENTION MEETING BUT BEFORE THE EXTENDED DUE DATE OF FORM 990, THE ASSOCIATION'S STAFF FILES. THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

ldentifier	Return Reference	Explanation
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	THE ASSOCIATION CONDUCTS PERIODIC REVIEWS FOR MONITORING PROPOSED AND ONGOING TRANSACTIONS OF CONFLICT OF INTEREST THE ASSOCIATION REQUIRES THAT EACH DIRECTOR AND MEMBER OF THE EXECUTIVE COMMITTEE SIGN AN ANNUAL STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND THE POLICY, HAVE AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ASSOCIATION IS TAX-EXEMPT AND MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ITS TAX-EXEMPT PURPOSE. THE EXECUTIVE COMMITTEE DETERMINES WHETHER A CONFLICT OF INTEREST HAS OCCURRED BASED ON THE DISCLOSURES OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS OF ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF THE EXECUTIVE COMMITTEE WHO HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE ASSOCIATION THIS COMMITTEE REVIEWS ALL COMPENSATION ARRANGMENTS AND BENEFITS TO DETERMINE IF THEY ARE REASONABLE. THIS COMMITTEE WILL ALSO REVIEW ACTUAL CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE WILL DETERMINE IF ANY RESTRICTIONS SHOULD BE IMPOSED ON THE INTERESTED PERSON ANY MEMBER OF THE EXECUTIVE COMMITTEE THAT IS DETERMINED TO HAVE A CONFLICT OF INTEREST. WILL RECLUSE THEMSELVES FROM ANY DECISION-MAKING DISCUSSIONS REGARDING ANY IMPOSED RESTRICTIONS

ldentifier	Return Reference	Explanation
REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION	FORM 990, PART VI, LINES 15A & 15B	THE ASSOCIATION HIRES AN INDEPENDENT PARTY PERIODICALLY TO PERFORM A COMPENSATION STUDY ON SALARIES OF THE EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR OF THE ASSOCIATION THE MOST RECENT COMPENSATION STUDY WAS PERFORMED IN FISCAL YEAR 2009 THE EXECUTIVE COMMITTEE REVIEWS THE STUDY AND USES IT AS A GUIDELINE TO MAKE COMPENSATION DECISIONS IN THE YEARS THAT A STUDY IS NOT PERFORMED THE ASSOCIATION HAS A COMPENSATION STUDY PERFORMED EVERY FIVE YEARS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19	THE ASSOCIATION HAS A PUBLIC INSPECTION POLICY WHICH STATES THAT THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR REVIEW DURING THE REGULAR BUSINESS HOURS AT 1111 MAIN STREET, SUITE 1000, KANSAS CITY, MO 64105 ANY REQUEST FOR SUCH FILING WILL BE FULFILLED WITHOUT CHARGE EXCEPT FOR THE COST TO REPRODUCE AND MAIL THE FILING ALL REQUESTS MUST BE MADE IN PERSON OR IN WRITING IF THE REQUEST IS MADE IN PERSON, THE COPIES SHALL BE PROVIDED IMMEDIATELY FOR ANY WRITTEN REQUESTS, THE NABC SHALL PROVIDED FILINGS WITHIN 30 DAYS OF THE REQUEST