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Department of the Treasure Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public

2011 OCT and ending SEP 30, For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if NATIONAL ASSEMBLY OF STATE ARTS Address change AGENCIES, INC. Name change 62-0913689 Doing Business As Initial return Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number (202)347 - 63521029 VERMONT AVENUE, NW Termin-200 2,157,703. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-WASHINGTON, DC 20005 H(a) Is this a group return pendina F Name and address of principal officer JONATHAN KATZ Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status; X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or If "No." attach a list. (see instructions) Website: ► WWW.NASAA-ARTS.ORG **H(c)** Group exemption number ▶ Form of organization X Corporation Trust Association Other > L Year of formation 1974 M State of legal domicile MO Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) <u>50</u> 6 Total number of volunteers (estimate if necessary) 6 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 849,144. 719,036. Contributions and grants (Part VIII, line 1h) Revenue 1,407,254. 1,409,389. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), line 3, and Vo 6,525. 10,960. $8, \overline{144}$. 18,318. 11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 1 to 2,271,067. 2,157,703. Total revenue - add lines 8 through 1-(must equal Part(VII) (column 4) line 12) Grants and similar amounts paid (Paretx), column (A), lines 1.3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits Patelly, politic 1,232,606. 1,316,856. 16a Professional fundraising fees (Part IX, eclumn (A), line 11e) 42,364. **b** Total fundraising expenses (Part IX, column (D), line 25) 934,911. 821,849. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,167,517. 2,138,705. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 103,550. 18,998. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 1,221,651. 1,294,259. 20 Total assets (Part X, line 16) 588,937. 610,859. 21 Total liabilities (Part X, line 26) 632,714. 683,400. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ature of officer Sian ONATHAN KATZ, CEO Here Type or print name and title P67830558 Preparer's signature Rrint/Type preparer's∦name 1EX2ndrai 71141E25 Paid GELMAN, ROSENBERG & FREEDMAN 52-1392008 Preparer Firm's name Firm's EIN ▶ Firm's address 4550 MONTGOMERY AVE SUITE 650N Use Only

BETHESDA, MD 20814-2930

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

(301)

951-9090 Yes ____

Form 990 (2011)

No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
9 .	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	Ť		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
. •	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	}		
_	Part VI	11a	Х	
ь	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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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 :	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ŀ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

Page 4

1 0	Officialist of frequired confedences (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		ĺ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	İ		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X	
		Form	990 (2011)

Page **5**

rat	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			:
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			[
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			•
	(gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١
	any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).	_		U
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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 N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Ĺ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŀ
	Section 501(c)(12) organizations. Enter N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			r
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Farm	gan /	00441

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 21		,	,,-,, -,-				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 21							
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		Х				
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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			:				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
40	In Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14						
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? The organization's CEO, Executive Director, or top management official	15a	Х					
a	Other officers or key employees of the organization	15b	X					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	, 50	••	-				
16a	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		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨	·					
	DENNIS DEWEY - (202)347-6352							
132000	1029 VERMONT AVENUE NW # 2, WASHINGTON, DC 20005							
01-23-	12	Form	990 (2011)				

AGENCIES, INC.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARLYNN FISHBAUGH	5 00									
PRESIDENT	5.00	X	├	X	ļ		_	0.	0.	0.
(2) PAM BREAUX	F 00	\ ,		7	ŀ					0
1ST VICE PRESIDENT	5.00	X	<u> </u>	X	├		<u> </u>	0.	0.	0.
(3) PHILIP HORN	5 00	l.		Х				0.	0	0
2ND VICE PRESIDENT	5.00	X	-	Λ.				0.	0.	0.
(4) BOBBY KADIS	5.00	Х	ĺ	Х				0.	0.	0.
TREASURER (5) JOHN BRACEY	3.00	^		Λ		<u> </u>		0.	0.	<u> </u>
SECRETARY	5.00	Х		Х		l		0.	0.	0.
(6) ALEX ALDRICH	3.00	1		1		\vdash	_		0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(7) KIM BAKER									•	
DIRECTOR	2.00	X						0.	0.	0.
(8) BENJAMIN BROWN				\vdash	<u> </u>					
DIRECTOR	2.00	X						0.	0.	0.
(9) MICHAEL J. CHARRON				\vdash						
DIRECTOR	2.00	X						0.	0.	0.
(10) CHRISTINE D'ARCHY	-									
DIRECTOR	2.00	X						0.	0.	0.
(11) JOHN DIVINE										
DIRECTOR	2.00	X						0.	0.	0.
(12) GARY GIBBS										
DIRECTOR	2.00	Х						0.	0.	0.
(13) JULIE HENAHAN					Ì					
DIRECTOR	2.00	Х						0.	0.	0.
(14) MARGARET HUNT										
DIRECTOR	2.00	X						0.	0.	0.
(15) SUSAN LANDIS									_	
DIRECTOR	2.00	X	<u> </u>					0.	0.	0.
(16) TODD LOWE								_		_
DIRECTOR	2.00	X			_			0.	0.	0.
(17) BILL MANDICOTT			Ì							•
DIRECTOR 132007 01-23-12	2.00	Х	<u> </u>					0.	0.	0 . Form 990 (2011)

132007 01-23-12

Form 990 (2011)

AGENCIES, INC.

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
(A) (B)			(C)					(D)	(E)			(F)	
Name and title	Average	Position (do not check more t					Reportable	Reportable		Es	tımate	ed	
	hours per	box	, unles	ss pe	rson	ıs bot	h an	compensation	compensation		am	ount	of
	week	⊢	cer an	dad	irecto	or/trus	itee)	from	from related			other	
	(describe hours for	agc l						the	organizations	″		pensa	
	related	9.0	28			safted		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		om the anızatı	
	organizations	trustee or director	Institutional trustee		88	E G		(44-2/1099-141130)		- 1	_	d relati	
	ın Schedule	dual	ntona	L	oldu	15 S	ja j			j		ınızatı	
	O)	Individual	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) REBECCA T.B. QUINN													
DIRECTOR	2.00	Х			<u> </u>	L		0.		0.			0.
(19) RANDALL ROSENBAUM					-								
DIRECTOR	2.00	X						0.		0.			0.
(20) MALISSA FERUZZI SHRIVER					1			_ :					
DIRECTOR	2.00	X	Ш		L.	_		0.		0.			0.
(21) LIONELL THOMAS					1								_
DIRECTOR	2.00	X			_			0.		0.			0.
(22) JONATHAN KATZ	40.00							150 240					
CEO	40.00		\Box	X	<u> </u>			158,340.		0.	10	6,0	/6.
(23) KELLY BARSDATE	40 00					,,		122 705	l .	,	1.	2 7	^ ^
CHIEF PROGRAM OFFICER	40.00	_			-	X		132,705.	1	0.	Ι.	3,7	03.
(24) LAURA S. SMITH	40.00				ļ	X		104,652.		0.	1 .	1,8	15
CHIEF ADVANCEMENT OFFICER	40.00	-		_	_	1	_	104,032.	· '	٠-	L.	1,0	40.
1b Sub-total						>		395,697.		0.	4	1,6	24.
c Total from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.		0.			0.
d Total (add lines 1b and 1c)								395,697.		0.	4	1,6	2 4.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d a	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
compensation from the organization											Т		3
										г		Yes	No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee	, or i	highest compensated ei	mployee on	l			.,
line 1a ⁷ If "Yes," complete Schedule J for s										-	3		X
4 For any individual listed on line 1a, is the su	·							·	the organization	1		v	
and related organizations greater than \$150			-							ŀ	4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services		_		Х
Section B. Independent Contractors	piete Scheduit	e <i>J 1</i>	or st	ICII	pers	ion					5		
Complete this table for your five highest contains the second secon	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensa	ition fr	om	
the organization. Report compensation for	•	-							•				
(A)								(B)			(C		
Name and business	address	NC	ONE	<u> </u>			4	Description of s	ervices	Co	mper	sation	1
							-						
								· · · · · · · · · · · · · · · · · · ·					
											 .		
							_						
2 Total number of independent contractors (ii	ncluding but n	ot lii	mited	d to	tho	se lis	sted	l above) who received m	ore than				
\$100,000 of compensation from the organiz	•				(
										ſ	orm 9	990 (2	2011)

62-0913689

AGENCIES, INC.

Pa	rt VII	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
s, G	С	Fundraising events	1c					Ī
Sift	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e	681,810.				[
tior sr S	f	All other contributions, gifts, gran	its, and					Į.
ibu		similar amounts not included abo	ve 1f	37,226.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	3 1a-1f \$					
<u>2 F</u>	h	Total. Add lines 1a-1f		•	719,036.			
				Business Code	515 546	515 546		
ice	2 a			900099	717,546.	717,546.		
er Le	b			900099	667,765.	667,765.		
Program Service Revenue	С		FEES	900099	23,930.	23,930.		
	d	PUBLICATIONS		900099	148.	148.		
	е							
	f	· ··· · · · · · · · · · · · · · · · ·	enue		1409389.			
_		Total. Add lines 2a-2f	alouala ada uakau	• A • • • •	1403303.			
	3	Investment income (including	dividends, intere	est, and	10,960.			10,960.
	4	other similar amounts) Income from investment of ta	v-ovomat band r	raccada	10,7500.			10,300.
	5	Royalties	v-exembt poug b	noceeus -				
	3	noyalles	(ı) Real	(II) Personal				
	6 a	Gross rents	(y ricui	(ii) i cisonai				
	b							
	c							
		Net rental income or (loss)	L					ĺ
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis				1		
		and sales expenses						
	С	Gain or (loss)				`		
	d	Net gain or (loss)		•				
Other Revenue	8 a	Gross income from fundraisin including \$						İ.
leve		contributions reported on line						Ė
er H		Part IV, line 18	а					
th	b	Less. direct expenses	b					,
	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					ļ
		Less direct expenses	b					
		Net income or (loss) from gam		•				·····
	10 a	Gross sales of inventory, less	returns					
		and allowances	a .					
		Less. cost of goods sold	b			1		
	c	Net income or (loss) from sale		D			***************************************	
	44 -	Miscellaneous Revenu MISCELLANEOUS	le	Business Code 900099	18,318.	İ		18,318.
	11 a b			700033	10,310.			10,310.
	C							
	d						,	
	_	Total. Add lines 11a-11d		—	18,318.			
	12	Total revenue See instructions			2157703.	1409389.	0.	29,278.
13200 01-23	9 -12							Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon-		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	174 024	150 435	24 400	
	trustees, and key employees	174,924.	150,435.	24,489.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	026 502	E C O 220	224 401	22 072
7	Other salaries and wages	926,593.	569,320.	324,401.	32,872
8	Pension plan accruals and contributions (include	20 020	16 630	10 221	1 000
_	section 401(k) and section 403(b) employer contributions)	28,029. 107,041.	16,628. 67,524.	10,321. 35,973.	1,080 3,544 2,434
9	Other employee benefits	80,269.			3,544
10	Payroll taxes	00,209.	52,183.	25,652.	2,434
11	Fees for services (non-employees)				
a	F	64,425.	56,694.	7 721	
	Legal	27,515.	24,213.	7,731. 3,302.	
C	ř	27,313.	24,213.	3,302.	
d	, 3				
e					
f	Investment management fees Other	198,553.	174,896.	23,516.	141
9 12	F	170,333.	174,000.	23,310.	
13	Advertising and promotion Office expenses	45,757.	25,414.	19,605.	738
14	Information technology	53,327.	46,928.	6,399.	730
15	Royalties	33,3270	10/3201	0,333.	
16	Occupancy	183,169.		183,169.	.,,
17	Travel	141,643.	139,476.	2,167.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,599.	60,422.	2,177.	
20	Interest	•	-,	•	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,173.		9,173.	
23	Insurance	7,776.		7,776.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	EQUIPMENT	12,574.	1,785.	10,789.	
b		7,030.	2,499.	2,976.	1,555
С	MISCELLANEOUS	6,613.	<678.		
d	MERCHANT FEES	1,695.		1,695.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,138,705.	1,387,739.	708,602.	42,364
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)

Part X	Balance :	Sheet	
Form 990 (2011).	AGENCIES,	INC.
•	•	NATIONAL	HOOFILE

Pai	t X	Balance Sheet		,	
		·	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	635,782.	1	52,272
	2	Savings and temporary cash investments	47,951.	2	613,677
	3	Pledges and grants receivable, net	216,473.	3	262,492
	4	Accounts receivable, net	60,585.	4	71,803
	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)		6	
i je	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,851.	9	37,347
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 111,706. 10b 101,115.			
	b	Less: accumulated depreciation 10b 101, 115.	18,083.	10c	10,591 232,167
	11	Investments - publicly traded securities	199,016.	11	232,167
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
l	14	Intangible assets		14	
ı	15	Other assets. See Part IV, line 11	13,910.	15	13,910
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,221,651.	16	1,294,259
	17	Accounts payable and accrued expenses	140,471.	17	143,805
	18	Grants payable		18	
	19	Deferred revenue	343,485.	19	368,935
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	*	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
i	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	104 001		
		Schedule D	104,981.	25	98,119. 610,859.
_	26	Total liabilities. Add lines 17 through 25	588,937.	26	610,859.
		Organizations that follow SFAS 117, check here X and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.	620 714		600 400
ă	27	Unrestricted net assets	632,714.	27	683,400.
8	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
[Organizations that do not follow SFAS 117, check here			
Ō		complete lines 30 through 34.	1	:	-
ie l	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	622 714	32	602 400
_	33	Total net assets or fund balances	632,714.	33	683,400.
	34	Total liabilities and net assets/fund balances	1,221,651.	34	1,294,259.

Form **990** (2011)

Form	1990 (2011) AGENCIES, INC.	02-09130	89	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2,	157	7,7	03.		
2							
3							
4							
5	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	683	3,40	00.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				ليبا		
		_		Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,	İ	Ì			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		İ			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		l			
	separate basis, consolidated basis, or both	ŀ		f			
	X Separate basis Consolidated basis Both consolidated and separate basis			į			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		İ			
	Act and OMB Circular A-133?	L	3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X			
		F	orm 9	9 90 (2	2011)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ASSEMBLY OF STATE ARTS AGENCIES, INC.

Employer identification number 62-0913689

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d ____ Type III · Other a ____ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iii) Type of (iv) Is the organization (v) Did you notify the (I) Name of supported (II) EIN (vii) Amount of organization in col organization in col (ı) lısted ın your organization in col organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 AGENCIES, INC. Part II. Support Schedule for Organizations Desc Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	1,475,836.	1,308,635.	765,284.	849,144.	719,036.	5,117,935.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,475,836.	1,308,635.	765,284.	849,144.	719,036.	5,117,935.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		•				
	column (f)						
6	Public support. Subtract line 5 from line 4			MA			5,117,935.
Se	ction B. Total Support					 	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,475,836.	1,308,635.	765,284.	849,144.	719,036.	5,117,935.
8	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	34,354.	11,361.	4,775.	6,525.	10,960.	67,975.
9	Net income from unrelated business						
	activities, whether or not the		,				
	business is regularly carried on						
10	Other income. Do not include gain		İ	į			
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,270.	15,861.	37,379.	8,144.	18,318.	80,972.
	Total support. Add lines 7 through 10						5,266,882.
	Gross receipts from related activities,						,971,856.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
	organization, check this box and stop						<u>▶</u>
	ction C. Computation of Publ		-	. (0)	1		07 17
	Public support percentage for 2011 (I		=	olumn (t))		14	97.17 % 97.20 %
	Public support percentage from 2010				14 00 1 (00)	15	
168	33 1/3% support test - 2011. If the c	•			14 IS 33 1/3% or m	nore, check this bo	x and ►X
	stop here. The organization qualifies		•		han 45 in 00 4 /00/		
	33 1/3% support test - 2010. If the c				ine 15 is 33 1/3%	or more, check in	IS DOX
17-	and stop here. The organization quali		• •		13 160 or 16h a	and line 14 is 100/	or more
1/2	 10% -facts-and-circumstances test and if the organization meets the "fac 						
						t iv now the organ	12ation
	meets the "facts-and-circumstances"					170 and line 15 in 1	10% or
	10% -facts-and-circumstances test						
	more, and if the organization meets the organization meets the "facts-and-circ						.
1Ω	Private foundation. If the organization		•	•	,		
-10	vate roundation. If the organizatio	ii did not oneck a t	50A OIT IIIIE 10, 100	<u>a, 100, 170, 01 170</u>	•	dule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
2	Organization's tax-exempt purpose					+		
3	Gross receipts from activities that are not an unrelated trade or bus-							
_	iness under section 513					┼		
4	Tax revenues levied for the organ-					1		
	ization's benefit and either paid to			•				
	or expended on its behalf					ļ		
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and				1			
	3 received from disqualified persons							1
b	Amounts included on lines 2 and 3 received						-	<u> </u>
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]		
c	Add lines 7a and 7b					t		-
	Public support (Subtract line 7c from line 6)					+		
	etion B. Total Support				<u>t </u>	.1		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 2010	Т	(a) 2011	(6 Total
	Amounts from line 6	(a) 2001	(b) 2008	(6) 2009	(d) 2010	╁─	(e) 2011	(f) Total
	Gross income from interest,					 		
iva	dividends, payments received on				İ			
	securities loans, rents, royalties					ł		
	and income from similar sources					1		
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975					<u> </u>		
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b.							
	whether or not the business is				ŀ			
	regularly carried on					<u> </u>		
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV)					L		
	Total support (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 50	(c)(3) organiz	ation.
	check this box and stop here	_			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 🗆
	tion C. Computation of Public	Support Pe	rcentage					
	Public support percentage for 2011 (lin			olumn (f))	,	15	71 - 15	(
	Public support percentage from 2010 S		=	(,,,		16		
	tion D. Computation of Invest					1.0	·	
	Investment income percentage for 201			e 13. column (fl)		17		
	Investment income percentage from 20		•	5 10, 50lumin (i))		18		
	33 1/3% support tests - 2011. If the o			on line 14 and line	15 is more than 3	$\overline{}$	L	
							70, and line 1	/ is not
	more than 33 1/3%, check this box and				• •		00 4 60 4	▶∟
	33 1/3% support tests - 2010. If the o							and
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						-	

SCHEDULE·C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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), then

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.	-	•	
		L ASSEMBLY OF STA	TE ARTS	E	mployer identification number
	AGENCIE	ES, INC.			62-0913689
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c)	or is a section 52	7 organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect political	l campaign activities in	n Part IV.	> \$
P:	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax			<i>5j</i> .	> \$
	Enter the amount of any excise tax	•			S S S S S S S S S S
	If the organization incurred a section			•	Yes No
	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.				
		ganization is exempt unde	r section 501(c),	except section 5	01(c)(3).
1	Enter the amount directly expende	d by the filing organization for sect	ion 527 exempt functi	on activities	▶ \$
	Enter the amount of the filing organ		•		
	exempt function activities		-	1	▶ \$
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			!	▶ \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5			of all section 527 pol	itical organizations to	which the filing organization
	made payments For each organization	· ·	•	-	
	contributions received that were p	romptly and directly delivered to a	separate political orga	nization, such as a se	parate segregated fund or a
	political action committee (PAC) If	additional space is needed, provide	le information in Part l'	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, enter	s contributions received and
- \ \ \ \ \					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

	Lobbying Expend	litures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	255,349.	254,962.	258,376.	256,935.	1,025,622.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,538,433.
c Total lobbying expenditures	12,281.	6,123.	14,230.	4,037.	36,671.
d Grassroots nontaxable amount	63,837.	63,741.	64,594.	64,234.	256,406.
e Grassroots celling amount (150% of line 2d, column (e))					384,609.
f Grassroots lobbying expenditures	147.		1,069.	175.	1,391.

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

for each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbyring activity. 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. a 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? e Publications, or published or broadcast statements? f Grants to other organizations for lobbyring 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? i Total. Add lines 1c through 11 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Uses, assessments and senilar amounts from members 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondedu	1 During the year, of local legislation, is or referendum, the a Volunteers? b Paid staff or manic Media advertisem d Mailings to member e Publications, or publications, or publications of governments of Grants to other of governments of the activities? j Total. Add lines 1 2a Did the activities bif "Yes," enter the cif "Yes," enter the cif "Yes," enter the cif the filling organication.	d the filing organization attempt to influence foreign, national, state or cluding any attempt to influence public opinion on a legislative matter ough the use of. gement (include compensation in expenses reported on lines 1c through 1i)? ents? ers, legislators, or the public? ganizations for lobbying purposes? a legislators, their staffs, government officials, or a legislative body? tions, seminars, conventions, speeches, lectures, or any similar means? ethrough 1i a line 1 cause the organization to be not described in section 501(c)(3)? amount of any tax incurred under section 4912 amount of any tax incurred by organization managers under section 4912 atton incurred a section 4912 tax, did it file Form 4720 for this year? ete if the organization is exempt under section 501(c)(4), section			Amo	ount
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expenditure next year?	does the organiza	ion agree to carryover to the reasonable estimate of nondeductible lobbying and poli	tıcal			
	expenditure next	ear?		4		
5 Taxable amount of lobbying and political expenditures (see instructions) 5	5 Taxable amount of		5			
Part IV Supplemental Information	Part IV Supple	mental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A; and Part II-B, line 1 Also, com			II·A: and Pa	art II-B, line	e 1 Also c	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

NATIONAL ASSEMBLY OF STATE ARTS

Employer identification number 62–0913689

AGENCIES, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

Part VI Land, Buildings, and Equip	ment. See Form 990, Part X	, line 10		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Faulament		66.469.	55.878.	10.591

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Describe in Part XIV the intended uses of the organization's endowment funds.

Schedule D (Form 990) 2011

Other

<u>1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD IN TRUST	60,704.
(3)	DEFERRED RENT	37,415.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	98,119.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011

23910__1

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

Schedule D (Form 990) 2011

23910 1

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO

NATIONAL ASSEMBLY OF STATE ARTS 62-0913689 Page 5 Schedule D (Form 990) 2011 AGENCIES, INC. Part XIV Supplemental Information (continued) AFTER IT IS FILED.

Schedule D (Form 990) 2011

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

NATIONAL ASSEMBLY OF STATE ARTS AGENCIES, INC.

Employer identification number 62-0913689

b 2 3	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel	1b 2		
2 3 4 a	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. Compensation committee Written employment contract Written employment contract Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board			
2 3 4 a	Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations			
2 3 4 a	Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations			
2 3 4 a	Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee			
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а	Independent compensation consultant Form 990 of other organizations X Compensation survey or study X Approval by the board or compensation committee			
а	Form 990 of other organizations X Approval by the board or compensation committee			
а				
а	During the year did any person listed in Form 990. Part VII. Section A line 1a, with respect to the filing	1 1		
	barring the year, are any percent reced in a control of the time of time of the time of time of time of time of time of time of time of time of time o			
	organization or a related organization			
b	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		.	
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b		Χ
	If "Yes" to line 5a or 5b, describe in Part III		.	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		İ	
	contingent on the net earnings of			٠,
	The organization?	6a	\longrightarrow	X
D	Any related organization?	6b	\longrightarrow	X
7	If "Yes" to line 6a or 6b, describe in Part III		ŧ	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 62 If "Yes," describe in Part III	_		v
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	\longrightarrow	X
B	were any amounts reported in Form 990, Fart VII, paid of accrued pursuant to a contract that was subject to the			Х
8				Λ.
8	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		

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Schedule J (Form 990) 2011

NATIONAL ASSEMBLY OF STATE ARTS

AGENCIES, INC.

Schedule J (Form 990) 2011

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

62-0913689

Page 2

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or	V-2 and/or 1099-MIS	1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	158,340.	0	0	7,720.	8,356.	174,416.	0
1 JONATHAN KATZ	€	0	0	0	0	0	0	0
	ε							
2	€							
	€							
3	(ii)							
	Θ							
4	(ii)							
	ε							
5	<u>(ii)</u>							
	ε							
9	€							
	(1)							
7	Ξ							
	3							
8	(3)							
	8							
6	Ξ							
	ε							
10	Ξ							
	ε							
11	(ii)							
	ε							
12	€							
	ε							
13	(ii)							
	3							
14	(ii)							
	ε							
15	Ξ							
	8							
16	⊜							

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. NATIONAL ASSEMBLY OF STATE ARTS

AGENCIES, INC.

Employer identification number 62-0913689

OMB No 1545-0047

FORM	990,	P	ART	VI,	SEC	TION	A,	LINE	6:	THE	MEMBE	RSHI	POF	THE	ASSE	MBLY	
CONSI	STS	OF	THE	STA	TE	ARTS	AGE	NCIE	S, I	REPRI	SENTE	D BY	THE	CHA	IRMAN	AND	THE
DIREC	TOR	OR	THE	CHI	EF	EXECU	JTIV	E OF	FICI	ER OI	EACH	OF	THE	CONS	TITUE	T	
AGENO	CIES																

FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE PREPARES THE SLATE AND THE FULL MEMBERSHIP ELECTS NEW BOARD MEMBERS ANNUALLY.

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

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANT AND WAS REVIEWED BY SENIOR MANAGEMENT. A FINAL COPY OF THE FORM 990 WAS SENT TO THE FULL BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST OCCURS WHEN THE INTERESTS OF AN EMPLOYEE OR ANOTHER OUTSIDE PARTY ACTUALLY OR POTENTIALLY AFFECT THE ORGANIZATION IN A NEGATIVE WAY. IF IT IS DETERMINED THAT AN EMPLOYEE'S WORK IS BEING ADVERSELY AFFECTED BY OUTSIDE ACTIVITIES, THE EXECUTIVE DIRECTOR MAY TAKE ACTION NORMALLY TAKEN IN RESPONSE TO UNSATISFACTORY WORK PERFORMANCE

ANY BOARD MEMBER MUST DISCLOSE ANY CONFLICTS OF INTEREST IMMEDIATELY. IF A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER RECUSES HIMSELF/HERSELF FROM VOTING ON THE MATTER.

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

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

Name of the organization NATIONAL ASSE AGENCIES, INC		Employer identification number 62–0913689
FORM 990, PART VI, SECTION	B, LINE 15: THE EXECUTIVE COMM	ITTEE APPROVES
THE COMPENSATION RANGES FOR	THE CEO. THE PROCESS IS BASED	ON REVIEW OF
COMPARABLES, MARKET TRENDS	AND EVALUATION. ALL DECISIONS	REGARDING
COMPENSATION ARE DOCUMENTED	•	
ALONG WITH THE CHIEF OF STA	FF RECOMMENDATIONS, THE EXECUT	IVE COMMITTEE
APPROVES THE SALARY RANGES	FOR ALL EMPLOYEES. THE PROCESS	IS BASED ON
REVIEW OF COMPARABLES, MARK	ET TRENDS AND EVALUATION. ALL	DECISIONS
REGARDING COMPENSATION ARE	DOCUMENTED. THIS PROCESS WAS L	AST COMPLETED IN
SEPTEMBER OF 2011.		
FORM 990, PART VI, SECTION	C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLI	CT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
AVAILABLE TO THE PUBLIC ONL	INE AND/OR UPON REQUEST.	

FORM 990, PART XI, LINE 5,	CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INV	ESTMENTS:	31,688.