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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2012

Open to Public Inspection

Α	For the	2012 calenda	r year, or tax year beginning <u>,</u>	<u>2012,</u> an	d ending			, 20
В	Check if a	pplicable	c Name of organization			D Emplo	yer id	entification number
	Address cl	hange	nge INVESTMENT TRADERS ASSOCIATION OF PHILA			23-6297544		
	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Teleph	one nu	ımber		
	Initial return					J		
	Terminated 200 BARRHARBOR DRIVE 300 (2						L5) 66	55-6500
	Amended	retum	City or town, state or country, and ZIP + 4			F Group	Exemp	otion
	Application	n pending	Conshohocken, PA 19428-2979			Numbe	r ►	
G	Accour	nting Method	Cash		F	I Check ►	X if	the organization is not
ı	Websit	te: ▶				required to	attach	Schedule B
j	Tax-exe	empt status (c	heck only one) - ☐ 501(c) (3) 🛛 501(c) (6) ◀ (insert no) 🗍	4947(a)(1) o	r 527	(Form 990,	990-E	Z, or 990-PF).
ĸ	Check I	■ If the or	ganization is not a section 509(a)(3) supporting organization or se	ction 527	organization	and its gross	receip	ots are normally
	not more	e than \$50,000	A Form 990-EZ or Form 990 return is not required though Form	990-N (e	-postcard) ma	y be required	d (see	instructions) But if
	the orga	nization choos	ses to file a return, be sure to file a complete return					
L	Add line	s 5b, 6c, and 7	7b, to line 9 to determine gross receipts. If gross receipts are \$200),000 or n	nore, or if total	assets (Part	И,	
	line 25, d	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u></u> .		. ▶\$	80,762
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fun	d Bala	nces(see the	instructions	for Pa	rt I)
		Check if the	e organization used Schedule O to respond to any question in this	Part I				x
	1	Contributions	, gifts, grants, and similar amounts received				1	
	2	Program sen	vice revenue including government fees and contracts				2	
	3	•	dues and assessments				3	
	4	Investment in					4	20
	5a		nt from sale of assets other than inventory	1	1			
	1		other basis and sales expenses					
) from sale of assets other than inventory (Subtract line 5b from lin				5c	
	6	Gaming and	- 					
		-						
þ	-	a Gross income from gaming (attach Schedule G if greater than \$15,000)						
ē	h		ross income from fundraising events (not including \$ of contributions					eceived
Revenue	"		* *					
_			ing events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)	6b	1	80,742	,	5 0 9 2013
		`	expenses from gaming and fundraising events			47,034		3 0 3 20 5
	4		r (loss) from gaming and fundraising events (add lines 6a and 6b			47,034		
	"			and Subu	acı		6d	33,708
	73	,	of inventory, less returns and allowances	7a	i		- 00	33,700
		Less cost of	•					
							7c	
	. 8		e (describe in Schedule O)				8	
	<u> </u>		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	33,728
	90		Imilar amounts paid (list in Schedule O)				10	5,950
	77		to or for members				11	3,330
	121	•	er compensation, and employee benefits				12	
es	135		• • • • •				13	1,000
Expenses							14	1,000
Š	147		rent, utilities, and maintenance					
w	150						15	01 005
		,	ses (describe in Schedule O)				16	21,295
			ses. Add lines 10 through 16				17	28,245
ş			eficit) for the year (Subtract line 17 from line 9)			• • • • •	18	5,483
Net Assets	1905		fund balances at beginning of year (from line 27, column (A)) (mu				40	FO 003
Ä		-	gure reported on prior year's return)				19	58,991
Ž	20	_	` `				20	
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20			•	21	64.474

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Page 2

Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond t	o any question in this P	art II	<u> </u>	· · ·	<u> </u>
		<u>[(</u>	A) Beginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments			55,191	22	61,674
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			3,800	24	2,800
25 Total assets			58,991	25	64,474
26 Total liabilities (describe in Schedule O)		[0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)	[58,991	27	64,474
Part III Statement of Program Service Accompl	ishments (see the ir	structions for P	art III)	1	Expenses
Check if the organization used Schedule O to respond			_	(Red	quired for section
What is the organization's primary exempt purpose?				5010	(c)(3) and 501(c)(4)
			<u> </u>	1	nizations and section
Describe the organization's program service accomplishments for each				1 -	7(a)(1) trusts, optional
as measured by expenses In a clear and concise manner, describe to persons benefited, and other relevant information for each program tit.		ie number oi			thers)
28				100	illers)
					İ
				1	
	1.1.6				
	ncludes foreign grants, o	check here	· · · · · · ▶ <u>U</u>	28a	
29					
				ļ	
(Grants \$) If this amount in	ncludes foreign grants, o	check here	<u> ▶ ∐</u>	29a	<u> </u>
30					in
				1	1
(Grants \$) If this amount in	cludes foreign grants, o	check here	▶ 🔲	30a	
31 Other program services (describe in Schedule O)					
	cludes foreign grants, o	check here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emplo				tions	for Part IV)
Check if the organization used Schedule O to respond					
		(c) Reportable			
(a) Name and title	(b) Average hours per week	compensation			(e) Estimated amount of
(a) Name and the	devoted to position	(Form W-2/1099-M			other compensation
JIM NOLEN		(if not paid, ente	r -0-) deferred compensa	ation	
PRESIDENT	0		o	0	0
		 		7	
MICHAEL KINSELLA			0		•
VICE PRESIDENT	0		0	- 0	0
CARLOS A JIMENEZ		}			_
SECRETARY / TREASURER	0		0	0	0
CAL QUINN					
OFFICER	0		0	_ 0	0
GORDON GARY					
OFFICER	0		0	0	0
MIKE HAUB					
OFFICER	0		0	0	0
		1	1	}	
					
	 	 		- -	
		 		-+	
		1		-	
	 	 -			
	<u> </u>	L			
					Form 990-EZ (2012)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		<u>. Ц</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		х
	detailed description of each activity in Schedule O	33	 	_^
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			ĺ
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		Х
25 -	change on Schedule O (see instructions)			1
so a		35a		Х
L	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	005	1	
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000	_	
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b	1	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
50 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			ĺ
	Initiation fees and capital contributions included on line 9			1
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.]		İ
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			ĺ
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			İ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			ĺ
	organization managers or disqualified persons during the year under sections 4912,			İ
	4955, and 4958			į
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			İ
	reimbursed by the organization			ĺ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			i
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► MICHAEL KINSELLA Telephone no ► 215-6			
	Located at ▶ 200 BARRHARBOR DRIVE SUITE 300 Conshohocken, PA ZIP+4 ▶ 19428	-297		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42h	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country.		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	- 1	Х
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	-20		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	Г
45	and enter the amount of tax-exempt interest received or accrued during the tax year			L_
	and effect the difficulty of the exempt interest reasonable during the tax year.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d	<u> </u>	
45 a	5 A 4 5 TAO(5) (400)	45a		Х
45 b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ĺ
	Form 990-EZ (see instructions)	45b		X
	-		A F.7	0040

Form	990-EZ (2012)	INVESTMENT TRA	DERS ASSOCIATION	OF PHILA		23-6297544		Page 4
46	D. 4 11		li est			F	Yes	No
46	-	zation engage, directly or indirectly, for public office? If "Yes," complete		• •		46	1	X
Pai		on 501(c)(3) organizations		<u></u>	· · · · · · · · · · ·		٠	<u> </u>
	 J	ection 501(c)(3) organization		tions 47-49b and 52	, and complet	e the tables for	lines	
	50 an	d 51	·					
	Check	k if the organization used So	chedule O to respond	to any question in	this Part VI	<u></u> .		<u>. O</u>
						r	Yes	No
47	=	zation engage in lobbying activities						
40		•					 	-
48 49a		ition a school as described in section as the an execution make any transfers to an execution make any transfers to an execution.			• • • • • • •		+	\vdash
+3a b	_	ne related organization a section 52	•				+	
50		table for the organization's five high	-			<u> </u>		
	•	no each received more than \$100,0	· · · · · · · · · · · · · · · · · · ·	·		· ·		
			(b) Average	(c) Reportable	(d) Health benefi	ts,		
		ne and title of each employee	hours per week	compensation	contributions to em benefit plans, and de		ted amou ompensa	
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation			
								
								
		 -						
f	Total number o	of other employees paid over \$100,0	000 ▶			1		
51	Complete this t	able for the organization's five high	est compensated independ	lent contractors who eac	h received more th	nan		
	\$100,000 of co	mpensation from the organization	If there is none, enter "Nor	ne "	,			
(a)	Name and address	of each independent contractor paid more that	an \$100,000	(b) Type of service	e	(c) Compensati	on	
			<u> </u>					
					+-			
			· · · · · · · · · · · · · · · · · · ·					
				·				_
								
		f other independent contractors each	•					
52		cation complete Schedule A? Note:				► □ v _a	s 🛚	NI.a
Lladas		aritable trusts must attach a comple I declare that I have examined this return, incl		ed statements and to the best o			* 12J	No
		Declaration of preparer (other than officer) is			i iliy kilowledge alio be	ile), it is		
ilde, ci	birect, and complete	Mickey	I A 40 DV (.)	preparer has any knowledge	MAN	8 201	7	-
Sigi	n Sig	nature of officer			Date	1 91000		
Her		MICHAEL D. H	LIDSELLA -	VICE Y	RESIDENT			
	Тур	e or print name and title						
	Print/Ty	pe preparer's name	Preparer's signature	Date	Check	X if PTIN		
Paid	EF B	ERRY	CODE	05-07-20)13 self-em	ployed P01248	272_	
Prep		name DEBITS LTD	/ 0		Firm's EIN ▶			
Use	Only Firm's a			.			_	
	#h-100 1	Havertown PA 19			Phone no	610-853-238		Ma
<u> </u>	ine IRS discuss	this return with the preparer shown	above / See Instructions		· · · · · · · · · · · ·	▶ ☐ Ye		No (2012)
EEA						roim 9	3U-EL ((2012)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

INV	NVESTMENT TRADERS ASSOCIATION OF PHILA 23-6297544								
Pai	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part								
1									
а	Mail solicitations				of non-government gra				
b	Internet and email solicitations		f 🗌	Solicitation of	of government grants				
С	Phone solicitations		g 🗓	Special fund	fraising events				
d	☐ In-person solicitations			·	-				
	Did the organization have a written o	r oral agreement v	vith any indiv	vidual (ınclud	ing officers, directors,	trustees			
	or key employees listed in Form 990					_	Yes 🛛 No		
b	If "Yes," list the ten highest paid indiv						is to be		
	compensated at least \$5,000 by the		,	•					
		- r	- _T ·				. T		
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid (or retained by	' (All Willoully baid to		
	or entity (fundraiser)	(II) Activity		or control of outlons?	from activity	fundraiser listed			
			Yes	No		col (ı)	Organization.		
1					į				
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				•					
	List all states in which the organization				tions or has been noti	fied it is exempt fro	m		
	registration or licensing.								
						_			
	_ 								
					······································				
					·				
									
									
						<u> </u>			
									
				. <u>.</u>					

			ESTMENT TRADERS A			3-6297544 Page 2		
Pa	rt II							
		than \$15,000 of fundraising gross receipts greater than		a gross income on Fori	m 990-EZ, lines 1 and	bd. List events with		
		gross rose, pre greater tree	(a) Event #1 MEETINGS	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
			(event type)	(event type)	(total number)	col (c))		
Revenue	1	Gross receipts	80,742		Ì	80,742		
2	2	Less: Contributions						
	3	Gross income (line 1 minus						
		line 2)	80,742			80,742		
	4	Cash prizes						
	5	Noncash prizes						
sesue	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire	8	Entertainment		·				
	9	Other direct expenses	47,453			47,453		
Pa	10 11 rt II	Direct expense summary Add lines Net income summary Combine line Gaming. Complete if the o	3, column (d), and line 10		<u>. •</u>	(47,453) 33,289 ed more		
		than \$15,000 on Form 990				<u>.</u>		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Rev	1	Gross revenue			-			
ses	2	Cash prizes	`					
Direct Expenses	3	Noncash prizes		,				
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	% No	☐ Yes %		b .		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	Net gaming income summary Com	bine line 1, column d, and l	ne 7	<u> </u>	<u> </u>		
9	_	ter the state(s) in which the organizat						
_		the organization becaused to energia a	raming activities in each of	these states?		Yes No		
a	Ist	the organization licensed to operate g No," explain.	-			Yes . No		
t	ls 1					Yes No		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

INVESTMENT TRADERS ASSOCIATION OF PHILA 23-6297544 01. General explanation attachment ORGANIZATION IS A PROFESSIONAL ASSOCIATION OF INVESTMENT TRADERS IN THE PHILADELPHIA AREA. THE PURPOSE IS TO APPRISE THE MEMBERS OF UPCOMING PRACTICES IN THE INVESTMENT INDUSTRY AS WELL AS TO PROMOTE GOODWILL AND FRIENDSHIP AMONG IT'S MEMBERS. THE ASSOCIATION DOES THIS MAINLY BY IT'S BI-ANNUAL MEETINGS. 02. List of grants and similar amounts paid (Part I, line 10) Activity **EDUCATION INSTITUTIONS** Relationship NONE Amount 5,950 03. Description of other expenses (Part I, line 16) Amount Description 3,023 BANK CREDIT CARD CHARGES DUES AND SUBSCRIPTIONS 4,300 2,172 EQUIPMENT OFFICE SUPPLIES 419 2,500 SPONSORSHIP 1,802 TRAVEL 6,979 PROMOTION WEB UPDATES 100 04. Description of other assets (Part II, line 24) Beginning of Year Category End of Year

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization		Page
Name of the organization		Employer Identification number
INVESTMENT TRADERS ASSOCIATION OF PHILA		23-6297544
		
DEPOSITS	3,800	2,800
	 	
		
		<u> </u>
		-