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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2012 calendar year, or tax year beginning , 2012, and ending , 20                                                                                                                                                                                                            |                                                                                                                                                                                                                                                   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>NATIONAL ASSOCIATION OF TICKET BROKERS</b><br>Doing Business As                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                               | <b>D</b> Employer identification number<br>52-1923607                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                               | <b>E</b> Telephone number<br>(630) 369-2406                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                               | <b>G</b> Gross receipts \$ 344,449                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                               | <b>F</b> Name and address of principal officer.<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>600 14TH STREET NW SUITE 400<br>City, town or post office, state, and ZIP code<br>WASHINGTON DC 20005 |
| <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list (see instructions)           |                                                                                                                                                                                                                                                   |
| <b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(6) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                                                                                                                                                                   |
| <b>J</b> Website: N/A                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                              |                                                                                                                                                                                                                                                   |
| <b>L</b> Year of formation 1994 <b>M</b> State of legal domicile                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |

|                                                                                                   |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Summary</b>                                                                             |                                                                                                                                          |
| 1 Briefly describe the organization's mission or most significant activities<br>SEE ATTACHMENT #1 |                                                                                                                                          |
| <b>ACTIVITIES &amp; GOVERNANCE</b>                                                                | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
|                                                                                                   | 3 Number of voting members of the governing body (Part VI, line 1a) 3 24                                                                 |
|                                                                                                   | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24                                                     |
|                                                                                                   | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5                                                         |
|                                                                                                   | 6 Total number of volunteers (estimate if necessary) 6                                                                                   |
|                                                                                                   | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a                                                               |
|                                                                                                   | 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0                                                                   |
| <b>REVENUE</b>                                                                                    | 8 Contributions and grants (Part VIII, line 1h) Prior Year 375,870 Current Year 344,130                                                  |
|                                                                                                   | 9 Program service revenue (Part VIII, line 2g)                                                                                           |
|                                                                                                   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 5) 345 319                                                                  |
|                                                                                                   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                              |
|                                                                                                   | 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 376,215 344,449                                   |
|                                                                                                   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                      |
|                                                                                                   | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                         |
|                                                                                                   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                     |
|                                                                                                   | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                        |
|                                                                                                   | 16b Total fundraising expenses (Part IX, column (D), line 25)                                                                            |
| <b>EXPENSES</b>                                                                                   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 334,745 325,579                                                          |
|                                                                                                   | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 334,745 325,579                                              |
|                                                                                                   | 19 Revenue less expenses Subtract line 18 from line 12 41,470 18,870                                                                     |
|                                                                                                   | 20 Total assets (Part X, line 16) Beginning of Current Year 235,497 End of Year 199,911                                                  |
| 21 Total liabilities (Part X, line 26) 61,756 7,300                                               |                                                                                                                                          |
| 22 Net assets or fund balances Subtract line 21 from line 20 173,741 192,611                      |                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |
| 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. |                                                                                                                                                             |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer <i>Alan Togliatti</i> Date                                                                                                             |
|                                                                                                                                                                                                                                                                                                                       | Type or print name and title <i>Alan Togliatti, Agent</i>                                                                                                   |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Print/Type preparer's name THEODORE SLUPIK Preparer's signature <i>T. Slupik</i> Date 5/9/13 Check <input type="checkbox"/> if self-employed PTIN P00068073 |
|                                                                                                                                                                                                                                                                                                                       | Firm's name SLUPIK AND ASSOCIATES LTD Firm's EIN 36-3299518                                                                                                 |
|                                                                                                                                                                                                                                                                                                                       | Firm's address 1700 PARK ST SUITE 201 Phone no (630) 357-0096                                                                                               |
|                                                                                                                                                                                                                                                                                                                       | NAPERVILLE IL 60563                                                                                                                                         |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

SCANNED JUN 12 2013

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission

SEE ATTACHMENT #2

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ 131,677 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
SEE ATTACHMENT #3

4b (Code \_\_\_\_\_) (Expenses \$ 124,780 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 256,457

**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                                                                                                                                                                        |     | X   |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                        |     | 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                                                                                                                     |     | X   |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                      |     | N/A |
| 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                                                                              | X   |     |
| 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                                                   |     | X   |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                           |     | X   |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                        |     | X   |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV           |     | X   |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                    |     | X   |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                          |     |     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                      |     | X   |
| b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                 |     | X   |
| c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                 |     | X   |
| 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                                                                                                                     |     | X   |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                    |     | X   |
| 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                                                           |     | X   |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                       |     | X   |
| 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 and XII is optional                                                                          |     | X   |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                       |     | X   |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                            |     | X   |
| b 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 \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV |     | X   |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                   |     | X   |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                       |     | X   |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                           |     | X   |
| 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                                                                                                                          |     | X   |
| 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                                                                                                                                                    |     | X   |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                            |     | X   |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                             |     | N/A |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> 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                                                                                         |     | X  |
| <b>22</b> 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                                                                                                           |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                                                      |     | X  |
| <b>24a</b> 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                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A                                                                                                                                                                                                      |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A                                                                                                                                                             |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A                                                                                                                                                                                                |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                     |     | X  |
| <b>b</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                                        |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                    |     | X  |
| <b>27</b> 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 |     | X  |
| <b>28</b> 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):                                                                                                             |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                    |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                 |     | X  |
| <b>c</b> 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                                                                                     |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                        |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                                                      |     | X  |
| <b>33</b> 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                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                  |     | X  |
| <b>b</b> If "Yes" to line 35a, 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                                                                                          |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A                                                                                                                       |     |    |
| <b>37</b> 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                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                            |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                                                                                                                                                | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.                                                                                                                                                                                                |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     |     | X  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                             | N/A |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | N/A |    |
| 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)?                                   |     | X  |
| b   | If "Yes," enter the name of the foreign country.<br>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?                                                                                                                                                                        |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            | N/A |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                                      | X   |    |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | X   |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| a   | 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?                                                                                                                              |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | N/A |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | 7d  |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | N/A |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | N/A |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | N/A |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| a   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | N/A |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | N/A |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | 10b |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |     |    |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                                                   | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | N/A |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                                | N/A |    |
| b   | 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.                                                                                                                   | 13b |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | N/A |    |

**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 ☒

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                  | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. 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. | 24  |    |
| <b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.                                                                                                                                                                                                                    | 24  |    |
| <b>2</b> 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?                                                                                                                                   |     | X  |
| <b>3</b> 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?                                                                                    | X   |    |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                        |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                              |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                      | X   |    |
| <b>7a</b> 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?                                                                                                                                                     | X   |    |
| <b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                              | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                       |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                     | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                   | X   |    |
| <b>9</b> 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.                                                                                           |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                            | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                              |     | X  |
| <b>b</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? N/A                                                                    |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                     | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                     |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.                                                                                                                                                                                                        | X   |    |
| <b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                                | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.                                                                                                                                                |     | X  |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                        |     | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                   | X   |    |
| <b>15</b> 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?                                                                             |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official.                                                                                                                                                                                                                           |     | X  |
| <b>b</b> Other officers or key employees of the organization.                                                                                                                                                                                                                                              |     | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).                                                                                                                                                                                                                        |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                           |     | X  |
| <b>b</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 taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A |     |    |

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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. **SEE ATTACHMENT #4**

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

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

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

| (A)<br>Name and Title | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |          |               |         |              |                     |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|---------------|---------|--------------|---------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                       |                                                                                                          | INDIVIDUAL                                                                                                         | DIRECTOR | INSTITUTIONAL | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED | FORMER |                                                                                     |                                                                                       |                                                                                                                    |
| SEE ATTACHED          | 8.00                                                                                                     | X                                                                                                                  |          |               | X       |              |                     | X      |                                                                                     |                                                                                       |                                                                                                                    |

# 2012-2014 NATB Board of Directors

## **President**

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## **Vice President**

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## **Secretary**

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## **Treasurer**

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## **West Coast Region**

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**Part VIII. Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

|                                                     |                                              |                                                                                              | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-----------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| OTHER<br>CONTRIBUTIONS<br>AND<br>SIMILAR<br>AMOUNTS | 1a                                           | Federated campaigns                                                                          | 1a                   |                                                    |                                         |                                                                           |
|                                                     | b                                            | Membership dues                                                                              | 1b                   | 344,130                                            |                                         |                                                                           |
|                                                     | c                                            | Fundraising events                                                                           | 1c                   |                                                    |                                         |                                                                           |
|                                                     | d                                            | Related organizations                                                                        | 1d                   |                                                    |                                         |                                                                           |
|                                                     | e                                            | Government grants (contributions)                                                            | 1e                   |                                                    |                                         |                                                                           |
|                                                     | f                                            | All other contributions, gifts, grants, & similar amounts not included above                 | 1f                   |                                                    |                                         |                                                                           |
|                                                     | g                                            | Noncash contributions included in lines 1a-1f                                                |                      | \$                                                 |                                         |                                                                           |
|                                                     | h                                            | <b>Total.</b> Add lines 1a-1f                                                                |                      | 344,130                                            |                                         |                                                                           |
| PROGRAM<br>SERVICE<br>REVENUE                       | 2a                                           |                                                                                              | Business Code        |                                                    |                                         |                                                                           |
|                                                     | b                                            |                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                     | c                                            |                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                     | d                                            |                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                     | e                                            |                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                     | f                                            | All other program service revenue                                                            |                      |                                                    |                                         |                                                                           |
|                                                     | g                                            | <b>Total.</b> Add lines 2a-2f                                                                |                      |                                                    |                                         |                                                                           |
| OTHER<br>REVENUE                                    | 3                                            | Investment income (including dividends, interest, and other similar amounts)                 |                      | 319                                                | 319                                     |                                                                           |
|                                                     | 4                                            | Income from investment of tax-exempt bond proceeds                                           |                      |                                                    |                                         |                                                                           |
|                                                     | 5                                            | Royalties                                                                                    |                      |                                                    |                                         |                                                                           |
|                                                     | 6a                                           | Gross Rents                                                                                  | (i) Real             | (ii) Personal                                      |                                         |                                                                           |
|                                                     | b                                            | Less: rental expenses                                                                        |                      |                                                    |                                         |                                                                           |
|                                                     | c                                            | Rental income or (loss)                                                                      |                      |                                                    |                                         |                                                                           |
|                                                     | d                                            | Net rental income or (loss)                                                                  |                      |                                                    |                                         |                                                                           |
|                                                     | 7a                                           | Gross amount from sales of assets other than inventory                                       | (i) Securities       | (ii) Other                                         |                                         |                                                                           |
|                                                     | b                                            | Less: cost or other basis and sales expenses                                                 |                      |                                                    |                                         |                                                                           |
|                                                     | c                                            | Gain or (loss)                                                                               |                      |                                                    |                                         |                                                                           |
|                                                     | d                                            | Net gain or (loss)                                                                           |                      |                                                    |                                         |                                                                           |
|                                                     | 8a                                           | Gross income from fundraising events (not including \$ of contributions reported on line 1c) |                      |                                                    |                                         |                                                                           |
|                                                     |                                              | See Part IV, line 18                                                                         | a                    |                                                    |                                         |                                                                           |
|                                                     | b                                            | Less: direct expenses                                                                        | b                    |                                                    |                                         |                                                                           |
|                                                     | c                                            | Net income or (loss) from fundraising events                                                 |                      |                                                    |                                         |                                                                           |
|                                                     | 9a                                           | Gross income from gaming activities See Part IV, line 19                                     | a                    |                                                    |                                         |                                                                           |
|                                                     | b                                            | Less: direct expenses                                                                        | b                    |                                                    |                                         |                                                                           |
|                                                     | c                                            | Net income or (loss) from gaming activities                                                  |                      |                                                    |                                         |                                                                           |
|                                                     | 10a                                          | Gross sales of inventory, less returns and allowances                                        | a                    |                                                    |                                         |                                                                           |
|                                                     | b                                            | Less: cost of goods sold                                                                     | b                    |                                                    |                                         |                                                                           |
| c                                                   | Net income or (loss) from sales of inventory |                                                                                              |                      |                                                    |                                         |                                                                           |
| Miscellaneous Revenue                               |                                              | Business Code                                                                                |                      |                                                    |                                         |                                                                           |
| 11a                                                 |                                              |                                                                                              |                      |                                                    |                                         |                                                                           |
| b                                                   |                                              |                                                                                              |                      |                                                    |                                         |                                                                           |
| c                                                   |                                              |                                                                                              |                      |                                                    |                                         |                                                                           |
| d                                                   | All other revenue                            |                                                                                              |                      |                                                    |                                         |                                                                           |
| e                                                   | <b>Total.</b> Add lines 11a-11d              |                                                                                              |                      |                                                    |                                         |                                                                           |
| 12                                                  | <b>Total revenue.</b> See instructions       |                                                                                              | 344,449              | 319                                                |                                         |                                                                           |

**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).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                    | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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, trustees, and key employees.                                                                                                                                                                       |                       |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                  |                       |                                 |                                        |                             |
| 7 Other salaries and wages.                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                             |                       |                                 |                                        |                             |
| 9 Other employee benefits.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 10 Payroll taxes.                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                                     | 41,723                |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                          | 131,677               |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                                     | 6,850                 |                                 |                                        |                             |
| d Lobbying.                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                        |                       |                                 |                                        |                             |
| f Investment management fees.                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                    |                       |                                 |                                        |                             |
| 12 Advertising and promotion.                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 13 Office expenses.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 14 Information technology.                                                                                                                                                                                                                        | 2,185                 |                                 |                                        |                             |
| 15 Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 17 Travel.                                                                                                                                                                                                                                        | 1,575                 |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                        | 124,780               |                                 |                                        |                             |
| 20 Interest.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 23 Insurance.                                                                                                                                                                                                                                     | 1,892                 |                                 |                                        |                             |
| 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 O.)                                             |                       |                                 |                                        |                             |
| a TELEPHONE                                                                                                                                                                                                                                       | 1,207                 |                                 |                                        |                             |
| b POSTAGE                                                                                                                                                                                                                                         | 2,455                 |                                 |                                        |                             |
| c PRINTING                                                                                                                                                                                                                                        | 3,820                 |                                 |                                        |                             |
| d BANK CHARGES                                                                                                                                                                                                                                    | 99                    |                                 |                                        |                             |
| e All other expenses                                                                                                                                                                                                                              | 7,316                 |                                 |                                        |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 325,579               |                                 |                                        |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

|                                                                                                                |                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |         | (B)<br>End of year |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|--------------------|
| <b>A<br/>S<br/>S<br/>E<br/>T<br/>S</b>                                                                         | 1 Cash -- non-interest-bearing                                                                                                                                                                                                                                                                                                   | 48,745                   | 1       | 5,291              |
|                                                                                                                | 2 Savings and temporary cash investments                                                                                                                                                                                                                                                                                         | 181,752                  | 2       | 187,570            |
|                                                                                                                | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             |                          | 3       |                    |
|                                                                                                                | 4 Accounts receivable, net                                                                                                                                                                                                                                                                                                       |                          | 4       | 4,050              |
|                                                                                                                | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L                                                                                                                                                          |                          | 5       |                    |
|                                                                                                                | 6 Loans and other 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) Complete Part II of Schedule L |                          | 6       |                    |
|                                                                                                                | 7 Notes and loans receivable, net                                                                                                                                                                                                                                                                                                |                          | 7       |                    |
|                                                                                                                | 8 Inventories for sale or use                                                                                                                                                                                                                                                                                                    |                          | 8       |                    |
|                                                                                                                | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          | 5,000                    | 9       | 3,000              |
|                                                                                                                | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a                      |         |                    |
|                                                                                                                | b Less accumulated depreciation                                                                                                                                                                                                                                                                                                  | 10b                      | 10c     |                    |
|                                                                                                                | 11 Investments -- publicly traded securities                                                                                                                                                                                                                                                                                     |                          | 11      |                    |
|                                                                                                                | 12 Investments -- other securities See Part IV, line 11                                                                                                                                                                                                                                                                          |                          | 12      |                    |
|                                                                                                                | 13 Investments -- program-related See Part IV, line 11                                                                                                                                                                                                                                                                           |                          | 13      |                    |
|                                                                                                                | 14 Intangible assets                                                                                                                                                                                                                                                                                                             |                          | 14      |                    |
|                                                                                                                | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                                                                            |                          | 15      |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                            | 235,497                                                                                                                                                                                                                                                                                                                          | 16                       | 199,911 |                    |
| <b>L<br/>I<br/>A<br/>B<br/>I<br/>L<br/>I<br/>T<br/>I<br/>E<br/>S</b>                                           | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                         |                          | 17      |                    |
|                                                                                                                | 18 Grants payable                                                                                                                                                                                                                                                                                                                |                          | 18      |                    |
|                                                                                                                | 19 Deferred revenue                                                                                                                                                                                                                                                                                                              | 61,756                   | 19      | 7,300              |
|                                                                                                                | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                   |                          | 20      |                    |
|                                                                                                                | 21 Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                          |                          | 21      |                    |
|                                                                                                                | 22 Loans and other payables to current and former officers, directors, trustees, key employees, 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      |                    |
|                                                                                                                | 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 Schedule D                                                                                                                                                          |                          | 25      |                    |
|                                                                                                                | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                             | 61,756                   | 26      | 7,300              |
| <b>N<br/>E<br/>T<br/>A<br/>S<br/>S<br/>E<br/>T<br/>B<br/>A<br/>L<br/>A<br/>N<br/>C<br/>E<br/>S<br/>O<br/>R</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                       |                          |         |                    |
|                                                                                                                | 27 Unrestricted net assets                                                                                                                                                                                                                                                                                                       | 173,741                  | 27      | 192,611            |
|                                                                                                                | 28 Temporarily restricted net assets                                                                                                                                                                                                                                                                                             |                          | 28      |                    |
|                                                                                                                | 29 Permanently restricted net assets                                                                                                                                                                                                                                                                                             |                          | 29      |                    |
|                                                                                                                | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                                |                          |         |                    |
|                                                                                                                | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                            |                          | 30      |                    |
|                                                                                                                | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                              |                          | 31      |                    |
|                                                                                                                | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                              |                          | 32      |                    |
|                                                                                                                | 33 Total net assets or fund balances                                                                                                                                                                                                                                                                                             | 173,741                  | 33      | 192,611            |
|                                                                                                                | 34 <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                         | 235,497                  | 34      | 199,911            |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

|    |                                                                                                                |    |         |
|----|----------------------------------------------------------------------------------------------------------------|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 344,449 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 325,578 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                              | 3  | 18,871  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 173,741 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |         |
| 6  | Donated services and use of facilities                                                                         | 6  |         |
| 7  | Investment expenses                                                                                            | 7  |         |
| 8  | Prior period adjustments                                                                                       | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  |         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 192,611 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           | 2b  | X  |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . N/A<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | 2c  |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                                                                                                 | 3a  | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . N/A                                                                                                                                                                                                      | 3b  |    |

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047

**2012**

**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) organizations. Complete Part III.

Name of organization

NATIONAL ASSOCIATION OF TICKET BROKERS

Employer identification number

52-1923607

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                      |                                                                                                                                             |
| (2)      |             |         |                                                                      |                                                                                                                                             |
| (3)      |             |         |                                                                      |                                                                                                                                             |
| (4)      |             |         |                                                                      |                                                                                                                                             |
| (5)      |             |         |                                                                      |                                                                                                                                             |
| (6)      |             |         |                                                                      |                                                                                                                                             |

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

Schedule C (Form 990 or 990-EZ) 2012



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

Department of the Treasury  
Internal Revenue Service

**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

**2012**

Open to Public  
Inspection

Name of the organization

NATIONAL ASSOCIATION OF TICKET BROKERS

Employer identification number

52-1923607

PART VI LN 3 - ASSOCIATION MANAGAMENT SYSTEMS MANAGES THE DAILY BILLING OF MEMBERSHIP DUES, CASH COLLECTION, PROGRAM SERVICES ARRANGEMENTS, AND BILL PAYMENTS SO THE MEMBERS CAN FOCUS ON THEIR BUSINESSES.

PART VI LN 6 & 7 - THE ORGANIZATION HAS MEMBERS WHO PAY ANNUAL DUES AND AND ELECT THE MEMBERS OF THE GOVERNING BODY.

VI 11. THE 990 IS REVIEWED BY THE PRESIDENT AND TREASURER BEFORE SUBMITTING.

VI 19. THE ORGANIZATION PROVIDES FOR PUBLIC INSPECTION AS REQUIRED BY LAW UPON REQUEST.

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

|                                        |                                                             |
|----------------------------------------|-------------------------------------------------------------|
| OPEN TO PUBLIC                         |                                                             |
| INSPECTION                             | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization                   | Employer Identification Number                              |
| NATIONAL ASSOCIATION OF TICKET BROKERS | 52-1923607                                                  |

### Primary Purpose

THE ASSOCIATION WAS ORGANIZED AS A NON-PROFIT BUSINESS LEAGUE WITHIN THE MEANING OF SEC 501 (C) (6) OF THE INTERNAL REVENUE CODE OF 1996, AS AMENDED, FOR THE PURPOSE OF PROMOTING THE INTEREST OF TICKET RESELLERS. THE ASSOCIATION STARTED IN 1994. IN CARRYING OUT SUCH PURPOSES, THE ASSOCIATION ADMITTED A LIMITED NUMBER OF MEMBERS IN 1994, THE QUALIFICATIONS, CLASSES AND RIGHTS WHICH ARE SET FORTH IN THE ASSOCIATIONS BYLAWS. IT ALSO ENGAGES IN ANY FORM OR TYPE OF BUSINESS FOR ANY LAWFUL PURPOSE OR PURPOSES NOT SPECIFICALLY PROHIBITED TO, AND NOT INCONSISTENT WITH, THE PROVISIONS OF SEC 501 (C) (6) OF THE CODE. THE ASSOCIATION IS NOT ORGANIZED AND WILL NOT BE OPERATED FOR PECUNIARY GAIN OR PROFIT. IT HAS NO CAPITAL STOCK.

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| OPEN TO PUBLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |
| INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employer Identification Number                              |
| NATIONAL ASSOCIATION OF TICKET BROKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 52-1923607                                                  |
| Primary Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |
| THE ASSOCIATION WAS ORGANIZED AS A NON-PROFIT BUSINESS LEAGUE WITHIN THE MEANING OF SEC 501 (C) (6) OF THE INTERNAL REVENUE CODE OF 1996, AS AMENDED, FOR THE PURPOSE OF PROMOTING THE INTEREST OF TICKET RESELLERS. THE ASSOCIATION STARTED IN 1994. IN CARRYING OUT SUCH PURPOSES, THE ASSOCIATION ADMITTED A LIMITED NUMBER OF MEMBERS IN 1994, THE QUALIFICATIONS, CLASSES AND RIGHTS WHICH ARE SET FORTH IN THE ASSOCIATIONS BYLAWS. IT ALSO ENGAGES IN ANY FORM OR TYPE OF BUSINESS FOR ANY LAWFUL PURPOSE OR PURPOSES NOT SPECIFICALLY PROHIBITED TO, AND NOT INCONSISTENT WITH, THE PROVISIONS OF SEC 501 (C) (6) OF THE CODE. THE ASSOCIATION IS NOT ORGANIZED AND WILL NOT BE OPERATED FOR PECUNIARY GAIN OR PROFIT. IT HAS NO CAPITAL STOCK. |                                                             |

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2012, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NATIONAL ASSOCIATION OF TICKET BROKERS

52-1923607

## Part III - Statement of Program Service Accomplishments

| Code | Expenses | 131,677 | including Grants of | Revenue |
|------|----------|---------|---------------------|---------|
|------|----------|---------|---------------------|---------|

Exempt Purpose Achievements

LEGAL EXPENSES TO REPRESENT THE INTEREST OF ALL MEMBER TICKET BROKERS IN ANY LEGAL MATTERS REGARDING TICKET PURCHASES AND SALES.

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2012, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NATIONAL ASSOCIATION OF TICKET BROKERS

52-1923607

## Part III - Statement of Program Service Accomplishments

| Code | Expenses | 124,780 | including Grants of | Revenue |
|------|----------|---------|---------------------|---------|
|------|----------|---------|---------------------|---------|

Exempt Purpose Achievements

MEETINGS, CONVENTIONS, SEMINARS, AND CONFERENCES TO SHARE KNOWLEDGE AND RESOURCES IN PROMOTING TICKET SALES.

990 BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NATIONAL ASSOCIATION OF TICKET BROKERS

52-1923607

Part VI - Line 20

Individual Name

or

Business Name

ASSOCIATION MANAGEMENT SYSTEMS

Street Address

214 N. HALE STREET

U S Address

Zip code 60187

City WHEATON

State IL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(630) 510-4500

Fax Number

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

INSPECTION

For calendar year 2012 or tax period beginning

, and ending

Name of Organization

Employer Identification Number

NATIONAL ASSOCIATION OF TICKET BROKERS

52-1923607

**Total:**

## 2012-2014 NATB Board of Directors

### **Director-At-Large**

Dennis Garrity  
Event USA Corporation  
580 Cormier Road  
Green Bay, WI 54304  
Phone: 920-438-1650  
Fax: 920-438-1644  
[dennis@eventusa.com](mailto:dennis@eventusa.com)

### **Advisory Board**

Ray Cooke  
TicketPro.com  
150 Connecticut Ave.  
Norwalk, CT 06854  
Phone: 203-838-2100  
Fax: 203-838-2227  
[ray@ticketpro.com](mailto:ray@ticketpro.com)

Steve Raver  
Peachtree Tickets  
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Fax: 770-392-9171  
[steve@peachtreetickets.com](mailto:steve@peachtreetickets.com)

Hildy Randolph  
Sell Ticket Service  
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Jeff Green  
Ticket Finders USA  
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Dallas, TX 75225  
Phone: 214-373-0909  
Fax: 214-373-0913  
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Russ Lindmark  
Ticket Solutions, Inc.  
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Fax: 913-451-7832  
[russ@ticketsolutions.com](mailto:russ@ticketsolutions.com)

Harris Rosner  
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Sherman Oaks, CA 91403  
Phone: 818-907-1548  
Fax: 818-784-2359  
[harris@viptickets.com](mailto:harris@viptickets.com)

Barry Savitt  
Preferred-Ult. Travel & Ent.  
1522 Ponce De Leon Blvd.  
Coral Gables, FL 33134  
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[barry@ultimatetravel.org](mailto:barry@ultimatetravel.org)

### **NATB Counsel**

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Roetzel & Andress  
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### **NATB Office**

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[www.NATB.com](http://www.NATB.com)

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |          |         |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|---------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                | INDIVIDUAL                                                                                                   | DIRECTOR | TRUSTEE | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED EMPLOYEE | FORMER |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                |                                                                                                              |          |         |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                |                                                                                                              |          |         |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                |                                                                                                              |          |         |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                |                                                                                                              |          |         |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

26