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## Form, **990**.

## **Return of Organization Exempt From Income Tax**

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

2012

OMB No. 1545-0047

Department of the Treasury

_	THE NEVERTON		- The organization			<del></del>				h 01	- 10				
<u>A</u> _	For the 2	2012 cale	ndar year, or tax year	beginning	January		12, and end	ing	Decem		, <b>20</b> 12				
В	Check if a	bblicaple.	C Name of organization	National Blac	k MBA Associa	tion-Houston				D Employer identification number					
	Address c	hange	Doing Business As								76-0459584				
	Name cha	nge	Number and street (or F	O. box if mai	l is not delivered	to street address)	Room/s	suite		E Telephor	ne number				
	Initial retui	-	PO Box 56509								713-566-657	3			
$\overline{\Box}$	Terminate		City, town or post office												
$\Xi$			Houston, TX 77256-65							<b>c</b> com re	countra &				
믐	Amended							<del>-</del>		G Gross re	<del></del>	. 🗖 .			
Ш	Application	n pending	F Name and address of p	rincipal officer	•						for affiliates? 🔲 <code>\</code>				
			<u></u>								cluded?				
<u></u>	Tax-exem		501(c)(3)	501(c) (	) ◀ (insert	no.) 🔲 4947(a)(1	or 527		If "No	o," attach a	list. (see instru	ctions)			
J	Website:	► ww	w.houstonblackmba org	1					H(c) Group	exemption	number ▶				
K	Form of or	ganızation:	Corporation Trust	Associati	on ☐ Other ►		L Year of form	ation:	2009	M State	of legal domicil	e: TX			
Р	art I	Summ	arv												
			escribe the organizati	ion's missic	on or most sic	nificant activi	ties Provi	de un	dergradua	te and gra	aduate scholo	arships.			
			gh school students, and								*				
8	-		<del></del>	, pro 1, ao 0, a											
Ш	-														
Ę	-														
Activities & Governance	1		is box ▶ 🔲 if the org			•		ot n	nore than		its net asset				
25	3	Number	of voting members o	f the gover	ning body (Pa	ırt VI, line 1a)				3		11			
Se	4 1	Number	of independent voting	g members	of the govern	ning body (Pa	rt VI, line 1b	) .		4		11			
Ę	5 1	Total nur	nber of individuals er	nployed in	calendar year	2012 (Part V	, line 2a)			5		0			
댦			nber of volunteers (e							6		20			
ď			elated business reve					•	• • •	7a					
	1							• •		7b					
	1 0 1	AGE CITTE	lated business taxab	Prior Ye		Current	Voor								
<b>e</b>	ا	~							Prior 16		- Carren				
	8 Contributions and grants (Part VIII, line 1h)									77,875	<del></del>	11,537			
Ē	9 F	9 Program service revenue (Part VIII, line 2g)													
Revenue	10 I											13,181			
<u> </u>	11 (	Other rev	enue (Part VIII, colur	nn (A), lines	5, 6d 8c, 9c	,10c, and-14	e)								
			enue-add lines 8 thr					$T^{-}$		77,999		24,718			
	+		nd similar amounts p					<del>  </del>		18,333	<del></del>	12,100			
			paid to or for member								<del></del>				
	45 6	Polorico Colorico	other compensation, e	<del>}</del>											
Expenses	15 5	) aiai 1 <del>0</del> 5,	omer compensation, e	on ny	enems (Part IX	, colainis (A), ii	No in the second	<u> </u>	<del></del>						
Ë			onal fundraising fees				<u></u> ∃≅	<b>_</b>							
3		b Total fundraising expenses (Part IX, column (D), line 25) F. V													
ш	17 (										45,193				
	18 7	Fotal exp	enses. Add lines 13-	-17 (must e	qual Part IX,	column (A), lin	e 25) .			57,735	57,293				
/* <b>*</b> *	19 F	Revenue	less expenses. Subt	ract line 18	from line 12					20,264		(32,575)			
100 PE								Begi	inning of Cu	Tent Year	End of	Year			
<u> </u>	20 1	Total ass	ets (Part X, line 16)							85,347		77,785			
38	21 1		ilities (Part X, line 26)	١				$\vdash$		5.620		767			
Net Asse Fund Balk	22		ts or fund balances.	•	o 21 from line			<del></del>		82,727		77.018			
	art II			Subtract III	19 Z 1 11 O111 III R	320	· · · ·	<u> </u>	<del></del>	02,727	<del>_</del>	77,010			
-			ture Block												
			ry, I declare that I have ex- lete. Declaration of prepare								ny knowledge a	and belief, it is			
~uu		ald comp	ete. Declaration of prepare			T all il liornauori C		OI HOS	- /	——————————————————————————————————————	-, -··-, .				
<u>U</u>	i		all												
Sig	in	Sign	ature of officer		$D^{-}$				Dat	°/ /					
He	re	1 1/1	HRREM JA	mes	TRES	Tendas	•		8	151	13				
100		Type	or print name and title							1 1					
-		<del></del>	pe preparer's name	Ţ.	reparer's signati	ıre	1	Date		[ c	T PTIN	<del></del>			
Pa									Check L self-emp	J *					
Preparer									<del></del>	ــــــــــــــــــــــــــــــــــــــ					
Us	e Only			<del></del>	<u> </u>		<u> </u>		Firm	's E(N ▶					
			ddress ►			<del> </del>	<del></del>		Phor	ne no.					
Ma	y the IRS	discus	s this return with the	preparer st	nown above?	(see instruction	ons)	<u>.</u> .		<u> </u>	<u> </u>	res 🗌 No			
E	Danas	ode Dade	-Ai A-4 N-4i	L					40001		F	- QQQ (0010)			

orm 99	00 (2012)	Page 2
Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: Provide undergraaduate and graduate scholarships, mentor high school students, and provide chapter donations to other charitable organizations.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 ]No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	] No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	ed by thers,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)	
<u> </u>		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	1
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ▶	

Form 99	0 (2012)		F	age 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1		<b></b>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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	9		
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 $V$	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь	;	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		ļ
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b		
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.	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		n <b>99</b> 0	(2012)

Part	Checklist of Required Schedules (continued)		Yes	No
04	Did the second of the CC 000 of the second o		763	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
2F-	or IV, and Part V, line 1	34		<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		ļ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	L	<u> </u>
		Fon	n <b>99</b> 0	(2012)

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	. 🔲
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	$\vdash$	165	NO
b	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?	1c		
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 2a 0	]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
_b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	-
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		ļ	
	account)?	4a		İ
b	If "Yes," enter the name of the foreign country: ▶		l	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
b	qifts were not tax deductible?	6b	l	
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	1
_	required to file Form 8282?	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-	l	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del>                                     </del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	l _		l
а	Did the organization make any taxable distributions under section 4966?	9a		ــ
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		]
а	Gross income from members or shareholders	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			ł
	against amounts due or received from them.)	1	i	Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b></b>	<b> </b>
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del> </del>	┼—
а	Is the organization licensed to issue qualified health plans in more than one state?	138	<del> </del> -	├
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	1		
C	Enter the amount of reserves on hand	<u>L_</u>	<u></u>	<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		oxdot
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	ł	1

Part	<b>Governance, Management, and Disclosure</b> 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										
Secti	on A. Governing Body and Management	<del></del>	<u> </u>								
0000	on A. Governing body and management	$\neg$	Yes	No							
1a	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.										
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .										
6	Did the organization have members or stockholders?	6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	I _									
	one or more members of the governing body?	7a									
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b									
0	the year by the following:										
а	The governing body?	8a									
b	Each committee with authority to act on behalf of the governing body?	8b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O										
Cooti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	2do )								
Secu	on b. Policies (This Section B requests information about policies not required by the internal never	30 00	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a									
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?	10ь									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13									
14	Did the organization have a written document retention and destruction policy?	14									
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a									
b	Other officers or key employees of the organization	15b									
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a									
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
0	organization's exempt status with respect to such arrangements?	16b		l							
	on C. Disclosure										
17 18	<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5</li> </ul>										
10	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(	U)(U)S	Unity)							
	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 or and financial statements available to the public during the tax year.	r inter	est p	olicy,							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•								
	organization: ▶ Jeremy Handy 12807 Bay Cedar Houston TX 77048 (713) 734-0113										

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Form		

Part VII	Compensation of Officers	Directors, Trustees,	Key Employees, H	ighest Compensated	Employees, and
	<b>Independent Contractors</b>	· ·			
	0 1 1 1 0 1 1		0		

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	on nor any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	bοx, ι	unies	Pos leck is pe d a d	more	than o	an (99)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Carl McGowan						!				
President	20 00							0	0	0
(2) Marc Coleman						·				
VP Administration	20.00							0.	0	0
(3) Kimberly Hatchet										
Corresponding Secretary	20 00							0	0	0
(4) Heath Butler							Γ			
Recording Secretary	20 00					•		0_	0	0
(5) Wendy Johnson										
Immediate Past President	5 00				l		_	0.	0	0
(6) Jamal Brickhouse				Γ						
VP Operations	20 0							0	0	0
(7) Dernck Mitchell										
Chapter Attorney	5.00				L		<u> </u>	0	0	0.
(8)										
(9)										
(10)							<u> </u>			
(11)							_			
(12)										
(13)							-			
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	<b>&gt;</b> )					1			
	(A)	(B)	(do n	ot ch		rtion more	than o	one	(D)	(E)		(	F)	
	Name and title	Average box, unless person is both							Reportable	Reportable compensation				
		hours per week (list any	-	_		_			compensation	related	110111		her	
		hours for	Individual trustee or director	Institutional trustee	Officer	€	Highest compensated employee	Former	the	organizatio		•	ensation	ר
		related organizations	중호	₫	ĕ	3	og eg	ᄛ	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)		n the uzation	
		below dotted	호류	) Jaj		employee	နာရွ	•	( 2			and i	elated	
		line)	l š	텵		8	ğ	l				organ	izations	;
			8	8			sa		1					
						ļ	ă.	_						
(15)		<b>}</b>	ł	•	1	1		1						
			ļ	<u> </u>	_	ļ		-						
(16)		<u> </u>	ł					1						
			ļ	<u> </u>			<u> </u>	-						
(17)		<b></b>	Ì		<u> </u>									
		<del> </del>			<u> </u>	<u> </u>		_						
(18)		<b>_</b>	1				1				1			
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(19)		<b></b>	1		ł			1	ĺ					
(00)									<del> </del>	ļ ———	<del></del>	<del></del>		
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(21)		<b></b>	ł	l				ł						
(00)		<del> </del>	-		-			├	<del> </del>	<u> </u>				
(22)		<b></b>	-		l			1	ļ		1			
(00)				-				├	<del> </del>		_			
(23)		<del> </del>	1					ł			l			
(0.4)					┢			├	<del></del>		-+			
(24)		<del> </del>	l					l		İ				
<del></del>			ļ		⊢		ļ	├	<u> </u>					
(25)		<b></b>	1							1	- 1			
40.		<u> </u>	L				L	Ļ	<del> </del>					
	Sub-total						•							
C	Total from continuation sheets to Part	•		-	-	-		<b>&gt;</b>		ļ				
<u>q</u>	Total (add lines 1b and 1c)							<u>&gt;</u>	<u> </u>		20,000 -			
2	Total number of individuals (including bu		to tr	ose	IIS1	tea	above	e) w	no receivea m	ore than \$10	uu,uuu c	ÞΤ		
	reportable compensation from the organ	Zation											Yes	No
3	Did the organization list any former of	Hipor diroc	tor c	· tr	n ict	00	kov e	amar	olovee or high	est compa	nested	$\overline{}$	163	140
3	employee on line 1a? If "Yes," complete							21114	Jioyee, or riigi	iest compe	isated	3		
4	• •								nd other com	oncation fr	om the	-		
4	For any individual listed on line 1a, is the organization and related organizations	arester th	porta porta	150		19 1	isalic f "V⊃	лı а e "	complete Sch	perisation in pedule .1 fo	r such			
	individual											4	1	
5	Did any person listed on line 1a receive of									ration or ind	lividual	<del>                                     </del>		
5	for services rendered to the organization											5		
Soction	on B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest		od in	100		ont	contr		ore that receive	ad more the	n \$100 (	200 of		
•	compensation from the organization. Rep													a x
	year.	Joil Goillpo		J	J		u.o		your oname with	0	o o.ga		•	~
	<del>- 1</del>	····								·- I		(C)		
(A) (B) (C) Name and business address Description of services Compensation														
								t			-			
								t	·					
								<del> </del>						<del></del>
								$\vdash$	<del></del>					
								$\vdash$	<del></del>				-	
2	Total number of independent contractor	ors (includi	na hi	ıt n	ot i	limit	ed to		nose listed ab	ove) who				
-	received more than \$100,000 of compen							- u	.555 115155 415	, ****				
	- 10001700 more than wron,000 or compen			· 541			-						-000	

Par	VIII	Statement of Revenue				***		
	· · · · · · · · · · · · · · · · · · ·	Check if Schedule O contains	a resp	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a	Federated campaigns	. 1a	T		1646106		012, 010, 0 014
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		9,537				
ھَ 5	c	Fundraising events		13,279			į	
ifts r A	ď	Related organizations		10,000			ļ	
2, 12	e	Government grants (contribution						
Š iš	f	All other contributions, gifts, gran					]	
he č	_	and similar amounts not included abo		3,487.				
₹ 5	g	Noncash contributions included in line		1				
S E		Total. Add lines 1a-1f			26,303			
				Business Code				
Program Service Revenue	2a							
æ	ь							
<u>.8</u>	c							
Š	d							-
Ē	е							
<u> </u>	f	All other program service rev						
2	g	Total. Add lines 2a-2f		▶				
	3	Investment income (includir						
		and other similar amounts)			13,181			
	4	Income from investment of tax-e	xempt b	ond proceeds ►		···		
	5	Royalties						
		() (	Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		<u> </u>				
	ď	Net rental income or (loss)	· · ·	▶				<del> </del>
	7a		unties	(ii) Other				
		assets other than inventory Less: cost or other basis						
	b	and sales expenses .						
	c	Gain or (loss) .	-					
	ď	· · · · · · · · · · · · · · · · · · ·		<u></u> ▶				
		receganion (1033)						- 1
Other Revenue	8a	Gross income from fundraisir events (not including \$ 10 of contributions reported on lin See Part IV, line 18	,313 = 1c).					
돌	b	Less: direct expenses	b					
		Net income or (loss) from fun		events . 🕨				
	9a	Gross income from gaming at See Part IV, line 19						
		Less: direct expenses Net income or (loss) from gar						
		Gross sales of inventory returns and allowances .	less					
	ь	Less: cost of goods sold .		<del></del>				
		Net income or (loss) from sale						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	θ	Total. Add lines 11a-11d .		▶				
	12	Total revenue. See instruction	ns	▶	39,484	0	0/	0
							<u> </u>	Form <b>990</b> (2012)

	Check if Schedule O contains a respons				
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	12,100	12,100		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			Ĭ	
a	Management				
Ь	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				<del> </del>
12	Advertising and promotion	9,024	9,024	0	0
13	Office expenses	10,096	0	10,096	0
14	Information technology	2,077	0	2,077	0
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings	8699.	4,155	2,594	1950
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	Mentoring LOT Students	3,197	3,197	0	0
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	45,193	28,476	14,767	1,950
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	·		🛘
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	30,709	1	23,001
	2	Savings and temporary cash investments	20,817	2	20,858
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,076	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		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			
	Ì	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
92		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	19,872	11	33,053
	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	873	15	873
	16	Total assets. Add lines 1 through 15 (must equal line 34)	88,347	16	77,785
	17	Accounts payable and accrued expenses	5,620	17	767
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
8	22	Loans and other payables to current and former officers, directors,		}	
≝		trustees, key employees, highest compensated employees, and			
Liabilities	]	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	707
	26	Total liabilities. Add lines 17 through 25	5,620	26	767
S	[	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
2		- '	00 707		77.010
ā	27	Unrestricted net assets	82,727	<del>   </del> -	77,018
ă	28	Temporarily restricted net assets	<del></del>	28	<del> </del>
2	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	·
Ť		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō					
ē	30	Capital stock or trust principal, or current funds	<del> </del>	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
et/	32	Retained earnings, endowment, accumulated income, or other funds .	82,727	32	77,018
ž	33 34	Total lie bilities and not consta (fund balances	88,347		77,785
	34	Total liabilities and net assets/fund balances	50,347	_ <del></del>	77,705

om 99	0 (2012)			Pag	ge <b>12</b>
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)			39	,484
2	Total expenses (must equal Part IX, column (A), line 25)			45	,193
3	Revenue less expenses, Subtract line 2 from line 1			(5,	709)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			82	,727
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities		-		
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	<b>5</b>		77	7,018
Part					
	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:  Cash Cash Other	-			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			
	Schedule O.			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	ı	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile				
	reviewed on a separate basis, consolidated basis, or both:	1		ŀ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ŀ	
ь			2b	į	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht			
C	of the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year. Axpla		<del>-~ </del>		

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

3a

3b

Form **990** (2012)

Schedule O.

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer Identification number** Name of the organization National Black MBA Association-Houston 76-0459584 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the in col (i) listed in your the organization in organization in col. (described on lines 1-9 organization support governing document? col. (i) of your (i) organized in the above or IRC section US? support? (see instructions)) Yes Yes Nο Yes No Nο (A) (B) (C) (D) (E)

Total

18

Schedu	le A (Form 990 or 990-EZ) 2012						Page	2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	/i)	
Secti	on A. Public Support	quality unde	er trie tests ne	ited below, p	icase compie	te raitiii.j_	<del></del>	-
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			, ,	.,		1	_
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						<u> </u>	
	on B. Total Support	<del>,</del>	T	r			T	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4						<del>                                     </del>	_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10		]				<u> </u>	
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the							_
C4	organization, check this box and stop he on C. Computation of Public Suppor		<u> </u>	· · · · ·	<del></del>	· · · ·	<u>. , , ▶ [</u>	=
14	Public support percentage for 2012 (line 6			1 column (ft)		14	9/	<u>_</u>
15	Public support percentage from 2011 Sch		•	• • • • • • • • • • • • • • • • • • • •		15		<u>~</u>
16a	331/3% support test—2012. If the organiz							Ť
	box and stop here. The organization qua							
b	331/3% support test-2011. If the organicheck this box and stop here. The organi					15 is 33 <sup>1</sup> /3%		
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part IV how the organization metapported organization	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and sond son qualifies as	top here.	_
	supported organization							

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

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	81,462	106,573	47,622	39,448	9,537 00	284,642
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	Ī					
	furnished in any activity that is related to the	}	ľ	27,970	41,603	11,005	80,578
2	organization's tax-exempt purpose			27,970	41,003	11,005	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	81,462	106,573	75,592	81,051	20,542	365,220
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	,					
	· · ·		<del></del>	-			
b	Amounts included on lines 2 and 3 received from other than disqualified	1					
	persons that exceed the greater of \$5,000	į					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)					<u></u>	365,220
	on B. Total Support			( ) 22/2	( 0 0011		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009 106,573	(c) 2010 75,592	(d) 2011 81,051	(e) 2012 20,542	(f) Total 365,220
9	Amounts from line 6	81,462	100,573	75,582	81,031	20,342	303,220
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			589			589
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			589			589
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or			<del></del>			
-	loss from the sale of capital assets			}			
	(Explain in Part IV.)	81,462	106,573	76,181	81,051	20,542	365,809
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						•
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth			
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	
15	Public support percentage for 2012 (line 8	<del>_</del>		3. column (fl)		15	100 %
16	Public support percentage from 2011 Sch		•			16	100 %
	on D. Computation of Investment In					- 1	
17	Investment income percentage for 2012 (			line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2011	Schedule A, F	Part III, line 17			18	0 %
1 <b>9</b> a	331/3% support tests-2012. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this l						
20_	Private foundation. If the organization di	d not check a t	pox on line 14,	19a, or 19b, c	neck this box	and see instru	ctions 🕨 🔲

_	orm 990 or 990-EZ) 2012  Supplemental Information. Complete this part to provide the explanations required by Part II, line 10
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (Sec instructions).
_	instructions).

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

## **Political Campaign and Lobbying Activities**

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

20**12** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

· Section 527 organizations. Complete Part I-A only.

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

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)			that have filed Form 5768 (election und			
Section 501(c)(4), (5), or (6) organizations: Complete Part III.  National Black MBA Association-Houston  Part IPA Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures.  Volunteer hours.  Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955.  Enter the amount of any excise tax incurred by organization managers under section 4955.  Enter the amount of any excise tax incurred by organization managers under section 4955.  Enter the amount of any excise tax incurred by organization managers under section 4955.  Enter the amount of any excise tax incurred by organization managers under section 4955.  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Fresh No  Was a correction made?  Fresh No  If Yes, describe in Part IV.  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities.  Enter the amount directly expended by the filing organization for section 527 exempt function section 527 exempt function activities.  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.  Did the filling organization file Form 1120-POL for this year?  Fresh No  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization manular political contributions received that were promptly and directly delivered to a separate optical contributions received that were promptly and directly delivered to a separate optical organization, such as a separate segregated fund or a political action committ						
Name of organization  Part I-A  Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures		-		,		
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   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					' '	
Political expenditures	Nation					· · · · · · · · · · · · · · · · · · ·
2 Political expenditures  Volunter hours    Somplete   If the organization   Is exempt under section 501(c)(3).    Enter the amount of any excise tax incurred by the organization under section 4955   S	Part					organization.
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	1	•	•	•		
Part I-B		· ·			<i></i> . <b>&gt;</b> \$	
Enter the amount of any excise tax incurred by the organization under section 4955   \$	3	Volunteer hours			· · · · · · · · .	
Enter the amount of any excise tax incurred by the organization under section 4955   \$	Dart	Complete if the	e organization is exempt und	er section 501/	c)(3)	
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?						
Was a correction made? 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						. Yes No
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		•	•	<del>-</del>		Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	b					
activities	Part					(c)(3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1				527 exempt function	
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b					<b> </b>	
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2					
Did the filing organization file Form 1120-POL for this year?   Yes   No						
Did the filing organization file Form 1120-POL for this year?	3	lotal exempt function e	expenditures. Add lines I and 2	. Enter nere and	on Form 1120-POL,	
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 the filing organization's funds a separate political organization, such as a separate political organization in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0  (1)  (2)  (3)  (4)	4					Ves No
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)	-					
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	organization made navme	ses and employer identification hu ents. For each organization listed	enter the amount	naid from the filing organi	ization's funds. Also enter
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-  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  (c) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1) (2) (3) (4) (4)		the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
filing organization's funds. If none, enter -0  filing organization's funds. If none, enter -0  filing organization's funds. If none, enter -0  filing organization's funds. If none, enter -0  filing organization's contributions received and promptly and directly delivered to a separate political organization. If none, enter -0  filing organization's contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		as a separate segregated	fund or a political action committ	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
filing organization's funds. If none, enter -0  filing organization's funds. If none, enter -0  filing organization's funds. If none, enter -0  filing organization's contributions received and promptly and directly delivered to a separate political organization. If none, enter -0  (1)  (2)  (3)  (4)		(a) Nama	(h) Address	(c) FIN	(d) Amount paid from	(e) Amount of political
delivered to a separate political organization. If none, enter -0   (1)   (2)   (3)   (4)   (5)   (5)   (5)   (7)		(a) Name	(D) Address	(0) 2	filing organization's	contributions received and
(1)					funds. If none, enter -0	
(1)       (2)       (3)       (4)       (5)						
(2)				ļ	<del> </del>	Hone, enter -o
(3) (4) (5)	(1)			-		
(3) (4) (5)					· · · · · · · · · · · · · · · · · · ·	<u> </u>
(4) ————————————————————————————————————	(2)		<b>}</b>	+		
(4) ————————————————————————————————————		<del></del>				
(5)	(3)			1		
(5)			<del>                                     </del>			
	(4)		<b></b>	1		
	(E)			1		
	(2)			]		
(D)	(6)			_		

D-	 2

00110	100 C (1 01111 990 O1 990-LZ) 2012					raye z
-	t II-A Complete if the organization section 501(h)).					ction under
A	Check ► ☐ if the filing organization beliname, address, EIN, exper	ongs to an anses, and sha	ffiliated group (a re of excess lob	nd list in Part IV o bying expenditur	each affiliated groves).	up member's
В	Check > I if the filing organization che	ecked box A	and "limited con	trol" provisions a	apply.	
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred	.)	organization's totals	group totals
1:	Total lobbying expenditures to influence	public opinion	(grass roots lobby	ying)		
- 1	Total lobbying expenditures to influence	a legislative be	ody (direct lobbyin	g)		
	Total lobbying expenditures (add lines 1	a and 1b) .				
	Other exempt purpose expenditures .					
,	Total exempt purpose expenditures (add	l lines 1c and 1	ld)			
İ	Lobbying nontaxable amount. Enter columns.	the amount f	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is:		
	Not over \$500,000	20% of the ar	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of		1	
	Over \$17,000,000	\$1,000,000.			l	
	Grassroots nontaxable amount (enter 25	% of line 1f)				
(	Subtract line 1g from line 1a. If zero or le	ss, enter -0-				
į	Subtract line 1f from line 1c. If zero or les					
j	If there is an amount other than zero reporting section 4911 tax for this year?			d the organization		Yes No
	(Some organizations that ma	de a section !				
	Lobbying	Expenditures	During 4-Year A	veraging Period	<del></del>	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
•	Grassroots nontaxable amount					
(	Grassroots ceiling amount (150% of line 2d, column (e))					· · · · · · · · · · · · · · · · · · ·
1	Grassroots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	l ]				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
0	Publications, or published or broadcast statements?	-				
1	Grants to other organizations for lobbying purposes?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
i	Other activities?	<b> </b>			-	
i	Total. Add lines 1c through 11			-		-
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	VE				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)( <del>3</del> ), (	or se	cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	L	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<b>├</b> ─	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."		Part		line	3, is
1 2	Dues, assessments and similar amounts from members	s of	1			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbed in the control of the co	yıng				
_	and political expenditure next year?		4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	· · · ·	5_		<del></del>	
Comp	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Part I	I-A (at	ffiliated	grou	p
<b></b>						

Schedule C (Fon	mh 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
		.4

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 76-0459584 National Black MBA Association-Houston Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Pa	пe	2

	e D (FORIT 990) 2012									r age ==
Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar <i>i</i>	Ass	ets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, checl	k any of the	follow	ing that are a	a sig	nificant us	se of its
а	☐ Public exhibition		<b>d</b> [	Loan	or exchange	e progr	ams			
b	Scholarly research						,			
	Preservation for future generations	3								
4	Provide a description of the organizat	tion's collections	and expla	in how th	ney further t	the org	anization's ex	emp	ot purpose	n Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation	s of art, l	historical tre e organizatio	easures on's co	s, or other sin llection? .	nilar	☐ Yes	□ No
Part	IV Escrow and Custodial Arra	ingements. Co	mplete if	the org	anization a	nswei	ed "Yes" to	For	m 990, P	art IV,
	line 9, or reported an amoun									
1a	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oth	ner interm	ediary fo					☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:					
	, ,	•		•				Am	ount	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount								☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	n has been	provide	ed in Part XIII			
Par		ete if the organiz	zation an	swered	"Yes" to F	orm 9	90, Part IV, li	ine '	10.	
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years b	oack	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses								1	
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses				<u> </u>					
g	End of year balance		<u> </u>						·	
2	Provide the estimated percentage of the	the current year er	nd balanc	e (line 1g	, column (a	)) held	as:			
a	Board designated or quasi-endowme	nt ▶	%	` •						
b	Permanent endowment ▶									
c	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2	2c should equal 10	00%.							
3a	Are there endowment funds not in th			zation tha	at are held	and ad	ministered for	r the		
	organization by:	•	•						Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	_L
ь	If "Yes" to 3a(ii), are the related organ	izations listed as i	required o	n Sched	ule R? .				3b	
4	Describe in Part XIII the intended use									
Part	VI Land, Buildings, and Equip	ment. See For	n 990, P	art X, lin	e 10.					
	Description of property	(a) Cost or o (investm		, , ,	or other basis other)		Accumulated epreciation		(d) Book v	/alue
1a	Land							$L^{-}$		
b	Buildings							$\prod$		
C	Leasehold improvements									
d	Equipment									
e	Other									
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, column	n (B), line 10	)(c).)	▶			

	•
rage	-

Part VII Investments - Other Securit	ies. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		<u> </u>
(F)		<del>-</del>
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Relationships	rted Soc Form 000 Port V	/ line 12
- · · · · · · · · · · · · · · · · · · ·	<del></del>	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)		
(10)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13,		
Part IX Other Assets. See Form 990	(a) Description	(b) Book value
(4)	(a) Description	(4) 2551.1255
(1)		
(2)		
(3)		
( <del>4</del> ) ( <del>5</del> )	· · · · · · · · · · · · · · · · · · ·	
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 15.)	
Part X Other Liabilities. See Form 9		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		7
(2)		7
(3)		7
(4)		7
(5)		7
(6)		
(7)		
(8)		
(9)		
(10)		7
(11)		7
	i i	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.	)▶	

Schedu	le D (Form 990) 2012			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Ret	urn
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>			:
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XII Reconciliation of Expenses per Audited Financial States			eturn
1	Total expenses and losses per audited financial statements		<u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		ł
b	Prior year adjustments	2b		Ì
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		<u>2</u> e	<u> </u>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			:
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
Part	XIII Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.			

Schedule D (Fo	om) 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		***************************************
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		<del></del>
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# SCHEDULE (Form 990)

National Black MBA Association-Houston

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection 2012

Employer identification number 76-0459584

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

▶ Attach to Form 990.

Seral General Information on Grants and Assistance	on Grants and	Assistance					
	ain records to sub:	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noe?	and Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring t	he use of grant fu	nds in the United			]
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part IV can be duplicated if additional space is needed.	ssistance to Gony recipient that	vernments and received more the	Organizations i	n the United SI	ates. Complete if ated if additional s	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	red "Yes" to Form 990,
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
Ø							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizat	n 501(c)(3) and govordanizations listed	vernment organization in the line 1 table	organizations listed in the line 1 table le 1 table	ine 1 table			<b>A A</b>
6	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2012)

Schedule I (F.	Schedule I (Form 990) (2012)	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
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	רמוניווו כמון טפ עניטווועמופט וו מעטוועטומו אמכים וא וופסעפט	שממני וש וופפתפר				
	(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
ო						
4						
co.						
9						
7						
Part IV	Supplemental Information. Complete this information.		vide the informatio	n required in Part I,	line 2, Part III, column (b)	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional
		2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				7		

Schedule I (Form 990) (2012)

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer Identification number Name of the organization National Black MBA Association-Houston 76-0459584 Pt VI, Line 11a Financials reviewed by Oficers

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number