

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545 0047

Open to Public

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the 2	012 calen	dar year, or tax year begin	ning 4/01	, 2012, ar	nd endin	g 3/3	31	, 2013
В	Check if app	olicable	C					D Employer Ide	ntification Number
	Addres	s change	FAR WEST ATHLETI		OCIATION			77-005	3637
	Name	change	795 SILVERADO ES	TATES CT				E Telephone nu	mber
	Initial r	eturn	CHICO, CA 95973					(858)	395-3569
	Termin	ated						· · · · · ·	
	Amend	ed return						G Gross receipts	\$ 254,166.
	Applica	ation pending	F Name and address of principa	l officer			H(a) Is this	a group return for a	
			SAME AS C ABOVE				H(b) Are all	affiliates included? attach a list (see i	Yes No
ī	Tax-exem	npt status	501(c)(3) X 501(c) (6) ◀ (insert no)	4947(a)(1) or	527	IT INO,	attach a list (see i	nstructions) —
J	Websit	<u> </u>		, , ,	- (///		H(c) Group	exemption number	▶ 7225
K		organization	Corporation Trust	Association Other	L Yea	ır of Format			f legal domicile
		Summar		Association	1=100	- Oma		, or other o	- legal definence
1 0	1 Bri	efly descri	be the organization's missi	ion or most significant a	ictivities ADV	ANCEM	ENT OF	איינו ביידר	TDATNING
		ROFESSI		on or most significant c	YDV	ANCEN	ENT OF	WI UTELIT	TVVTNTNG
Governance		701 11001	¥#						
Па									
Ş	2 Ch	eck this bo	ox If the organization	n discontinued its opera	tions or dispose	ed of mo	ore than 2	5% of its net a	
ၓ	3 Nu	mber of vo	oting members of the gover					3	1 6
∞ ŏ			dependent voting members			b)		4	0
ţį	5 Tot	tal number	of individuals employed ir	n calendar year 2012 (P.	art V, line 2a)			5	0
Activities &			of volunteers (estimate if	• • •				6	0
¥			ed business revenue from l					7 :	
	b Ne	t unrelated	business taxable income	from Form 990-T, line 3	<u> </u>			71	· · · · · · · · · · · · · · · · · · ·
							P	rior Year	Current Year
ō			and grants (Part VIII, line					5,300.	3,000.
eur			rice revenue (Part VIII, line					213,764.	
Revenue			ncome (Part VIII, column (A					13,402.	4,221.
ш.			e (Part VIII, column (A), lir			10)			
			e – add lines 8 through 11			12)		232,466.	
			ımıtar amounts paid (Partel		3)			55,119.	103,290.
			to or formembers (Partil)					12,500.	10,500.
ø			er compensation, employee		mn (A), lines 5	-10)			
use	16a Pro	ofessional	fundta sing tees (Part 图)	Oumh (A), line 11e)					
Expenses	b Tot	tal fundrais	sing expenses (Part IX, col	lumn (D), Ine 25) >					A VIEW MAN
ω			ses (Part IX, column (A), li				2 2 3 32	144,649.	148,603.
	18 Tot	al expense	es Add lines 73-17-(must	egual Part IX. column (/	A), line 25)			212,268.	
			expenses Subtract line 1		,, <u></u> ,			20,198.	
8 8							Reginnin	g of Current Yea	
lan	20 Tot	al assets	(Part X, line 16)				begiiiiiii	307,467.	300,536.
AB	21 Tot		s (Part X, line 26)					55,090.	56,386.
Net Assets Fund Balan	22 Ne		fund balances Subtract li	no 21 from luno 20					
				THE ZT HOTT TIME 20				252,377.	244,150.
		Signatur							
comp	olete Declar	ation of prepa	eclare that I have examined this returner (other than officer) is based on	arn, including accompanying scr all information of which prepare	iedules and statemer r has any knowledge	nts, and to	the best of m	y knowledge and b	elief, it is true, correct, and
		11	Law Bale	P			\c_	8/2	1/2012
Sig	ın	Signatu	re of officer				Da	te	12015
He	re	I Tro	PAR BARKH 7	REASWER					
	. •	Type or	print name and title	<u>REHSWEF</u>					
		Print/Type of	oreparer's name	Privarer's signature		Date		Charle V 4	PTIN
_				15 14 1 m	S		/12	Check X if	
Pa		BLAKE		DAMEN CONTRACTOR	ZTE	8/13/	13	self-employed	P00970528
	eparer	Firm's name						_	
US	e Only	Firm's addre							3-0438067
			RUNNING SPRII	<u></u>				Phone no (90	09) 335-8862
			is return with the preparer						X Yes No
BA	A For Pa	perwork R	Reduction Act Notice, see t	he separate instruction	s.	TEE	A0113L 12/	18/12	Form 990 (2012)

	990 (2012) FAR WEST ATHLETIC TRAINERS' ASSOCIATION	77-005363	7	P	age 2
Par	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				
	`ADVANCEMENT OF ATHLETIC TRAINING PROFESSION				
			,		
			- <i>-</i> -		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			تت	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes	X	No
_	If 'Yes,' describe these changes on Schedule O			تت	
4	· · · · · · · · · · · · · · · · · · ·	uces as measure	d by e	ynen	ses
·	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and alloca	tions to)	
	others, the total expenses, and revenue, if any, for each program service reported				
4 a	(Code) (Expenses \$244,464. including grants of \$) (F	Revenue \$)
	CLINICAL PROGRAMS, CONTINUING EDUCATION, CONVENTION AND BUSINESS	MEETINGS F	OR M	EMB	ERS
	AND AFFILIATES OF IN EXCESS OF 2400 MEMBERS.	· 			
					
					-
					
		- 			
		-			
					- - -
					
4 b		Revenue \$)
	GRANTS AND SCHOLARSHIPS FOR STUDENTS IN THE ATHLETIC TRAINERS FI	ELD OF STUD	Y		
		- 			
		 -			
					
					
4 c	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
			- -		
					
		- 			
					
					
<i>A</i> ~	Other program services. (Describe in Schedule O)				
4 a				`	
	(Expenses \$ including grants of \$) (Revenue \$,	
4 e	Total program service expenses ► 254, 964.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 'Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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_		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х_
0	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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
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	11 b		Х
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	11 c		X
	I 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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the officed 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	14b		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	15		Х
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		Х
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		Х
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		Х
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		X
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Х

38

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X 22 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 Х Schedule J 23 24 a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 25b 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 Χ 26 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 Х 27 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) Х a 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 X 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 Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule MХ 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 and V. line 1 Х 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **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 35b 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 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O

X

14 a

14b

orr	n 990 (2012) FAR WEST ATHLETIC TRAINERS' ASSOCIATION	77-005363	7	F	age
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1:	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a 7	Carrier and	ar e	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rmarki j	
	${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and r	enortable gaming	1 2 000	Parks B.	, A . A
	(gambling) winnings to prize winners?	oportable garming	1 c		X
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		255	100	44
	ments, filed for the calendar year ending with or within the year covered by this return	2 a 0	200		
	b If at least one is reported on line 2a, did the organization file all required federal employmer	t tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	19400		7,5
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over la			
7	financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?	4a		X
	b If 'Yes,' enter the name of the foreign country ▶		\$	again si	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inancial Accounts.	5777 65.84	N. A.	100 m
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf		5 b		X
	\mathbf{c} If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		┢
					\vdash
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		Green .	100	5.0
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p	vartly for goods and	ار المارية المارية		100
	services provided to the payor?	artly for goods and	7 a		مساد مید
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		—		
	Form 8282?		7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		经系	1
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899			
	as required?		7 g		
	h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
	Form 1098-C7		Grade	Factor &	1.8.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, it	ng organizations. Did the nave excess business	¥ 19.	· 水流之。	145
_	holdings at any time during the year?		8	· water (Select	150,436
	Sponsoring organizations maintaining donor advised funds.			Frank 's	FE
	a Did the organization make any taxable distributions under section 4966?		9a	ļ	ـــ
	b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		1
	Section 501(c)(7) organizations. Enter		77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 7	No.
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	Z 178	15" 17"	
11	Section 501(c)(12) organizations. Enter		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	a Gross income from members or shareholders	11 a	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	51.1	
	b Gross income from other sources (Do not net amounts due or paid to other sources	441		100	
	against amounts due or received from them)	11 b	100	3375	3,260
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	المعاديب المواراة	6 EPAA
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		39/13	1000
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1000	1.14	
	a is the organization licensed to issue qualified health plans in more than one state?		13a	ársa, z	J 20.75 -
	Note. See the instructions for additional information the organization must report on Schedu	le O	14.5		
	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	1,47,6		
	· · · · · · · · · · · · · · · · · · ·	130		Tree .	
	c Enter the amount of reserves on hand	[IJC	C. 3. 725	Barrella -	45

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 4 THE PARTY OF THE P b Enter the number of voting members included in line 1a, above, who are independent 1 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? 2 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body?. b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b TO A STATE OF Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Χ 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a 19 18 18 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15 b Х 4.7 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 1/34 participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

343-8878

	m 990 (2012)	FAR WEST	ATHLETIC	TRAINERS'	ASSOCIATION	77-0053
--	---------------------	----------	----------	-----------	-------------	---------

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

- 1 a 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

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

				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	x. un	íess r	perso	k more t n is bot or/truste	h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CAROLYN PETERS	6									
SECRETARY	0						ļ	0.	0.	
(2) SCOTT SAILOR DISTRICT DIRECT	6 0							0,	0.	0.
CA_REP	2	 						0.	0.	0.
(4) SAMUEL LEE	2									
HAWAII REP	0							0.	0.	0.
	- <u>- 5</u> -							0.	0.	0.
(6) FRANK SAKELARIOS NEVADA REP	$-\frac{2}{0}$							0.1	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)									<u></u>	<u></u>
(13)										
(14)										

For

Part VII	Section A. Officers, Directors, Tru	istees,	Key	En	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (cont)
		(B)			(()					
•	(A) Name and title	Average hours per	box	, unle	check ess pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(15)							8	_			
(16)			1				_	_			<u>-</u>
(17)			_	_							
(18)			_			-					
(19)					_	_					
(20)						_					
(21)											
(22)			 								
(23)						_				_	
(24)											
(25)			-					-			
1 b Sub	total		<u> </u>	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
	l from continuation sheets to Part VII, Secti	on A						•	0.	0.	0.
	Il (add lines 1b and 1c)	•						>	0.	0.	0.
2 Tota	number of individuals (including but not limited the organization 0	to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable com	
3 Did	the organization list any former officer, direcine 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor or tru	stee,	key	em e	ploy	ee, o	or h	ighest compensat	led employee	Yes No
4 For :	any individual listed on line 1a is the sum of	reportab	ile co	mne	ensa	ation	and	oth	ner compensation		3 X
the (organization and related organizations greate o <i>individual</i>	er than \$1	150,0	00?	If "	Yes'	com	plei	te Schedule J for		4 X
for s	any person listed on line 1a receive or accruing revices rendered to the organization? If 'Yes	e comper s,' <i>comple</i>	rsatio ete S	on tr	rom dule	J fo	unre r su	ch p	ed organization or person	Individual	5 X
1 Com	B. Independent Contractors plete this table for your five highest compen	sated ind	eper	iden	it co	ntra	ctors	tha	at received more t	han \$100,000 of	_
com	pensation from the organization Report compen (A) Name and business add		the c	aler	ndar	year	endi	ng v	With or within the oil (B) Description)	(C) Compensation
	Hame and business add								Securption	2. 33.7.003	
	I number of independent contractors (including b 0,000 in compensation from the organization		ıted t	o th	ose	liste	d abo	ve)	who received more	e than	
BAA	<u> </u>		TEEA	01001	01/	24/12				1 4 3	Form 990 (2012

Par	t VII	II Statement of Rev	/enue					
ł		Check if Schedule O	contains a r	esponse to any questi	on in this Part VIII			
24.3	1 4				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
EVENUE AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, g similar amounts not included Noncash contributions include Total. Add lines 1a-1f PROGRAM SVC/CONVEN	ons) grants, and above d in Ins 1a-1f	1 a 3,000. 1 c 1 d 1 e 1 f \$ Business Code	3,000. 127,842.	127,842.		
PROGRAM SERVICE REVENUE	b c d e f	MEMBERSHIP DUES &	<u>ASSESSMEN</u> 		119,103.	119,103.		
<u>a</u>	g 3	Total. Add lines 2a-2f Investment income (inc	luding divide	ends, interest and	246,945.	阿拉拉斯斯斯		NA PARAMET
	4 5	other similar amounts) Income from investmen Royalties	t of tax-exe	mpt bond proceeds	4,221.	4,221.	The second was a second by the task year.	(7) TABLE 113 112 7 3 4 7 3 4 7 1 4 7 1 4
	b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo		(II) Personal				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securitie	s (II) Other				
OTHER REVENUE	b c 9a	Gross income from function (not including \$ of contributions reported See Part IV, line 18 Less direct expenses Net income or (loss) from Gross income from gam See Part IV, line 19 Less direct expenses	d on line 1c	a b ng events				
	c 10 a b	Net income or (loss) from the same allowances Less cost of goods sold Net income or (loss) from the same allowances are cost of goods. Net income or (loss) from the same allowance income or (loss) from	y, less return d om sales of	ns a b				
	е	All other revenue Total. Add lines 11a-11a Total revenue. See inst		-	254 166	251 166		The second second

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	on in this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	103,290.	103,290.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	100/2301	100/230.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			AND TOOLS	
4 5	Benefits paid to or for members Compensation of current officers, directors,	10,500.	10,500.		
_	trustees, and key employees Compensation not included above, to	0.	0.	0.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
k	Legal				
	Accounting	885.	841.	44.	
	Lobbying		1 The C E A Mark 5 1	110 1/4 Set 5 1/ 15 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Professional fundraising services See Part IV, line 17		LE PLANTE SE CONTRACT	Carlotte State of the State of	
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	6.725	6 200	227	
13	· ,	6,735. 5,148.	6,398. 4,891.	337. 257.	
14	Information technology	5,148.	4,891.	25/.	
15	Royalties				
16	Occupancy	<u>-</u>			
17	Travel	18,900.	17,955.	945.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10, 500.	± , , , , , , , , .	, , , , , , , , , , , , , , , , , , ,	
	Conferences, conventions, and meetings	97,858.	92,965.	4,893.	
20	Interest Payments to affiliates			<u></u>	
21 22	Depreciation, depletion, and amortization				
	Insurance	1 201	1 221	70	
	Other expenses Itemize expenses not	1,391.	1,321.	70.	
	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
	BANK & CCARD CHARGES	7,454.	7,081.	373.	Tell E. Philadelia & F
	COMMITTEE EXPENSE	7,434.	7,081.	373. 370.	
	PRINTING AND PUBLICATIONS	2,240.	2,128.	112.	
	BOC RENEWAL	210.	2,128.	10.	
	All other expenses	379.	361.	18.	
	Total functional expenses. Add lines 1 through 24e	262,393.	254,964.	7,429.	0.
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)	•			

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** 'Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year ĩ 300,536. Cash - non-interest-bearing 307,467 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges - 高地かり、そ · 多. 1000 ~ 4. 4. CONTRACTOR OF THE STATE OF 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 100 mg 10 a 5,366 10 b 5,366 10 c **b** Less accumulated depreciation Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 307,467 300,536 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 55,090 19 56,386. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, 22 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 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 26 Total liabilities. Add lines 17 through 25 55,090 26 56,386 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. ASSETS Unrestricted net assets 252,377 27 <u>244</u>,150. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 B 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA Form 990 (2012)

<u>252,</u>377

307,467

33

34

244,150.

300,536.

orr	n 990 (2012) FAR WEST ATHLETIC TRAINERS' ASSOCIATION	77-0053637	Pa	ge 12
Pa	rt.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	254,1	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	262,3	393.
3	Revenue less expenses Subtract line 2 from line 1	3	-8,2	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,3	
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		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	244,1	L50.
Pá	rt XII Financial Statements and Reporting			
	Check of Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain		Yes	No
	in Schedule O.			يور فيهون معاش
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	riewed on a		9 4 4 4 7 4
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate		
	Separate basis Consolidated basis Both consolidated and separate basis		E E	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle	3.0	v

Form 990 (2012)

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

BAA

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2
0
N
•

OMB No 1545-0047

Sopen to Publication

Employer identification number

77-0053637

ջ ⊠

Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? FAR WEST ATHLETIC TRAINERS' ASSOCIATION Part 1. General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) <u>CALIF ATHL TRAINER ASN</u> 3004 <u>E LAKE HILL DR</u> ORANGE, CA 92867			45,690.	0			AFFILIATE
(2) NATA RES & EDUCATION			50,000.	0			AFFILIATE
1 1 1							
(4)							
(5)							
<u>ω</u>							
(8)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	3) and government or lons listed in the line	ganizations listed in	n the line 1 table			A A	0 2
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	s for Form 990.		TEEA3901L 11/30/12	11/30/12	Schedul	Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) FAR WEST ATHLETIC TRAINERS' ASSOCIATION

Partill | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

Page 2

(f) Description of non-cash assistance								to provide the information required in Part I, line 2, Part III, column (b), and any other								Schedule I (Form 990) (2012)
(e) Method of valuation (book, FMV, appraisal, other)								art I, line 2, Part III, col		 	 					
(d) Amount of non-cash assistance								ation required in Pa		 	 	 				
(c) Amount of cash grant								provide the informa		 	 	 	 	 	 	
(b) Number of recipients											 	 	 	 		
(a) Type of grant or assistance	-	2	m	4	5	9	7	Bant IV े Supplemental Information. Complete this part additional information.		,				 	 	ВАА

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2012

► Attach to Form 990 or 990-EZ.

Open to Public

	Employer identification number								
FAR WEST ATHLETIC TRAINERS' ASSOCIATION	77-0053637								
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS									
NO REVIEW WAS OR WILL BE CONDUCTED.									
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE									
NO DOCUMENTS AVAILABLE TO THE PUBLIC.									
	. 								
	· 								
	· -								
									
	· 								
	-								
	·								