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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**

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

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning April 1, 2014, and ending March 31, 20 15

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**National Athletic Trainers Association/ X District Northwest**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**c/o Gore & Grewe 103 E Indiana**

City or town, state or province, country, and ZIP or foreign postal code  
**Spokane, WA 99207**

**D** Employer identification number  
**91-1154666**

**E** Telephone number

**F** Group Exemption Number ▶ **7225**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

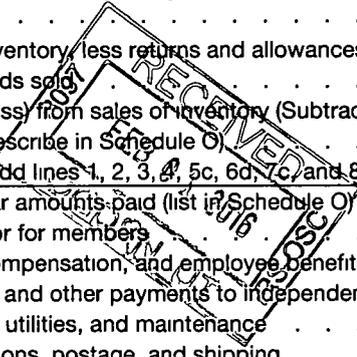
**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **115702**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																											
17	<b>Total expenses.</b> Add lines 10 through 16																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																											

SCANNED FEB 20 2016



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	Signature of officer <i>Jennifer Stueckle</i>	Date 1-25-16
	Type or print name and title Jennifer Stueckle - Treasurer	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Debra K Richardson	Preparer's signature <i>Debra K Richardson</i>	Date 1-21-16	Check <input checked="" type="checkbox"/> if self-employed	PTIN 517-90-4615	
	Firm's name ▶	Firm's EIN ▶				
	Firm's address ▶	Phone no				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

National Athletic Trainers Association / X District Northwest

Employer identification number

91-1154666

**Grants and Similar Amounts Paid (Part I Line 10, Form 990EZ)**

**Class of Activity:** Scholarship

**Donee's Name:** Alee Bryabm 10429 Rosewood Ave, Everett, WA 98204

**Relationship:** None

**Amount Given:** \$ 500

**Class of Activity:** Scholarship

**Donee's Name:** Britt Dickman, 4000 Mullan Rd, Apt D123, Missoula, MT 59808

**Relationship:** None

**Amount Given:** \$1,500

**Class of Activity:** Scholarship

**Donee's Name:** Tyrel Nelson, 1370 A El Dorado St, Boise, ID 83704

**Relationship:** None

**Amount Given:** \$1,500

**Class of Activity:** Scholarship

**Donee's Name:** Jordan Light, 618 Big Bear Lane, Lexington, KY 40517

**Relationship:** None

**Amount Given:** \$1,500

**Class of Activity:** Scholarship

**Donee's Name:** Tyler Knight, 90 Commons Dr, Apt 250, Eugene, OR 97401

**Relationship:** None

**Amount Given:** \$1,500

**Class of Activity:** Scholarship

**Donee's Name:** Megan Chavez, 240 S Cheney-Spokane Road, Cheney, WA 99004

**Relationship:** None

**Amount Given:** \$1,500

Name of the organization

Employer identification number

**National Athletic Trainers Association / X District Northwest**

**91-1154666**

**Class of Activity:** Scholarship

**Donee's Name:** Britnie Jones, ISU, Pocatello, ID

**Relationship:** None

**Amount Given:** \$ 750

**Total Grants and Similar Amounts** \$8,750

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**91-1154666**

**Other Expenses (Part I, Line 16, Form 990EZ)**

Conferences, Conventions, and Meetings \$44,969

Idaho Grant \$ 3,900

Montana Grant \$ 2,170

Oregon Grant \$ 8,225

Washington Grant \$ 8,745

Aklaska Grant \$ 745

Travel District Officers \$ 6,394

Travel State Officers \$ 2,083

Travel Committee Chairs \$ 1,030

Travel Student Members \$ 2,886

Travel Grant for Quiz Bowl Students \$ 2,000

Awards \$ 1,464

Office Expenses \$ 6,725

Bank Charges \$ 2,146

Leadership Development \$ 643

NATA Foundation Contribution \$ 925

Web Site Expense \$ 225

Insurance \$ 1,235

Other \$ 408

**TOTAL OTHER EXPENSES**

**\$96,918**

Name of the organization

Employer identification number

National Athletic Trainers Association / X District Northwest

91-1154666

Part III Form 990EZ Statement of Program Service Accomplishments

What is the Organization's Primary exempt purpose?

The advancement, encouragement and improvement of the Athletic Training Profession in all its phases. To promote a better working relationship among those interested in the problems of Athletic Training; to develop further the ability of its members; to better serve the common interest of its members by providing a means for a free exchange of ideas within the profession; and to enable members to become better acquainted personally through casual good fellowship.