## COMMITTEE ON NATURAL RESOURCES

## 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight Hearing: Oil and Gas Activities within the National Wildlife Refuge System Tuesday, May 20, 2014

For Individuals:
1. Name: J. DAVIS POWELL
2. Address: [Information Redacted for Privacy]
3. Email Address: [Information Redacted for Privacy]

4. Phone Number: [Information Redacted for Privacy]

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: J. DAVIS POWELL
- 2. Name of Organization(s) You are Representing at the Hearing:

## NATIONAL ASSOCIATION OF ROYALTY OWNERS (NARO)

3. Business Address:

15 West. 6<sup>th</sup> St. , Suite 2626 Tulsa, Oklahoma 74119

- 4. Business Email Address: [Information Redacted for Privacy]
- 5. Business Phone Number:

[Information Redacted for Privacy]

#### For all Witnesses

Mr. Jerry Simmons - National Association of Royalty Owners

Oversight Hearing: Oil and Gas Activities within the National Wildlife Refuge System

Tuesday, May 20, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Millsaps College, Jackson, Mississippi, Bachelor Business Administration
  - University of Mississippi School of Law, Oxford, Mississippi, Juris Doctorate
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Certified Professional Landman, American Association of Professional Landmen
  - Board Member, National Association of Royalty Owners, Louisiana Chapter
  - Louisiana Bar Association, Mississippi Bar Association, and the Shreveport Bar Association
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Managing Attorney, The Law Offices of James Davis Powell
  - Co-founder of ShaleTrak, L.L.C., as a mineral and royalty management group serving owners in Northwest Louisiana and throughout the Gulf Coast region.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

## N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

## **Witnesses Representing Organizations**

Mr. Jerry Simmons - National Association of Royalty Owners

Oversight Hearing: Oil and Gas Activities within the National Wildlife Refuge System

Tuesday, May 20, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

## - Board Member, National Association of Royalty Owners, Louisiana Chapter

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

## N/A

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

#### N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

## N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

## 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)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the 20	10 calen	dar year, or tax year beginning		, 2010, and endin	<u>g</u>	D 5	
	Check if appli						D Employer Identific	
	Address		National Assoc. of Ro	oyalty Owners,	Inc.	ļ	82-05579	·
	Name ch		15 W. 6th Street #26	26			E Telephone numbe	
	Initial re	-	Tulsa, OK 74119				918-794-	1660
	$\vdash$							
	Termina					ļ	G Gross receipts \$	369,370.
	Amende		F Name and address of principal officer:	<del> </del>		H(a) Is this a	group return for affilia	oles? Yes X No
	Applicat	tion pending	Same As C Above				affiliates included?	Yes No
		-1 -1-1-1		) <b>◄</b> (insert no.) 494	7(a)(1) or 527	IT INO,	attach a list. (see instr	uctions)
<u> </u>	Tax-exem <sub>l</sub>			/ (modernos/ ) to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c) Group	exemption number	
<u>J_</u>			W.naro-us.org	ation Other	L Year of Forma			gal domicile: OK
K				30001				
Pa	rt I	Summa du docori	be the organization's mission or	most significant activi	lies: Promote	common	economic i	nterests of _
	1 Brie	eny descri	<u>owners regarding disc</u>	rovery, develo	oment, produ	iction	and use of	oil, gas &
če	10	yarry.	<u>nerals - develope and </u>	d provide memb	ers and the	public	with info	rmation
nar			ne and concernation	of enermy				
ver.	2 Cho	ack this h	ov ► lif the organization disc	ontinued its operation	s or disposed of mo	ore than 2	5% of its net ass	ets.
တ္တ	2 Mur	mhar of w	sting members of the governing b	ody (Part VI, line Ta)			<u>-</u>	
න්	A Nor	mber of in	denendent voting members of the	e governing body (Pa	rt VI, line Ib)		4	0
Activities & Governance	5 Tota	al numbe	r of individuals employed in caler	idar year 2010 (Part \	, line 2a)		· · · · · · · · · · · · · · · · · · ·	0
냚	6 Tota	al numbe	r of volunteers (estimate if neces	sary)	,		, , ,	0.
ď	7a Tota	al unrelat	ed business revenue from Part V	III, column (C), line 1.	4		7b	0.
	b Net	unrelate	d business taxable income from F	form 990-1, line 34	* * 1 * 1 1 1 1 7 4 * * * * * * * * * * * *		rior Year	Current Year
			to the Court Mill Book 160				232,986.	239,771.
Φ	8 Cor	ntributions	s and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g)				125,755.	113,460.
Revenue	9 Pro	gram ser	vice revenue (Part VIII, inie 29) ncome (Part VIII, column (A), line			<u> </u>		-29.
ě	10 Inve	estment t	ie (Part VIII, column (A), lines 5,	6d 8c 9c 10c and 1	1e)		4,984.	16,139.
ш	11 Oth	er revenu	e – add lines 8 through 11 (must	enual Part VIII. colur	nn (A), line 12)		363,725.	369,341.
	12 Tot	at revenu	simitar amounts paid (Part IX, col	umn (A), lines 1-3)				
	13 Gra	nofite poi	to or for members (Part IX, colu	mn (A), line 4)		,		
	14 Ber	nems pan	er compensation, employee bene	ofits (Part IX column	(A). lines 5-10)		178,845.	179,604.
ģ			fundraising fees (Part IX, column					
Expenses	16a Pro					1 1 1 1 1 1		
ğ	. b Tot	al fundra	sing expenses (Part IX, column (	D), line 25) -				228,524.
Ш	1 1/ Utr	ner expen	ses (Part IX, column (A), lines 11	a-11d, 11f-24f)		·	219,676.	408,128.
	18 Tot	tal expens	ses. Add lines 13-17 (must equal	Part IX, column (A), I	ine 25)	•	398,521.	
	19 Rev	venue les	s expenses. Subtract line 18 fron	1 line 12			-34,796.	-38,787.
8	8					Reginni	ng of Current Year 214,742.	End of Year 202, 485.
900	<b>20</b> Tot		(Part X, line 16)			··	75,496.	102,026.
Not Assots or Find Releases	21 Tot		es (Part X, line 26)			`		
ž			r fund balances. Subtract line 21	from line 20		··-l	139,246.	100,459.
P	art II	Signatu	re Block			···	<del></del> -	
Un	der penalties	of perjury, I	declare that I have examined this return, income other transfer of section of the control of the	luding accompanying schedu rmation of which preparer ha	es and statements, and to s any knowledge.	o the best of	my knowledge and beli	ef, it is true, correct, and
	Inplate: Decta	The state of the s	(C <sub>2</sub> (O)					,
		Signal	ure of officer			D.	ale	
Si	gn	, ,				Exec	utive Direc	rtor.
П	ere		ry Simmons			<u> </u>	ucivo bizot	<del>, , , , , , , , , , , , , , , , , , , </del>
_		<u> </u>	preparer's name Prepa	rer signature 1	(Date)	./.	Check if	PTIN
_		1	$\mathcal{A}$	Let Mound,	CPAY 3/24	7/1)	L	P00182248
	aid	·		P.C.	<del>~//</del>	<del>/ //                                 </del>	con comprojed	· · · - · · - · · · · · · · · · · ·
	reparer se Only	Firm's nan	> 0001 H F1-4 C4			<del>/</del>	Firm's EIN ► 73-	-1372674
U	ac Omy	Firm's add		·	υ		(010	
		1	Tulsa, OK 74145-		tions)		Phone no. (918	X Yes No
Ma			his return with the preparer show			FA0113L 1:	2/21/10	Form 990 (2010)

Form	990 (2010) National Assoc. of Royalty Owners, Inc. 82-055/944 Page 2
Par	t III 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:
	Promote common economic interests of royalty owners regarding discovery, development,
	production and use of oil, gas & other minerals - develope and provide members and
	the public with information concerning and conservation of energy.
	Cité public l'illiant l'information de la company de la co
	Did the organization undertake any significant program services during the year which were not listed on the prior
2	Form 990 or 990-EZ?
	FORM 930 OF 930-C2:
	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? Yes X No
3	Did the organization cease conducting, or make organization and the organization cease conducting, or make organization
	If 'Yes,' describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total
	expenses, and revenue, if any, for each program service reported.
	(Code:
4 a	Promote common economic interest of royalty owners regarding discovery, development,
	Promote Common economic Interest of toyarty owners regarding discovery, development,
	production and use of oil, gas & other minerals - develope and provide members and
	the public with information concerning energy and the conservation of energy.
	The state of the s
4 k	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses ►

	TIV Checklist of Required Schedules			T
1 3 3 3		<del></del>	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		Х
4	The state of the state of the experiencies or page 10 lobbying activities or have a section 501(h) election	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
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; 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	\$ 17.V	Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	<u> </u>	X
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c	<u> </u>	X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 c		
	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	<b></b>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	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, XII, and XIII is optional	12 t	<u>,                                      </u>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	4	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	<u> </u>	X
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	<u> </u>	X
	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		X
	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	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 k	)	

aı	LIV :   Officentiation required continues (community)		Yes	No
			, 03	110
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	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		Х
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		X
24 a	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	24a		·X
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
(	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25 a		
ı	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, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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):	7.7 7.3		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
1	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		X
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		Х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34_		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
;	a 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			
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X
RΔZ		Form	1 <b>990</b> -	(2010)

Part 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 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2Ł Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q...... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... 4a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a solicit any contributions that were not tax deductible?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 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 was required to file 7с Form 8282?..... 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 benefit contract? . . . . . 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds and section 509(aX3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year?.... 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9: 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders ..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?... 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans ..... c Enter the amount of reserves on hand..... 14a 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.......

	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.			ভ
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	tion A. Governing Body and Management			T
	1 1	- Committee	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
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		X
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		Х
4	Did the organization make any significant changes to its governing documents	4		Х
	since the prior Form 990 was filed?	5		v
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	$\vdash$		X
6	Does the organization have members or stockholders?	6		<u>^</u> _
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
Ł	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Χ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8 a	X	
Ł	Each committee with authority to act on behalf of the governing body?	8Ь	X	
9	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 a		X
	of 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	1 K B	7.5	(4), (4)
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
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?			
9	The organization's CEO, Executive Director, or top management official	15 a	12a 17	Х
	Other officers of key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100		
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?	16a		Х
Ŀ	of If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	100		4
	organization's exempt status with respect to such arrangements?	16 b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.  Own website  X Upon request	vailabl	e for p	public
10		lieur =	نا الله الم	
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the org			anciai
	- Jerry Simmons, Execu Director 15 W. 6th St., Ste. 2626 Tulsa OK 74119 918			2

82-0557944	Pag
02 0331344	1 ag

Form 990 (2010)

Form 990 (2010) National Assoc. of Royalty Owners, Inc. e 7 Part VIII 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....

## 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.

<ul><li>Check this box if neither the organization</li></ul>	n nor any	relate	d or	gan	izati	ion co	mpe	ensated any current of	ficer, director, or trust	ee.
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	io Institutional trustee	_	Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Jerry R. Simmons Executive Direc	40	Х			Х			0.	0.	0.
(2) Jeffrey E. Miller President	0	Х		Х				0.	0.	0.
(3) Susan Brewer Corp Secretary	0	Х		Х				0.	0.	0.
(4) Mike Turman Treasurer	0	Х		Х				0.	0.	0.
(5) Tina Bonner Immed Past Pres	0	Х						0.	0.	0.
(6) Linn Willers Vice President	0	Х						0.	0.	0.
_(7)										
_(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										

TEEA0107L 12/21/10

BAA

Part VII   Section A. Officers, Directors, Trust	tees, k	(ey	Em	ıplo	ye	es,	an	d Highest Con	npensated En	ployee	s (co.	nt)
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)	Posil or dir dir	tion (	check Officer		Mighest compensat		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	ame co	Estimated ount of ot opensation from the	her on
	related organi-	idual t	utiona	9	Key employee	est cor	er			a	ganizatio nd relate janization	d
	zations in Sch ()	rustee	l trust		yee	npens					,	.5
			99			ated						
(18)												
(19)												•
(20)				•								
<u>(21)</u>												
(22)												
(23)												
(24)												
(25)												
(26)												-
(27)												
(28)												
(29)												
1 b Sub-total							>	0.	0			0.
c Total from continuation sheets to Part VII, Section							<b>A</b>	0. 0.	0			0.
d Total (add lines 1b and 1c)							o red				mpens	
from the organization > 0								<del>" -</del> 4.			Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу (	emp	loye	e, c	or hi	ghest compensate	ed employee	3		X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater the												
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c	• • • • • •	• • • •			,							<u>X</u>
for services rendered to the organization? If 'Yes,' constraints Section B. Independent Contractors	omplete	Scl	hedu	ıle J	l for	suc	h pe	erson		5		<u>X</u>
Complete this table for your five highest compensate compensation from the organization.	ed inder	end	ent	con	trac	tors	thai	t received more th	nan \$100,000 of			
(A)  Name and business address	3							(B) Description o	of services	Compe	C)	
							-					
								·				
							$\dashv$	evalue				
2 Total number of independent contractors (including l \$100,000 in compensation from the organization ►		limite	ed t	o th	ose	liste	ed a	bove) who receive	ed more than			

Page 9

Part VIII Statement of Revenue (C) Unrelated (B) Related or (D) (A) Total revenue Revenue exempt excluded from tax business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns..... 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b 238,950 b Membership dues..... 1 c c Fundraising events..... 1d d Related organizations..... e Government grants (contributions) . . . . 1e f All other contributions, gifts, grants, and similar amounts not included above.... 821 q Noncash contributions included in lns 1a-1f: 239,771 h Total, Add lines 1a-1f..... PROGRAM SERVICE REVENUE **Business Code** 113,460 211110 113,460 2a Convention income f All other program service revenue ... 113,460 g Total. Add lines 2a-2f..... Investment income (including dividends, interest and other similar amounts)..... Income from investment of tax-exempt bond proceeds Royalties..... (ii) Personal (i) Real 6a Gross Rents..... b Less: rental expenses. c Rental income or (loss).... d Net rental income or (loss)...... (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory. b Less: cost or other basis 29 and sales expenses . . . . . c Gain or (loss)...... -29. -29 -29 d Net gain or (loss)..... 8a Gross income from fundraising events (not including. \$\_\_\_\_\_ **STHER REVENUE** of contributions reported on line 1c). See Part IV, line 18..... a b Less: direct expenses..... b c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19..... a b Less: direct expenses..... b c Net income or (loss) from gaming activities...... 10a Gross sales of inventory, less returns and allowances...... a **b** Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory....... Miscellaneous Revenue 11a Marketplace Advertising 11,190 11,190. 1,500 b Fowler Restitution 1,500. c Other\_\_\_ 1,391 1,391. d All other revenue..... 2,058. 2,058. e Total. Add lines 11a-11d..... 16,139. 369,341 129,570. 0. 0.

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) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	0 1 1 0 1 1 1 2 0 1 1 1				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					高等 感染的类别形式
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	152,544.			
8	section 401(k) and section 403(b) employer contributions)				Vr. S
9	Other employee benefits				
10		22,665.			
	Fees for services (non-employees):				
9	a Management				
	<b>b</b> Legal				
	c Accounting				
	d Lobbying				
	f e Professional fundraising services. See Part IV, line 17		)。)(東 <b>州</b> 自動性制度)		
	f Investment management fees				
	g Other		-		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	17,599.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2			P*
19	Conferences, conventions, and meetings	105,490.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,256.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses				
	in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	Printing and Publications	34,933.			
	Rent	15,815.		1	
	Credit card processing fees	10,221.			
	Postage and Shipping	7,722.			
	Meeting expenses	3,392.			
	All other expenses	14,719.			3
	Total functional expenses. Add lines 1 through 24f	408,128.			
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2010)

Part X

Balance Sheet

**(B)** End of year (A) Beginning of year Cash -- non-interest-bearing ..... 55,246 1 44,257. Savings and temporary cash investments ..... 8,219 2 10,353. Pledges and grants receivable, net ..... 3 Accounts receivable, net..... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L...... 5 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)...... 6 Notes and loans receivable, net ..... 7 Inventories for sale or use. 8 Prepaid expenses and deferred charges...... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 37,629 32,575. b Less: accumulated depreciation..... 10b 8,456 5,054. 10 c 11 Investments – other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 Intangible assets ..... 14 14 15 Other assets. See Part IV, line 11..... 142,821 142,821. 15 16 Total assets. Add lines 1 through 15 (must equal line 34)...... 214,742 16 202,485 Accounts payable and accrued expenses..... 17 17 18 Grants payable..... 18 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L..... 22 Secured mortgages and notes payable to unrelated third parties..... 12,959 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities. Complete Part X of Schedule D..... 25 62,537 25 102,026. Total liabilities. Add lines 17 through 25..... 26 75,496 26 102,026. Organizations that follow SFAS 117, check here > X and complete lines N E 27 through 29 and lines 33 and 34. ASSET'S Unrestricted net assets..... 139,246 27 100,459 28 Temporarily restricted net assets ..... 28 Permanently restricted net assets..... 29 Q R Organizations that do not follow SFAS 117, check here 🕨 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 Retained earnings, endowment, accumulated income, or other funds..... 32 32 33 Total net assets or fund balances..... 139,246 33 100,459 Total liabilities and net assets/fund balances..... 34 214,742 34 202,485 BAA

Form **990** (2010)

Form 990 (2010) National Assoc. of Royalty Owners, Inc.	82-05579	944 Page 1
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)		369,341
2 Total expenses (must equal Part IX, column (A), line 25)	2	408,128
3 Revenue less expenses. Subtract line 2 from line 1	3	-38,787
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,246
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	100,459
Part XII   Financial Statements and Reporting	-	
Check if Schedule O contains a response to any question in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
b Were the organization's financial statements audited by an independent accountant?		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audi	it,
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both:	e issued on a	
Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	За Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required au	ıdit 3b
BAA		Form 990 (2010



## Form 512E - 2010

# OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

	<del> H</del>				2010
EXEMPT FROM INC		1			
Section 501(c) of the Internal I	Revenue Code RETURNI				
PART 1: For the year January 1-	December 31 2010, or Check box if this is				
other taxable year beginning	, 2010   an amended   512E:				
ending,					
No. of Constitution		! }			
Name of Organization NATIONAL ASSOCIATION OF R	OVALTY OWNERS. INC.				
Address (number and street)					
15 WEST 6TH STREET, SUITE	2626				
City, State and Zip					
TULSA, OK 74119					
Federal Identification Number	Date Qualified for Tax Exempt Status		OFFICE USE O	NLY	
82-0557944	09/13/2002				
1	eturn for prior year (if same, write "same"). If non-	e filed, give reason.	·		
SAME					
PART 2: STATEMENT OF	UNRELATED BUSINESS TAX	ABLE INCO	ME (Please read instructions	on pages 2-4)	S. 10 (1.10 P.)
			Total Federal	Allocable C	)klahoma
A. Total unrelated trade or b	ousiness income - applicable Federa	ıl Form(s) 990		1	
	ousiness deductions - applicable Fe				
	ole income - Enter here and on li				
	<b>X</b> +7			.1	
1. Unrelated business taxal	ole income - from statement abov	ve (allocable	to Oklahoma)	1	loc
2. Other net income - enclose	se schedule	· · · · · · · · · · · · · · · · · · · ·		2	OC
3. Oklahoma taxable incom	e (total of lines 1 and 2)	*********	************************	3	OC
TAX COMPUTATION	e (total of lines 1and 2)				
4. Tax at 6% of line 3 (If Tru	st - See Rate Schedule on page	2)		4	00
	timate			5	OC
6. Oklahoma withholding (ea	nclose Form 1099, Form 500A, Forn	n 500B or othe	er withholding statement).	6	00
	ter amount				OC
8. Overpayment (if line 7 is	larger than line 4 enter amount of	overpaid)	*****************************	8	00
9. Amount of line 8 to be cre	edited to 2011 estimated tax	• • • • • • • • • • • • • • • • • • • •	****************************	9	OC
Line 10 provides you with the oppo	ortunity to make a financial gift from yo	our refund to a v	ariety of Oklahoma		
organizations. Please place the lin	e number of the organization, from the lization, please put a "99" in the box ar	instructions to	this form, in the oval below edule showing how you	십	
would like your donation split.					
10. Donations from your refu	nd		,	10	00
	nter amount			11	00
12. Amount to be refunded to	you (line 8 minus line 11)		Refund	12	00
Want a Faster Refund?	Is this refund going to or through a			States? Yes	No
Elect to have your refund directly deposit	ed Deposit my refund in my:		化乳酸医抗性抗原素 化二氯甲基甲基基		

Zizzzi to mare your vereing emocily deposited
into your checking or savings account.
Only one refund can be deposited per
account per tax season. For Direct Deposit
Information, see page 4 of instructions.

Is this refund going to or through an account	that is located outside of the United States?	Yes	] <sub>No</sub> ∃
Deposit my refund in my:	어디 얼마를 하는데 그들은 이 나를		1
checking account Routing Number:			
savings account Account Number:			

13. Tax due (if line 4 is larger than line 7 enter tax due)	13	C	)(
14. For delinquent payment, add penalty of 5% plus interest at 1 1/4% per month		C	$\overline{)}$
f5. Underpayment of estimated tax interest (enclose Form OW-8-P)			$\overline{)}$
16. Total tax, penalty and interest due - Add lines 13, 14 & 15; pay in full with return Balance Due	16	C	$\overline{)}$

<ol> <li>Underpayment of estimated tax interest (enclose</li> </ol>			00
16. Total tax, penalty and interest due - Add lines 13,	14 & 15; pay	in full with returnBalance Due 16	00
PART 3: SIGNATURE AND VERIFICATION		A 44-14-14	7
Under penalty of perjury I declare that the information contained in this document	nt, attachments and	schedules are true and correct to the pest of my knowledge and belief.	/
Signature of Officer or Trustee	Check this box if the Oklahoma Tax	Signature of Individual or Firm Preparing this Return	$\mathcal{T}$
Print Name	Commission may discuss this	Print Name ROBERT E. YOUNG, CPA	7
Title	return with your tax preparer.	Address 8301 E. 51ST ST., SUITE 212 TULSA, OK 74145	
Date Phone Number with Area Code		Date Phone Number with Area Code 918-627-1164	

## 990

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

AI	For th	e 2011 calendar year, or tax year beginning ar	nd ending							
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
	Addre chang Name	NATIONAL ASSOC. OF ROYALTY OWNERS, I	NC.		EE7044					
Name change Change Doing Business As 82-055794										
	ireturn Termi ated	15 W. 6TH STREET	Room/suit		794-1660					
	Amen return	Uity or town, state or country, and ZIP + 4		G Gross receipts \$	511,747.					
	Application			H(a) Is this a group re	etum					
	pendi	F Name and address of principal officer: DAVID SIKES		for affiliates?	Yes X No					
		P.O. BOX 633, CHICKASHA, OK 73023		H(b) Are all affiliates inc	cluded? Yes No					
		empt status: 501(c)(3) 501(c)( 6) ◀ (insert no.) 4947(a)(	1) or 52	If "No," attach a	list. (see instructions)					
		te: ► WWW.NARO-US.ORG		H(c) Group exemption						
		organization; X Corporation Trust Association Other	L Yea	ar of formation: 2002	■ State of legal domicile: OK					
Pá	art I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: PRO								
Governance	1	INTERESTS OF ROYALTY OWNERS REGARDING D								
ērn	1	Check this box 🕨 📖 if the organization discontinued its operations or disp	oosed of mo	1	l .					
ò				3	0					
ಷ		Number of independent voting members of the governing body (Part VI, line 1b			0					
ies	i i	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0					
Activities &		Total number of volunteers (estimate if necessary)			0					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990·T, line 34	·····		0.					
	_			Prior Year	Current Year					
Revenue	1	Contributions and grants (Part VIII, line 1h)		239,771.	355,814.					
Ę		Program service revenue (Part VIII, line 2g)		113,460.	129,635.					
A é		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-29. 16,139.	0.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		369,341.	26,298. 511,747.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.					
	t	Benefits paid to or for members (Part IX, column (A), line 4)		179,604.	169,937.					
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		228,524.	0.					
en Oen		Professional fundraising fees (Part IX, column (A), line 11e)	0.	440,344.	V •					
X		Total fundraising expenses (Part IX, column (D), line 25)		0.	242,475.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		408,128.	412,412.					
		Revenue less expenses. Subtract line 18 from line 12		-38,787.	99,335.					
es	19	nevenue less expenses. Subtract line 10 from line 12		Beginning of Current Year	End of Year					
ets (	20	Total assets (Part X, line 16)		202,485.	274,653.					
Assi	21	Total liabilities (Part X, line 26)	·····-	102,026.	74,859.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	·····	100,459.	199,794.					
	rt II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	iles and state	ments, and to the best of m	y knowledge and belief, it is					
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	er has any knowledge.						
Sigi	n	Signature of officer		Date						
Her	e	JERRY SIMMONS, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid		O. BRENT CURRY, CPA O. BRENT CURRY	, CPA	06/13/12 if self-employ	#01070081					
-	arer	Firm's name ▶ REGIER CARR & MONROE, LLP		Firm's EIN ▶	48-0573184					
Use	Only	Firm's address 8023 EAST 63RD PLACE, SUITE 50	0							
		TULSA, OK 74133		Phone no. 9	18-494-8700					
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

	990 (2011) NATIONAL ASSOC. OF ROYALTY OWNERS, INC. 82-0557944 Page 2
Pa	rt III 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: PROMOTE COMMON ECONOMIC INTERESTS OF ROYALTY OWNERS REGARDING  PROMOTE COMMON PROPERTY PROPERTY OF STATE OF STA
	DISCOVERY, DEVELOPMENT, PRODUCTION AND USE OF OIL, GAS & OTHER MINERALS - DEVELOPE AND PROVIDE MEMBERS AND THE PUBLIC WITH
	INFORMATION CONCERNING AND CONSERVATION OF ENERGY.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	, , , , , , , , , , , , , , , , , , ,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
4a	others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
44	(Code:) (Expenses \$
	DEVELOPMENT, PRODUCTION, AND USE OF OIL, GAS & OTHER MINERALS - DEVELOP
	AND PROVIDE MEMBERS AND THE PUBLIC WITH INFORMATION CONCERNING ENERGY
	AND THE CONSERVATION OF ENERGY.
	AND THE CONSERVATION OF ENERGY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ Including grants of \$ ) (Revenue \$)
70	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶
1000	Form <b>990</b> (2011)
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## Form 990 (2011) NATIONAL ASS Part IV | Checklist of Required Schedules

		-		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			X
_	If "Yes," complete Schedule A	1		$\frac{\Lambda}{X}$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		х
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; 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		<u>X</u>
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		х
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.	15.	:	4.74
а	The state of the s			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	-		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7,5
	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			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~~	2011

Form 990 (2011) NATIONAL ASSOC. OF Part IV Checklist of Required Schedules (continued)

_		T		T
04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	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		х
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		Х
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		X
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		
	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			
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 21
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ł		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		14.	1.1
	instructions for applicable filing thresholds, conditions, and exceptions):		1 1	٠.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			Х
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		Λ.
D	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	255		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

		VC.	82-0557	944	P	age 5
Pa						
	Check if Schedule O contains a response to any question in this Part V					ᆜ
		ı	1 6		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	U			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		U			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	•	• •	NO.	. 4.11%	
	(gambling) winnings to prize winners?	- <sub>i</sub>		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	<b>2</b> a	0	14.0	1000	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		•••••	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• • • • • • • • • • • • • • • • • • • •		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶				3.5	1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	NA.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	·	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		***************************************	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible?	· · · · · · · · · · · · · · · · · · ·	********	<b>6</b> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				1,515	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	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 v	vas req	uired			
	to file Form 8282?			7¢		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		N/A	2021	N ***
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. E	id the s	upporting	N/A		3.50
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tim	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			35.5		44.5
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				MAG	887
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		3 4 5		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		13.4	14, 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1411	11.45	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>				AVY
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	• • • • • • • • • • • • • • • • • • • •			13.8	
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				: '
С	Enter the amount of reserves on hand	13c				
		L		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

Form **990** (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					A				
Sec	tion A. Governing Body and Management					1000				
		1	Ĭ :	٥	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		U						
	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		U						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wit	h any other		10.00					
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the			3		х				
	of officers, directors, or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets		200		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by	the following:							
a	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	l at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	ers, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\   .$			10b		Х				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?									
b	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		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
	in Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approve	al by	independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	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 arrange	ement	with a			Take				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		A STATE OF THE STA							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic			1000						
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶OK									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Se	ction 501(c)(3)s only	) availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflic	t of interest policy, a	and fina	ncial					
	statements available to the public during the tax year.			5875 MA						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organiz	ation:	<u> </u>					
	JERRY SIMMONS, EXECUTIVE DIRECTOR - 918-764-1660									
	15 W. 6TH ST., STE. 2626, TULSA, OK 74119									

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
  Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n  (A)	(B)	Jiga		((	C)		isal	(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JERRY R. SIMMONS EXECUTIVE DIRECTOR	40.00	х						99,482.	0.	0.
(2) DAVIE SIKES										
PRESIDENT	0.00	X		X		L		0.	0.	0.
(3) SUSAN BREWER		,,		,,					^	0
CORP SECRETARY (4) MIKE TURMAN	0.00	Х	_	X	_	<u> </u>	ļ	0.	0.	0.
TREASURER	0.00	х		х				0.	0.	0.
(5) JEFFREY E. MILLER	0.00								0,	
IMMED PAST PRES	0.00	Х						0.	0.	0.
(6) LINN WILLERS										
VICE PRESIDENT	0.00	Х						0.	0.	0.
						-				
				<u> </u>		_				
				_						
132007 01-23-12										Form <b>990</b> (2011)

Compared to the compared to	Pa	rt VII	I Statement of Revenue					
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	70.70					Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	in an			202 410				
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	9			302,418.				
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	Ę,Ę							
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	2							
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	Siz		,					
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	ĕĔ	Ť		52 206				
2 a   CONVENTION INCOME   Elusiness Code   129,635.   129,635.   129,635.   211110   129,635.   129,635.   129,635.   211110   129,635.   129,635.   2111110   129,635.   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   129,635.   2111110   212,635.   2111110   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   212,635.   2	문항			33,350.				
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Total. Add lines 2a-2!    Total. Add lines 2a-2!   129,635.	E A							
Total. Add lines 2a-2!    Total. Add lines 2a-2!   129,635.	Reg	u						
Total Add lines 2a2l	된	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expanses c Rental income or (joss) d Net rental Income or (joss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (joss) d Net gain or (joss) 8 a Gross income from fundralsing events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net Income or (joss) from fundralsing events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net Income or (joss) from gaming activities 10 a Gross sales of inventory, loss returns and allowances a b Less: cost of goods sold b C Net Income or (joss) from sales of inventory Miscellaneous Revenue  Business Code 11 a MARKETPLACE ADVERTISIN 900099 18,541. 18,541. 18,541. 18,541. 18,541. 18,541. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380. 4380	ŀ				129,635.	11.		
other similar amounts)  Income from investment of tax exempt bond proceeds  Royalties  R		3			•			
4   Income from investment of tax-exempt bond proceeds								
10   10   10   10   10   10   10   10		4						
(i) Real   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Pers		5						
b Less: rental expenses CRental income or (loss)				4				
Description		6 a	Gross rents					
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MARKETPLACE ADVERTISIN DTHER DTHER 900099 18,541. 18,541.  900099 18,541. 18,541.  10 d All other revenue 900099 2,733. 2,733. d All other revenue 900099 300099 4,380. 4,380. 511,747. 155,933. 0.00.		b	Less: rental expenses					
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7 a Gross amount from sales of assets other than inventory		d	Net rental income or (loss)					
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	į	7 a	Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundralsing events (not including \$			assets other than inventory					
C   Gain or (loss)		b	Less: cost or other basis					
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue			and sales expenses					
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b		c	Gain or (loss)					The state of the s
including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities \  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue		d	Net gain or (loss)	<b>&gt;</b>				
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c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MARKETPLACE ADVERTISIN b OTHER C VENDOR REFUND 900099 18,541. 18,541.  Miscellaneous Revenue 900099 2,733. 2,733.  d All other revenue e Total. Add lines 11a-11d 26,298.  12 Total revenue. See instructions.  511,747. 155,933.  0 0 0	e.		contributions reported on line 1c). See					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MARKETPLACE ADVERTISIN b OTHER C VENDOR REFUND 900099 18,541. 18,541.  Miscellaneous Revenue 900099 2,733. 2,733.  d All other revenue e Total. Add lines 11a-11d 26,298.  12 Total revenue. See instructions.  511,747. 155,933.  0 0 0	<u>بر</u>		Part IV, line 18					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MARKETPLACE ADVERTISIN b OTHER C VENDOR REFUND 900099 18,541. 18,541.  Miscellaneous Revenue 900099 2,733. 2,733.  d All other revenue e Total. Add lines 11a-11d 26,298.  12 Total revenue. See instructions.  511,747. 155,933.  0 0 0	Ĕ.	b	Less: direct expenses b					
Part IV, line 19	٦	С	Net income or (loss) from fundraising events	<u></u>				
b Less: direct expenses b		9 a	Gross income from gaming activities. See					
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code			Part IV, line 19 a					
10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MARKETPLACE ADVERTISIN b OTHER 0 900099 18,541. 18,541.  b OTHER 900099 4,380. 4,380. c VENDOR REFUND 900099 2,733. 2,733. d All other revenue 900099 644. e Total. Add lines 11a·11d			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.40,1251.0	NEW HARRIST	April Angelog 1
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11 a MARKETPLACE ADVERTISIN 900099 18,541. 18,541. b OTHER 900099 4,380. 4,380. c VENDOR REFUND 900099 2,733. 2,733. d All other revenue 900099 644. 644. e Total. Add lines 11a·11d ▶ 26,298. 12 Total revenue. See instructions. ▶ 511,747. 155,933. 0. 0.				<u> </u>				
b Less: cost of goods sold b	ļ	10 a	•					
c Net income or (loss) from sales of inventory           Miscellaneous Revenue         Business Code           11 a MARKETPLACE ADVERTISIN         900099         18,541.         18,541.           b OTHER         900099         4,380.         4,380.           c VENDOR REFUND         900099         2,733.         2,733.           d All other revenue         900099         644.         644.           e Total. Add lines 11a·11d         ≥ 26,298.           12 Total revenue. See instructions.         > 511,747.         155,933.         0.         0.	ŀ							
Miscellaneous Revenue   Business Code	ı				1.5,773.88		·	
11 a       MARKETPLACE ADVERTISIN b       900099	ŀ	С			ty taky it is an	N. H. J. H. S.	The second second second	3.3.5
b OTHER 900099 4,380. 4,380. c VENDOR REFUND 900099 2,733. 2,733. d All other revenue 900099 644. 644. e Total. Add lines 11a-11d	ŀ	44 -			10 5/1	18 5/1		*
c       VENDOR REFUND       900099       2,733.       2,733.         d All other revenue       900099       644.       644.         e Total. Add lines 11a·11d       ▶       26,298.         12 Total revenue. See instructions.       ▶       511,747.       155,933.       0.       0.			OBITED					
d All other revenue 900099 644. 644.  e Total. Add lines 11a·11d ► 26,298.  12 Total revenue. See instructions. ► 511,747. 155,933. 0. 0.								
e Total. Add lines 11a·11d		_						
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200000						155.933.	<u> </u>	n.
	13200	9	Total totalization and management				•	Form <b>990</b> (2011)

## 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	( <b>D)</b> Fundraising
70, 1	Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	153,206.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	4,113.			
9	Other employee benefits	10 (10			
10	Payroll taxes	12,618.			
11	Fees for services (non-employees):				
a	Management	2 000			
b	Legal	3,996. 575.			
С	Accounting	5/5.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		1. 41 44 14 14 14 N		
f	Investment management fees				
g	Other	3,692.			
12	Advertising and promotion	8,214.			
13	Office expenses	0,214.			
14	Information technology				
15 10	Royalties				
16	Occupancy	26,556.			
17	Travel	20,5501			
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	89,537.			
าย 20	· · · · · · · · · · · · · · · · · · ·	03,3371			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,699.			
23	Insurance	4,210.			
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 0.)				
а	PRINTING AND PUBLICATIO	36,019.			
b	RENT	16,064.			
С	CREDIT CARD PROCESSING	14,867.			
d	POSTAGE AND SHIPPING	11,715.			
е	All other expenses	24,331.			
25	Total functional expenses. Add lines 1 through 24e	412,412.			
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)				

					(A) Beginning of year		(B) End of year
_		Cook was interest begging			44,257.	1	100,892
1	1	Cash - non-interest-bearing			10,353.	2	18,707
	2	Savings and temporary cash investments	20/3001	3			
	3	Pledges and grants receivable, net		4	9,878		
Ī	4	Accounts receivable, net				7	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee		5	• '		
- 1	_	of Schedule L				3	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect			·		
<u>,                                    </u>		employees' beneficiary organizations (see instru				6 7	
HSSells	7	Notes and loans receivable, net					
₹	8	Inventories for sale or use		8	<u> </u>		
	9				50.00 No. 80.00 No. 50.00	9	
	10 a	Land, buildings, and equipment: cost or other		27 620			
		basis. Complete Part VI of Schedule D	10a	37,629. 35,274.	E 0E4		י אורי איי
-	b	Less: accumulated depreciation	5,054.		2,355		
- 1	11	Investments · publicly traded securities		11			
- 1	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	440 004	14	140 001		
ı	15	Other assets. See Part IV, line 11		142,821.	15	142,821	
	16	Total assets. Add lines 1 through 15 (must equ	202,485.	16	274,653		
	17	Accounts payable and accrued expenses				17	
1	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
ا يو	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
	22	Payables to current and former officers, directo	rs, trus	ees, key employees,			
Liabilities		highest compensated employees, and disqualif					
5		of Schedule L		22			
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			,
		parties, and other liabilities not included on line				1	
		Schedule D			102,026.		74,859
	26	Total liabilities. Add lines 17 through 25	102,026.	26	74,859		
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
ပ္		lines 27 through 29, and lines 33 and 34.					
Net Assets or Fund Balances	27	Unrestricted net assets			100,459.	27	199,794
<u>a</u>	28	Temporarily restricted net assets				28	
Ď	29					29	
Š		Organizations that do not follow SFAS 117, or					
<u></u>		complete lines 30 through 34.					
S.	30	Capital stock or trust principal, or current funds	<b>.</b>			30	
SSE	31	Paid-in or capital surplus, or land, building, or e				31	
Ę.	32	Retained earnings, endowment, accumulated in				32	
<u>8</u>	33	Total net assets or fund balances			100,459	33	199,79
	١٣٠	Total liabilities and net assets/fund balances			202,485		274,653

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.

3b

Form 990 (2011)

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

NATIONAL ASSOC. OF ROYALTY OWNERS, INC.

Employer identification number 82-0557944

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose con	nferring
	impermissible private benefit?	***************************************	Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		ganization during the tax
	year▶	,	•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial ga	uin, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

	· · · · · · · · · · · · · · · · · · ·	ASSOC. O								Page 2
	rt III   Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	ds, ched	ck any of the	following tha	t are a sign	ificant u	se of its	collection	items
	(check all that apply):		. —	l <u>-</u>						
a	Public exhibition				hange progra					
þ	Scholarly research	•	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	·		-	-			se in Pai	t XIV.	
5	During the year, did the organization solicit or							r		·
	to be sold to raise funds rather than to be main								_ Yes	L No
Pa	t IV Escrow and Custodial Arrang		lete if th	e organizatio	on answered '	Yes" to Fo	rm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodial		-					_	٦	
	on Form 990, Part X?							└─	_ l Yes	Ll No
þ	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing	table:						
									Amount	
¢	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 on For	m 990, Part X, line	217					L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if t	he organization a	nswered	i "Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) i	Prior year	(c) Two year	s back (d)	Three ye	ars back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions								Service Carlo	
С	Net investment earnings, gains, and losses		1						1.477.44	
	Grants or scholarships								3,535	
	Other expenditures for facilities								NAME OF	
	and programs								1000	
f	Administrative expenses								NUMBER OF	Name to the first
g g	End of year balance								300.65	
2	Provide the estimated percentage of the curre	nt vear end halan	ce (line 1	ia columnia	a)) held as:				1	
	Board designated or quasi-endowment	•	%	rg, column (	ajj riola as.					
	Permanent endowment	%								
	Temporarily restricted endowment	—" %								
U	The percentages in lines 2a, 2b, and 2c should									
0-		-	Ai At-					. 4 !		
Ja	Are there endowment funds not in the possess	sion of the organiz	auon in	iat are neid a	no auministe	rea for the	organiza	ation	Г	/   N-
	by:								_	Yes No
	(i) unrelated organizations								3a(i)	-
	(ii) related organizations								3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organizations I								3b	
BOI	Describe in Part XIV the intended uses of the c									
rai		1		<del></del>	I					
	Description of property	(a) Cost or o			t or other (other)		umulated ciation	a	(d) Book	value
	Lond		irio:itj	Dasis	(Otriel)	debie	Ciation	7.74.		
	Land			<del> </del>			<u>. :::::::1</u>			
	Buildings			<del> </del>				-		
	Leasehold improvements									
	Equipment	<b>‡</b>		<del> </del>	37,629.	2	F 27		<u> </u>	355
	Other					٥	55,27	* •		,355.
Tota	. Add lines 1a through 1e. (Column (d) must equ	uai rorm 990, Part	x, colu	mn (B), line 1	ιυ(c).)		*******			,355.

1505 1

	dule D (Form 990) 2011 NATIONAL ASSOC. OF ROYALT:			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments		• +	
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			
	t XII   Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per	Return
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:			9:8
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
	Add lines 2a through 2d			
_				
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		*****************	· Variati
-	Investment expenses not included on Form 990, Part VIII, line 7b	امدا		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Other (Describe in Part XIV.)			- 1
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pai	t XIII] Reconciliation of Expenses per Audited Financial Stater	nents With Fy	nenses ne	r Return
			<del></del>	<del>,</del>
1	Total expenses and losses per audited financial statements			. <b>1</b>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		· · · · · · · · · · · · · · · · · · ·
a	Donated services and use of facilities			
	Prior year adjustments			
C	Other losses			
d	,	··· L		<b>-</b>   -
_	Add lines 2a through 2d			1 . 1
3	Subtract line 2e from line 1			. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)	4b		<u> 귀추</u> 기
_	Add lines 4a and 4b			
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIV Supplemental Information			.   5
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also cor			
	5 2, 1 arc N, 1110 0, 1 arc Nii, 11100 20 arto 40, arto 1 arc Nii, 11100 20 arto 40, 1100 001	inplote tine part to p		addisoral mornation.
		·		
				· · · · · · · · · · · · · · · · · · ·

## **SCHEDULE 0**

(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.

2011
Open to Public Inspection

Employer identification number Name of the organization 82-0557944 NATIONAL ASSOC. OF ROYALTY OWNERS, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRODUCTION AND USE OF OIL, GAS & OTHER MINERALS - DEVELOP AND PROVIDE MEMBERS AND THE PUBLIC WITH INFORMATION CONCERNING AND CONSERVATION OF ENERGY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROMOTE COMMON ECONOMIC INTEREST OF ROYALTY OWNERS REGARDING DISCOVERY, DEVELOPMENT, GAS & OTHER MINERALS - DEVELOPE AND PROVIDE PRODUCTION AND USE OF OIL, MEMBERS AND THE PUBLIC WITH INFORMATION CONCERNING ENERGY AND THE CONSERVATION OF ENERGY. FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

Current Year Deduction	0	0	C	•	0	·	Ó	0	•	Ċ	ò	0	•	0	•	0	0.
Current Sec 179		: : : : : : :										:					
Accumulated Depreciation	1,200	827.	2,000.	400.	300.	2,000.	2,053.	2,016.	182	1,680.	874.	2,212.	1,666.	753.	1,122.	417.	312.
Basis For Depreciation	1,200.	827.	2,000.	400.	300.	2,000.	2,053.	2,016.	182.	1,800.	874.	2,413.	1,666.	810.	1,163.	432.	324.
Reduction In Basis										100							
Bus % Excl	Experience process	: : :															
Unadjusted Cost Or Basis	1,200	827.	2,000.	400.	300.	2,000.	2,053.	2,016.	182.	1,800.	874.	2,413.	1,666.	810.	1,163.	432.	324.
Line No.	О	16	16	17	16	16	17	16	16	16	9 1	16	H 9	16	16	16	16
Life	7.00	7.00	5.00	7.00	7.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	7.00	7.00	7.00	7.00
Method	ıs	83SL	Sī	94SL	SL	5SL	SL	OOSL	${\tt TS}$	$\mathbf{SL}$	гг	SL			TS	03SL	SI
Date Acquired	01018081	0101	010193SL	060194	060194SL	010195	07010081	070100	100100L	110101SL	110101E	120101SL	120102E	010103SL	040103SL	040103	040103SL
Description	FURNITURE & FIXTURES 4-DRAWER FILE	AEROA MEMORY-WKITER 2610	OMPUTER		SAU-222	475	ARLO Fores	AIRDON SAMA - ITE MIS ACH SE			KV32FS1	LUCENT TELEPHON UPGRADE	MD ATHLON - 52X	1001 FOLDER - 300E6953	FILES	HILF	WOOD DESK & CREDENZA
Asset No.		- •								ਜ	Ŧ	12	H	14	-i	<del>,</del> ~	17

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Current Year Deduction			16.	54.	61.	2,199.	2 2 2 2 4 2 5 5 .	500.	
Current Sec 179						0		•	
Accumulated Depreciation	388 620.	301.	72.	189.	213.	32,010.	361. 204.	565.	
Basis For Depreciation	388.		113.	270.	304.	35,128.	1,277.	2,500.	
Reduction In Basis						• 0		0	
Bus % Excl									
Unadjusted Cost Or Basis		466.	113.	270.	304.	35,128.	1,277.	2,500. 37,628.	
Line No.		0 U	H H	H H	H H 0		H H		
Life	7.0	7.00	7.00	5.00	5.00		5.00		
Method	SL 200DB	Z. Z.		SL					
Date Acquired	070103SL 070103200DB	0401045L 030106SL	030106SL 070107SL	060107 120107	120107SL 070108SL		081409SL 031110SL		
Description	ATERAL FILE - 3 RAWER LYMPUS 400 DIGITAL AMER LATERAL FILES -	205 DRAW OFFICE CHAIR & PORT	23OFFICE CHAIRS 030106SL 24MONITOR - RECEPTION070107SL	ACCOUNTING SERVER	MONITOR - EXEC DIR WEBSITE REDEVELOPMENT	* 990 RAGE IN TOTAL FURNITURE & FIXTUR OTHER	29COMPUTER 30LAPTOP	THER GRAND TOTAL AGE 10 DEPR	
Asset No.	H H C	70 R 70 R	K 4	7 7 7	7 8 7		% 0 %		

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

### 4562

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property) See separate instructions. Attach to your tax return.

990

OM8 No. 1545-0172

Sequence No. 179

Name(s) shown on return NATIONAL ASSOC. OF ROYALTY OWNERS, INC. FORM 990 PAGE 10 82-0557944 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) ..... 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter ·0· 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 2,699. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property c 10-year property d 15-year property f 20-year property 25 yrs. S/I 25-year property q 27.5 yrs. MM S/L Residential rental property h MM S/L 27.5 yrs. 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. 12-year 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,699. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs .....

Form 4562 (2011)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

_	amusement.) Note: For any	ehicle for w	hich you are u	sing the	standar	d mileag	e rate oi	dedu	cting lease	expense	, comp	lete only	y 24a, 24	lb, colun	nns (a)
	through (c) of S		of Section B, on and Other					notruo	tions for li	mite for n	accona	or auton	achilas 1		
														T T	T
248	a Do you have evidence to s	,		nt use ca	airrie0?	<u> </u>	es L	⊔ No	24b If "Y	<del>'                                     </del>				J Yes ∟	No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percenta	l ot	(d) Cost or her basis	f fbu	(e) is for depre siness/inve use only	stment	(f) Recovery period	(g Meth Conve	iod/	Depre	h) ciation oction	Elec sectio co	n 179
25	Special depreciation allo		-												
	used more than 50% in										25			24447.55	79.7
26	Property used more tha	n 50% in a c	ualified busin	ess use:											
		<u> </u>	9	6											
		1 1	9	6											
			9	6											
27	Property used 50% or le	ess in a qual	fied business	use:											
		: :	9	6						S/L·					
		: :	9	6						S/L -					
		: :	o,	6						S/L·					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	ı line 21,	, page 1				28			to the second	
29	Add amounts in column	(i), line 26. E	Enter here and	on line	7, page	1							29		
			S	ection I	B - Infor	mation	on Use	of Vel	nicles						
if y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this s	ection fo	or
				(:	a)	(	b)		(c)	(d	)	( (	e)	(f)	)
30	Total business/investment	miles driven d	uring the	Vel	nicle	Vel	nicle	V	/ehicle	Vehi	cle	Veh	nicle	Vehi	icle
	year (do not include comm	nuting miles)													
31	Total commuting miles of	iriven during	the year												
32	Total other personal (no driven		.,									!			
33	Total miles driven during														
	Add lines 30 through 32	-						1							
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?	•											:	ļ	
			- Questions t	or Emp	loyers V	Vho Pro	vide Vei	nicles	for Use b	y Their E	mploye	ees			
Ans	swer these questions to				-								re not m	ore than	5%
	ners or related persons.			•						•	• •				
	Do you maintain a writte	n policy sta	tement that pr	ohibits a	all perso	nal use	of vehicl	es, inc	luding cor	nmuting,	by you	r		Yes	No
	employees?		-												
38	Do you maintain a writte														
	employees? See the ins	• -	=	-											
39	Do you treat all use of v					-				_					
	Do you provide more the														
	the use of the vehicles,														
41	Do you meet the require														1
	Note: If your answer to										********				•
P	art VI Amortization		•	•											
	(a) Description o	fcosts	Date	(b) amortization		(c) Amortizal amoun	ble		(d) Code section	_	(e) Amortiza	tion	Aı fe	(f) nortization or this year	
40	Amortization of costs th	at henine di	ring vour 201	begins 1 tax ve:	ar	-114411			_202011	P	enod or par	censys [		,	
74	7 STIONALATION OF COSTS III	ar sognio de	9 7001 201		1			T		Τ					
_					<del>                                     </del>										
42	Amortization of costs th	at began bo	fore your 201	tav ves	i ar					L		43			
	Total. Add amounts in							•••••	*************			44		•••	

### Form **8868**

(Rev. January 2012)

Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return

OMB No. 1545-1709

atterna i no	value da vice	idto appi	TOURION TO TOUR TO TAIL THE		<u> </u>	
	are filing for an Automatic 3-Month Extension, complet				<b>&gt;</b>	X
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not d	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	i 3-month automatic extension of tim	ne to file (6	months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mor					
	o file any of the forms listed in Part I or Part II with the exc					
	I Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	tronic filing of this	form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I						
Part I or					<b>&gt;</b>	<b></b>
	corporations (including 1120-C filers), partnerships, REM come tax returns.		rusts must use Form 7004 to reques			
Type or print	Name of exempt organization or other filer, see instru-	ctions.		Employer	identification num	iber (EIN) or
File by the	NATIONAL ASSOC. OF ROYALTY			X	82-05579	
due date fo filing your	Number, street, and room or suite no. If a P.O. box, so 15 W. 6TH STREET. NO. 2626	ee instruc	tions.	Social sec	curity number (SS	N)
return. See instruction		oreign add	ress, see instructions.			
						01
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00	01	Form 990·T (corporation)			07
Form 99	00-BL	02	Form 1041-A			08
Form 99	0-EZ	01	Form 4720			09
Form 99	00-PF	04	Form 5227			10
Form 99	00·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
	JERRY SIMMONS,		UTIVE DIRECTOR			
• The l	books are in the care of   15 W. 6TH ST.,	STE.		74119		
Telep	phone No. ► 918-764-1660		FAX No. 🕨		<del></del> .	
	organization does not have an office or place of busines					<b>▶</b>
	s is for a Group Return, enter the organization's four digit					
box 📐	. If it is for part of the group, check this box				ers the extension	is for.
1 Ir	request an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemp		to file Form 990-T) extension of time Ition return for the organization nam		The extension	
is	for the organization's return for:	_				
<b>&gt;</b>	X calendar year 2011 or					
<b>&gt;</b>	tax year beginning	, an	nd ending		<b>→</b> ·	
2 If	the tax year entered in line 1 is for less than 12 months, o	heck ress	son: Initial return	Final retur	n	
2	Change in accounting period	i look load	Million Land	i iiiai rotai	••	
L	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax, less any			
	onrefundable credits. See instructions.	J. 0000, 6	into the contact of tany lood any	За	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		· · · · · · · · · · · · · · · · · · ·	
	stimated tax payments made. Include any prior year over			3b	s	0.
	alance due. Subtract line 3b from line 3a. Include your pa			<u>                                   </u>	· · · · · · · · · · · · · · · · · · ·	
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F			structions.
I HA	For Privacy Act and Paperwork Reduction Act Notice.					Rev. 1-2012)

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

NATIONAL ASSOC. OF ROYALTY OWNERS, INC.

Current Year Deduction	• 0	0	•	0	•	0	0	0	•	0	Ċ	0	0	0	0	0	0
Current Sec 179										:							
Accumulated Depreciation	1,200.	827.	2,000.	400	300.	2,000.	2,053.	2,016.	182	1,680.	874.	2,212.	1.666.	75	1,122.	417.	312.
Basis For Depreciation	1,200.	827.	2,000.	400.	300.	2,000.	2,053.	2,016.	182	1,800.	874.	2,413.	1.666.	810	1,163.	432.	324.
Reduction In Basis	A A STATE OF THE S			1													
Bus % Excl		1		:													
Unadjusted Cost Or Basis	1,200.	827.	2,000.	400.	300.	2,000.	2,053.	2,016.	182.	1,800.	874.	2,413.	1.666.	81	1,163.	432.	324.
Line No	9	16	П Р	17	9	16	17	16	16	16	10	16	9		9	16	9
Life	7.00	7.00	5.00	7.00	7.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	. 0	7.00	7.00	7.00
Method	1	Ş.F.	댪	J.	Į.	IJ	J.	J.	Į.	J.	ΞŢ	ĬĮ.	ZI.	SI.	SI.	J.S	SI.
Date Acquired	010180SL	010183SL	010193SL	060194SL	060194SL	010195SL	070100SL	070100SL	100100EL	110101SL	110101SL	120101SL	120102ST	010103SL	040103SL	040103SL	040103SL
Description	FURNITURE & FIXTURES 4-DRAWER FILE CABINETS XFROX MEMORY-WRITERS	2610	SDELL COMPUTER ETCHED CMEDED		SAU-222	GAPPLE PERFORMA 475	COMPAQ PRESARIO 75900Z, AT	AIRE SEE	OFTIMOS ACT - 86 9STEREO ACT - 86	SYSTEM	SONY 31 KV32FS1	LUCENT TELEPHONE SUPGRADE	MQ AMD ATHLON - 52X 3- I.D	30	3 LATERAL DRAWE	FIREPROOF CABINET	WOOD DESK & /CREDENZA
Asset No.		7	C	4	2	9	7	Φ	<b>O</b>	10		12	T	14	1.5	H 9	17

128102 05-01-11

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

NATIONAL ASSOC. OF ROYALTY OWNERS, INC. 2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL --

Current Year Deduction	0	28.	1 6 1 6 1 .	54.	61.	2,199.	255.	500.	2,699.	
Current Sec 179						0		•0	•0	
Accumulated Depreciation	388.	721.	72.	189. 654.	213.	32,010.	361.	204.	32,575.	
Basis For Depreciation	388. 764.	775.	113.		304.	35,128.	1,277.	1,223.	37,628.	
Reduction In Basis						0		•	0	
Bus % Excl										
Unadjusted Cost Or Basis	388. 764.	775.	113.	270.	304.	35,128.	1,277.	1,223.	37,628.	
Llna No.	16	9 H	9 b	9 9 H H	0 0 H H		ъ Т	<b>9</b>		
Life	7.00	7.00	7.00	5.00	5.00		5.00	5.00		
Method	SL 200DB	4SL 6SL	6SL 7SL	SI	SI. SI.		SL	J.S		
Date Acquired	070103SL 7	04010 03010	030106	060107SL 120107SL	120107		081409SL	031110SL		
Description	ILE - 3 00 DIGI	2 LATERAL FILES - 203 DRAW OFFICE CHAIR & PORT 22PRINT	23OFFICE CHAIRS 030106SL 24MONITOR - RECEPTION070107SL	ING	MONITOR - EXEC WEBSITE REDEVELOPMENT	JYU FAGE URNITURE 8 THER	29COMPUTER	30LAPTOP * 990 PAGE 10 TOTAL OTHER	* GRAND TOTAL 990 PAGE 10 DEPR	
Asset No.	18	20	23	2 25	27		29	30		

128102 15-01-11

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2012 DEPRECIATION AND AMORTIZATION REPORT

### - NEXT YEAR FEDERAL -

# NATIONAL ASSOC. OF ROYALTY OWNERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
7	FURNITURE & FIXTURES	10.1	CT.	-	6		6	⊂	
নি	XEROX MEMORY-WRITER 610	1018	SL	0	82		827	827	. 0
썼	MPUTER	1019	SL	0	00		0.0	0	• 0
T		6019	$\operatorname{SI}$	0.	00		400	00	• 0
Ω Ω	I STEREC	6019	SL	0	300		300	30	0
<del>0</del>	475	1019	SI	0	00		00	000	
7	വ	7010	SI	?	0.5		,053	0.	0
<del>ळ ठ</del>	8AMD ATHLON 52MX - WEBSITE	070100	OSI	5.00	2,016.		2,016.	016	00
7 5	OFTIMOS ACT - 00 STEREO	2 C	77 1	<b>-</b>	Ø :C		0 C	7 C	
<u> </u>	- 1	7 F	ΩŢ.	? 🤆	ο α ο τ		, o , o ,	, 0 0 4	• • •
121	LUCENT TELEPHONE UPGRADE	2010	SL	0	413		413	٠.	0
13	-2.	2010	SI	0	S		99	,666	0
14.	1001 FOLDER - 300E6953	1010	SL	0	810		810	753	•
	ILE	4010	$_{ m ZI}$	0	63		63	22	• 0
161	FIREPROOF FILE CABINET	4010	Sī	٠.	32		32	Н	.0
17	X & CRE	4010	ZI	0	2 4		7	7	0
18	LATERAL FILE - 3 DRAWER	7010	SI	0	ထ		88	88	
190	ITAL	7010	200DB	0	ψ I		9	$\alpha$	0
	RAL FILES	4010	SL	0	75	:	75	di i	0
		3010	SI	0	9		99	89	<u>-</u>
233	H	3010	SI	0	133		13	8 i	9
2.4 1.4	24MONITOR - RECEPTION	7010	SI	<u>٠</u>	Q 1		0.0		000
7 7	MONTTOR - ACCOUNTING	0 T 0 0	7 5	0.9	<b>○</b> ;		2;	4 J	
70		2010	$_{ m SI}$	0	34		34	41	
27	MONITOR - EXEC DIR	2010	SI	0	304		304	74	
28	TE RED	7010	SI	0	20		20	Ŋ	•
	* 990 PAGE 10 TOTAL FURNITURE &	-			,		,	,	
	FIXTURES				35,128.		35,128.	34,209.	263
	OTHER	,			1		1	,	j
28	COMPUTER	081405	TS S	5.00	7		, 277	,  ·=	ΩZ
	LARTION * 000 DACE 10 MONAT OFFIRE	T T T T T	<u>n</u>	<b>⊃</b> :	2 2 Z		1,443.	4 C 4 A 4 A	7.44 0.00
								١	۱,

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2012 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

NATIONAL ASSOC. OF ROYALTY OWNERS, INC.

		Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
GRAND TOTAL 990 PAGE 10 DEPR	PR				37,628.		37,628.	35,274.	763.
		100							
			18.8 18.3 18.3 18.						

128103 05-01-11

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



Form **990** 

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

OMB No. 1545-0047

2011

Open to Public

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

Department of the Treasury Internal Revenue Service

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

A	For the	2012 cale	ndar year, or tax year beginning , 2012, an	d ending		•	, 20	
В		pplicable:	C Name of organization National Assoc, of Royalty Owners, Inc.		ī	Employe	er identification nu	mber
$\ddot{\Box}$	Address		Doing Business As				82-0557944	
H				Room/suite		Telephor	ne number	
Η.	Name cha	-	15 W. 6th Street	262	6		918-794-1660	
8	Initial retu		City, town or post office, state, and ZIP code	100	·			-
뭐	Terminate					Gross re	celpts \$	558,436
님	Amended		Tulsa, OK 74119 F Name and address of principal officer: David Sikes				for affiliates? Yes	
LJ	Application	on pending					cluded? Yes	
			P.O. Box 633, Chickasha, OK 73023  ☐ 501(c)(3)	1607			list. (see instruction	
<u> </u>		pt status:		1921	H(c) Group			•
<u>J</u> _	Website:		w.naro-us.org    Corporation   Trust   Association   Other ▶   L Year	of formation	· · · · · · · · · · · · · · · · · · ·	· ·	of legal domicile:	OK
				Of IOITHARON	. 2002	in Otate	or regai dominant.	<u> </u>
	artl	Summ		Destroke			interacts of rou	odbu
			escribe the organization's mission or most significant activities:					
ø			egarding discovery, development, production and use of oil, gas and	d other mil	nerais - dev	elop and	i provide memb	ers
ä		and the p	ublic with information concerning conservation of energy.					
Ē	.				41	0506 -6	!! b	
& Governance	2	Check th	is box ▶☐ if the organization discontinued its operations or disp				its net assets.	
<u>ෆ</u> න්			of forming (1,0)(1,0)			3		15
Se			of independent voting members of the governing body (Part VI, I			4		15
Activities			nber of individuals employed in calendar year 2012 (Part V, line 2	2a)		5		3
듛			nber of volunteers (estimate if necessary)			6	······	0
_			elated business revenue from Part VIII, column (C), line 12			7a		0
	b	Net unre	lated business taxable income from Form 990-T, line 34			7b		0
				ļ	Prior Yea	ır	Current Ye	ar ———
æ	8	Contribu	tions and grants (Part VIII, line 1h)	· • <u> </u>		355,814		328,260
Ĕ			service revenue (Part VIII, line 2g)	· ·		129,635		208,695
Revenue			ent income (Part VIII, column (A), lines 3, 4, and 7d)			0		0
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			26,298		21,481
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)		511,747		558,436
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)			0		0
			paid to or for members (Part IX, column (A), line 4)			0		0
c/s	40	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5	-10)		169,937		201,670
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0		0
ě	b		draising expenses (Part IX, column (D), line 25)	30	公主 海营公	\$\$5417F	7 4 M. T.	
ă	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			242,475		348,398
	18	Total ext	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)			412,412		550,068
			less expenses. Subtract line 18 from line 12	$\square$		99,335		8,368
				Be	ginning of Cur	rent Year	End of Ye	ar
ets or	20	Total ass	sets (Part X, line 16)			274,653		307,958
ASS	21		pilities (Part X, line 26)			74,859		18,622
Not Asse	22		ts or fund balances. Subtract line 21 from line 20	<b></b>		199,794		289,336
	artII		ture Block					
1 %	nder nenst		ry, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to th	e best of a	my knowledge and	belief, it is
tri	ie, correct	, and comp	lete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	as any knowle	dge,		
		<b>\</b>						
Si	an	Sign	nature of officer		Dat	e		
	ere		rry Simmons, Executive Director					
	., C	<b> </b>	e or print name and title		•			
_		· · · · · · · · · · · · · · · · · · ·	rpe preparer's name Preparer's signature	Date	11	T	PTIN	
	aid				7/17/12	Check self-em		56640
	epare	' I	Iolman Posts DC	/	1 1 5	,		
U	se Only	y Firm's i				's EIN ►	73-13115 918-599-77	
		Firm's a	address ► 525 S. Main, Ste. 800 Tulsa, OK 74103 s this return with the preparer shown above? (see instructions)		Phoi	ne no.	<u>918-599-77</u> , <b>√</b> Ye:	
M	ау тпе іН	เอ นเรติเรี	a mis remit with the brebarer shown above; (see instructions)			• •		, <u> </u>

	National Association of Royalty Owners, Inc.	FEIN: 82-0557944 Page 2
om 990 Partill	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in the	s Part III
1	Priofly describe the organization's mission:	
	promote common aconomic interests of royalty owners regarding discovery	y, development, production and use of oil, gas and other
-	minerals - develop and provide members and the public with information co	ncerning conservation of energy.
	the state of the s	the year which were not listed on the
2	Did the organization undertake any significant program services during prior Form 990 or 990-EZ?	Yes No
	prior Form 990 or 990-EZ?	
^	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant change	s in how it conducts, any program
3	services?	□Yes ☑No
	ir ia ( II de-ortha thaga abangas an Schedule ()	
_	- vi	h of its three largest program services, as measured by
	expanses. Section 501/c)(3) and 501(c)(4) organizations are required to	report the amount of grants and anocations to officion
	the total expenses, and revenue, if any, for each program service repor	ied.
4a	(Code:) (Expenses \$including grants of \$	) (Revenue \$
	Promote common economic interests of royalty owners regarding discover	y, development, production and use of oil, yas and outer
	minerals - develop and provide members and the public with information of	oncerning conservation of energy.
4b	(Code:) (Expenses \$including grants of \$	) (Revenue \$)
•	V	
	********************************	
		**************************************
4c	(Code: ) (Expenses \$including grants of \$	) (Revenue \$)
46	(Code:	
	***************************************	
	4	
	(Departing to Cohodula (C)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (	Revenue \$ )
	(Expenses \$ including grants of \$ ) ( Total program service expenses ▶	
4e	Total biodiani service exhenses >	Form 990 (2012

Parti	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	100	<del></del> ✓
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\overline{}$	<b>√</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of in opposition to	3		<b>✓</b>
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		<b>√</b>
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		<b>✓</b>
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		1
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	F-88255	<b>/</b>
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	11a	<b>✓</b>	<u> </u>
	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	11b		1
	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	_	<b>✓</b>
	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 11e		ļ
f	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.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	-	1
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	-	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	1-	1
14 a	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,	1	†	Ť
b	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	,	1
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		1
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		<b>✓</b>
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	-	1
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		<b>✓</b>
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		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		+
<u>b</u>	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			0 (2012
		, .		

Form 990 (2012)

Pard	Checklist of Required Schedules (continued)		V 1	
	the decision of grants and other assistance to any government or organization		Yes	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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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 24b		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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	24d 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		
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		<b>√</b>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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		1
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		<b>✓</b>
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV. and Part V. line 1	34	1	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b> </b>
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,			1
38	Part VI	37		1
		Eο	m 99	0 /2012

art	Statements Regarding Other IRS Filings and Tax Compliance		ſ	7
	Check if Schedule O contains a response to any question in this Part V	Yes	· L	_ <u>_</u>
			3 32	蠹
1a	Enter the number reported in BOX 3 of FORM 1090. Effect to a fine application			
b	· · · · · · · · · · · · · · · · · · ·			S
С	and the organization comply with backup withholding rules for reportable payments to vondere and provider payments to vondere	1c	45	121
	reportable gaming (gambling) winnings to Drize Winners (		3 X	<b>E</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2a 3			
		2b   √	25 125-74	-77
b				渥
	At the sum of lines to and 2a is greater than 250, you may be required to e-file (see montations).	3a	√	±'CE3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	_	_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
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			
	over, a financial account in a foreign country (such as a bank assessment)?	4a	<	· 
	accounty:			
þ	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			24
	and the control of th	5a	- ✓	
5a	Was the organization a party to a prohibited tax shelter transaction?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_   ✓	
b		5c		
C	Describe organization have annual gross receipts that are normally greater than \$100,000, and are the			,
6a	The state of the s	6a	_   •	<del></del>
b	organization solicit any contributions that were not tax decidence do contributions of if "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	the wave not toy doductible?	6b	48.	<del>(2</del> )
7	*			
a	Did the organization receive a payment in excess of \$75 made partly as a communion and partly 10.	7a		
	ion provided to the Dayor/	7b	<del></del>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of taligible personal property to the second property to	7c	-	
	required to file Form 8282?	選達 蒙	<b>S</b>	
d		7e		24-2-3
е	Did the organization receive any tunds, directly or indirectly, to pay premiums, directly or indirectly, on a personal benefit contract? .  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
f	Did the organization, during the year, pay premiums, directly of intellection, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?	7g		
g	the state of contribution of care hoats airplanes of other vehicles, did the digalization file a form 1000 of	7h		
h O	, , , , , , , , , , , , , , , , , , ,			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<b>201</b> 2	
	organization, have excess business holdings at any time during the year?	8	272 J F	esta esta esta esta esta esta esta esta
a	o and the example of the contraction of the contrac	超越區		
а	Did the examination make any taxable distributions under section 4900?	9a   9b	$\dashv$	
b	Did the organization make a distribution to a donor, donor advisor, or related persons.	20 E	建建	基格
10	Section 501(c)(7) organizations. Enter:			
а	t-iti-tion food and capital continuitions included out that the iterior			
ŧ	Gross receipts, included on Form 990, Fart Vis, line 12, for public dos 51			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.			
Ŀ	in the contract of the or received from them.)			
	against amounts due of recommendation of the communication filling Form 990 in lieu of Form 1041?	12a		
128	true at the control of the event of the even			鑑
	Coation 504(A)(20) qualified nonprofit health insurance issuers.	82		
13	to be a series the proof to be a qualified health plans in more than one state:	13a	agrass .	30 S. 11
<b>*</b>	The state of the salable of the control information the organization inust report on concedure of			
	Enter the amount of reserves the organization is required to maintain by the states in trans-			
	the organization is licensed to issue qualified health plans			
,	Enter the amount of reserves on hand	14a	5h-718	<u> </u>
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14b	-	•
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		990	(2012)

Form 990 (2012)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section	on A. Governing Body and Management			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 similar to the delegated bread outbority to an executive committee or similar	<b>1a</b> 15			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1b</b> 15			
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		✓ <u> </u>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	ethersour -	3		<b>✓</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	90 was filed? on's assets? . elect or appoint	4 5 6 7a	√ √ √	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approve	l by) members,	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions up the year by the following:	ndertaken during	8a		
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule	ot be reached at	8b 9	<u> </u>	✓ ✓
Secti	on B. Policies (This Section B requests information about policies not required by the	ne Internal Reven	ue Co	yes	No
10a	Did the organization have local chapters, branches, or affiliates?	of such chapters,	10a	,63	✓_
b	offiliates, and branches to ensure their operations are consistent with the organization's exer	tibi barboses i	10b		<u>.</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body beto	ore tiling the form?	11a	<b>√</b>	vánski
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	J.	12a	<i>✓</i>	
12a b	Did the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy and the organization have a written conflict of interest policy and the organization have a writen conflict of interest policy	ive rise to conflicts?	12b	<b>V</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		14	7	
14 15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by on and decision?			
а	The executive CEO Executive Director or top management official		15a 15b	<b>√</b>	/
b	Other officers or key employees of the organization	. ,		標面	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sir	<i></i>	104		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	on to evaluate its to safeguard the	16b		
	ion C. Disclosure  List the atotas with which a copy of this Form 990 is required to be filed OK				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply	•	on 501	(c)(3):	s only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing do	cuments, conflict			policy,
20	State the name, physical address, and telephone number of the person who possesses the organization: Frequency Simmons. Executive Director - (918) 764-1660; 15 W. 6th St. Ste. 2626, Tul	books and record sa, OK 74119	s of th	e 	
	TOTAL DE CAUSAN E TOTAL STERRICK DE SELECTOR COLON COLON FOR 1999				. –

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A)	(8)	(do n	ot ch	Pos	C) ition more	e than c	жпе	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	is both	ลก	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	, ,	Officer		Highest compensated employee	Forme	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
						13.				
(1) Robyn Guest	2,00	1							0	^
Director		\ \ \	_		-	<u> </u>		0	<u> </u>	0
(2) Bill Sinclair	2.00	1						l 0	0	o
Director	2.00	<u> </u>	ļ	-	-	<del>                                     </del>		<u> </u>		
(3) Curt Edmondson	2.00	1						l 0	o	o
Director	2.00	<u> </u>					$\vdash$	· · · · · · · · · · · · · · · · · · ·	· · · · ·	
(4) Tina Bonner		1						0	0	o
Director Colorest	2.00	<del></del>	$\vdash$	-			-	· ·		0
(5) James E. Leonard		1		l				٥ ا	0	0
Director (6) Emily Wagner	2.00	H	<del>                                     </del>		-	<b></b>		<del>                                     </del>	<u> </u>	<u>_</u>
Director		1						l 0	0	О
(7) Roy Savage	2.00	,	$\vdash$							
Director		1						0	0	o
(8) Keith Brewer	2.00									
Director		[ ✓						0	0	0
(9) Terry Retzloff	2.00		Π	Π	Γ	Ī				
Director		✓				]		0	0	0
(10) Neil Ray	2.00									
Director		1						0	0	0
(11) Terrel Shields	2.00	]								
Director		✓			<u></u>			0	0	0
(12) Lynn Higginbotham	2.00						]			
Director		<b>✓</b>	<u> </u>	_	<u> </u>			0	0	0
(13) Robert Hart	2.00						1			
Director		<b>✓</b>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
(14) Nick Schoonover	2.00									
Director			L	1				0	0	Form <b>990</b> (2012)

Part VII	Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	, ar	nd H	lighes	t C	ompensated E	mployees (c	ontinu	red)
						C)				4		
	(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation		Estimated amount of
		week (list any			_		or/trust		from	related		other
		hours for related	Individual trustee or director	ıstitı	Officer	Key e	ighe	Former	the organization	organization (W-2/1099-MI		compensation from the
		organizations	dual	tion	*	ldtu	st co	4	(W-2/1099-MISC)			organization
		below dotted line)	T tag	al tr		employee	d d					and related organizations
			tee	Institutional trustee		,,,	Highest compensated employee			6:		
				O			ted					
(15) Jacquelin	ne Root	2.00										
Director			1						0		0	0
(16) Mary Elle	n Denomy	2.00		1								
Director			/	_	_			-	0		0	0
	es	4.00			١,							
President			-	-	1				0		0	0
	ers	2.00	{		1				0		0	0
Vice Presider		2.00	-	-	·				0		- 0	U
	ewer	2.00	1		1				0		0	0
	cretary	2.00							1			
Treasurer	man	12.00	İ		1				0		o	0
(21) Jeff Mille	г	2.00						İ				
Immediate Pa		1			1				0		0	0
	nmons	40.00										
Executive Dir							1		119,536.43		0	0
(23)		<u> </u>										
					<u> </u>						_	
(24)		ļ										
(0.5)				-	$\vdash$	-	-	-			-	
(25)		<del> </del>			l							
1b Sub-	total	<u> </u>	<u> </u>					<b>&gt;</b>	119,536.43		0	0
	from continuation sheets to Part							<b></b>	0		0	0
	(add lines 1b and 1c)							$\triangleright$	119,536.43		0	0
	number of individuals (including bu							e) w			00,000	) of
repor	table compensation from the organ	ization ▶ 1	200200 00	0808-3500			20000000					
) <del></del>												Yes No
3 Did t	he organization list any former of	fficer, direc	ctor,	or ti	rust	ee,	key (	emt	oloyee, or high	nest comper	nsated	
	oyee on line 1a? If "Yes," complete											3
4 For a	ny individual listed on line 1a, is the nization and related organizations	sum of re	porta	ble	cor	npe	nsatio	on a	and other comp	pensation tro	om the	
	dual		ан ф	100	,000	)!!	1 16	ις,	complete sci		Suci	4 /
	ny person listed on line 1a receive o		ompe	nsa	tion	fro	m anv	v ur	related organi	zation or ind	 ividua	
5 Did a	rvices rendered to the organization	? If "Yes." o	comp	lete	Sci	hed	ule J	for a	such person			5
	ndependent Contractors		-0.00.516470 <b>#</b> 500						•			1 1 1 1 1 1 1 1
1 Com	olete this table for your five highest	compensat	ted in	dep	enc	lent	contr	ract	ors that receiv	ed more tha	n \$10	0,000 of
comp	pensation from the organization. Re	port compe	ensati	on f	or t	he c	calend	dar	year ending wi	th or within t	he or	ganization's tax
year.		9 3										
	(A)								(B)	nondoon		(C)
8	Name and business add	dress		4				1	Description of s	services		Compensation
NONE								┢				
					-							
								+				X
											56	
2 Total	number of independent contracte	ors (includi	ng b	ut 1	ot	limi	ted to	o tl	hose listed ab	ove) who		
receiv	ved more than \$100,000 of compen	sation from	the o	orga	niza	ation	1 Þ		0	a	過數	

Felic	V.ATTR	Check if Schedule O		sponse to ar	ny ques	tion in this Part V	/II		
	d IPP	Officer if Consumer of				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ হ	1a	Federated campaigns		1a			2002		
e e	b	Membership dues .	[	1b :	316,060				
S, G	C	Fundraising events .		1c					
ar lar	d	Related organizations	· · · · · · · · · · · · · · · · · · ·	id					
ž E	е	Government grants (conf		1e					HERE TO SECURE
rtior er S	f	All other contributions, gif							
ά¥		and similar amounts not inc	L	1f	12,200				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions includ			. >				
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	Busines		328,260			
Program Service Revenue	0-	CONVENTION INCOME		2111		208,695	208,695		
eve	2a b	CONVENTION INCOME		211	110	200,000	200,033		·
8	C		#*						•
<u>.</u>	ď								
Š	e	***************************************		••••					
gra	f	All other program serv	ice revenue						
윤	g	Total, Add lines 2a-21	f.,		. 🕨	208,695		e tropical to	
	3	Investment income							
		and other similar amo							
	4	Income from investment	t of tax-exem	pt bond proce	eds 🟲				
[	5	Royalties		(ii) Per	<u>.</u> ▶	ing vine balantania			
			(i) Real	(11) Per	Sonai				
	6a	Gross rents							
	b	Less: rental expenses							
	C	Rental income or (loss)  Net rental income or (			<b>b</b>	N SKOLVENIENE			
	d 7a	Gross amount from sales of	(i) Securitie	s (i) O	ther		C 200 (18 21 202)	<b>整体的模型式</b>	
	/a	assets other than inventory							
	ь	Less: cost or other basis							
	_	and sales expenses .							
	С	Gain or (loss)							a finite say a tribat.
	d	Net gain or (loss)			. ▶				
_									AND THE RESERVE OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO T
enue	8a	Gross income from fu	ındraising				<b>图</b> 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 2000 图 200		等面的 起手的 疗法
Ş.		events (not including \$		-					
		of contributions reporte				4.5.57.66			
Other R		00014111, 1110		a		<b>国籍基本基础</b>			
₹	b	Less: direct expenses		b	. Þ				
	C	Net income or (loss) f Gross income from ga				1			
	9a	· ·	aminy activity						
	b	Less: direct expenses		b					
	C	Net income or (loss) f	rom gaming		. ▶		and the second second		
	10a					<b>建筑的地震</b>	经通常是否证		
		returns and allowance		а					
	ь	Less: cost of goods s	sold	b					
	С	Net income or (loss) f				Lipeuppon (ce 4)			laria de de saya de saya
		Miscellaneous F	Revenue		ss Code				EEEEV NV 5週
	11a	MARKETPLACE ADVE	RTISING		099	13,155			
	b	VENDOR REFUND		900	0099	8,326	8,326		
	C	A.H			- <del></del> -	<del> </del>	-		
	d	, MI OTHER 10101	114	L	<u> </u>	21.401	22-22-23-23	9.640e3929	#ENEWSY8570
	12	Total. Add lines 11a- Total revenue. See i			. •	21,481 558,436		love-servence	U
	12	Loral Leveline: Occ.		<u> </u>		1 330,430	336,430		Form 990 (2012)

Form 9	<sub>90 (2012)</sub> National Association of Royalty Ow	ners, Inc.	FEI:	N: 82-0557944	Page 10
	Statement of Functional Expenses		·		
	on 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	ise to any question	in this Part IX .		<u> </u>
	t 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				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	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	Other salaries and wages	177,289			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,536			
9	Other employee benefits				
10	Payroll taxes	13,255			
11	Fees for services (non-employees):				
a b	Management	2,000			
C	Accounting	1,500			
d	Lobbying	1,500			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If fine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,500			
13	Office expenses	17,996			<u> </u>
14	Information technology	2,532			
15	Royalties				
16	Occupancy	18,472		<u> </u>	
17 18	Travel	34,162			
19	Conferences, conventions, and meetings .	171,652			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	10,799			
23	Insurance	4,447			
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	PRINTING AND PUBLICATION	43,542			
b	CREDIT CARD PROCESSING	19,402			
C	POSTAGE AND SHIPPING	8,827			
d	CONTRACT LABOR	4,840			
e	All other expenses  Total functional expenses. Add lines 1 through 24e	11,317			
25 26	Joint costs. Complete this line only if the	550,068		1	
<b>∠</b> 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

FEIN: 82-0557944

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 1 143,949 100,892 2 28,701 Savings and temporary cash investments . . . . . . . . . 18,707 2 3 3 9.878 354.04 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 8 9 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation . . . . . 2,355 10b 22,342 11 Investments-publicly traded securities . . . . . 11 12 Investments-other securities. See Part IV, line 11 . . . 12 13 investments-program-related. See Part IV, line 11 . . . 13 14 14 15 133,299 142,821 15 16 307,958 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 274,653 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 74,859 26 18.622 74,859 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ [/] and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 289,336 199,794 28 28 29 29 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 32 Retained earnings, endowment, accumulated income, or other funds. 32 199,794 33 33 34 274,653 307,958 

Pari	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u> </u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55	8,436
2	Total expenses (must equal Part IX, column (A), line 25)	2			55	0,068
3	Revenue less expenses. Subtract line 2 from line 1	3				8,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			19	9,794
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			7	0,465
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1	0,709
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			28	9,336
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				٠.	
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🖸 Cash 🔲 Accrual 🔲 Other		_ \$			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in 🖁			
	Schedule O.		25	劉		<b>**</b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 🖺	羉		
	reviewed on a separate basis, consolidated basis, or both:		200			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on	a			
	separate basis, consolidated basis, or both:		SHAME.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		100 m			200
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🖟			
	Schedule O.		132		100	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		-	
	the Single Audit Act and OMB Circular A-133?			3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1e			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	1	3b		

FEIN: 82-0557944

Page 12

Form 990 (2012)

National Association of Royalty Owners, Inc.

Form 990 (2012)

### 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.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a,

► Attach to Form 990.

Inspection
Employer identification number

	onal Association of Royalty Owners, Inc.	82-0557944
?€	art I Organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2		
3		
4		
5		held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal conf	
6		<b>— —</b>
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pat	Conservation Easements. Complete if the organization answered "Yes	"to Form 990 Port IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	to Form 990, Fait IV, line 7.
,		and an internal time of the state of
	Preservation of land for public use (e.g., recreation or education)	
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а		
þ		
C		
d	(, , , , , , , , , , , , , , , , , , ,	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
	<b>&gt;</b>	3
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation east	sements during the year
	<b>▶</b> \$¹	<b>,</b>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	· · · · · · · ·
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easements.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Para	Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements th	at describes these items
b		
ט	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation of records in furtherance of
	public service, provide the following amounts relating to these items:	ducation, or research in furtherance of
	· · · · · · · · · · · · · · · · · · ·	<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · <b>&gt;</b> \$
^	(II) Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be repeated under STAS 116 (ASC 058) relation to the	ir assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Schedu!	<sub>e D (Form 990) 2012</sub> National Association of I	Royalty Owners, Inc.		FEIN: 82-05579	344 Page <b>2</b>
	Organizations Maintaining Colle	ections of Art, Hist	orical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, acces	sion, and other record	ds, check any of the	e following that are a s	ignificant use of its
	collection items (check all that apply):				
а	☐ Public exhibition		Loan or exchang		
b	Scholarly research	e L	Other		
C	☐ Preservation for future generations	71 41 1 1		41	
4	Provide a description of the organization's XIII.				
5	During the year, did the organization solici assets to be sold to raise funds rather than	to be maintained as p	art of the organizati	on's collection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arranger	ments. Complete if	the organization a	answered "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amount on	Form 990, Part X, lir	ne 21.	*	
ia	Is the organization an agent, trustee, cust included on Form 990, Part X?			ions or other assets no	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:		
	,			A	mount
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 on	Form 990, Part X, line	21?		☐ Yes ☐ No
b	If "Yes." explain the arrangement in Part XII	I. Check here if the ex	planation has been	provided in Part XIII .	
Par		the organization an	swered "Yes" to F	Form 990, Part IV, line	e 10.
		Current year (b) Pric	or year (c) Two year	rs back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance				
Ь	Contributions				
c	Net investment earnings, gains, and				
_	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
_	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	ment year end balanc	e (line 1g. column (a	ı)) held as:	<del></del>
a	Board designated or quasi-endowment	%	. (	,,	
	Permanent endowment ► %		•		
b	Temporarily restricted endowment				
U	The percentages in lines 2a, 2b, and 2c sho				
20	Are there endowment funds not in the pos	session of the organi:	zation that are held	and administered for the	ne
Ja	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required o	n Schedule R?		3b
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.		<u> </u>
Pari		t. See Form 990. Pa	art X. line 10.		
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	• •
	Land				
1a b	Buildings			CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
-	Leasehold improvements				
d C	Equipment				
d e	Other		23,997	22,342	
	Add lines 1a through 1e. (Column (d) must of	equal Form 990 Perf \			1,655
i otal.	Aud lities ta through te. (Column luj must t	- gam , oill 000, rall/	9 30.2 (-), mid 1		

FEIN: 82-0557944

	rm 990) 2012 National Association o	f Royalty Owners, Inc.	FEIN: 82-0	557944 Page 3
Schedule D (Fo	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
	) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation: arket value
(1) Financial	derivatives			
(2) Closely-l	neld equity interests			
(A)				
(B)	***************************************	-		
(C)				
(D)				
(E)		-		
(F)				
(G)				
(H)				···
(1)	(b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
	Investments—Program Relate	ed. See Form 990. Part >	K, line 13.	
Part VIII	(a) Description of investment type	(b) Book value	(c) Method of val	
	(a) Description of investment type	()	Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
. (7)				
(8)				
(10)				
Total, (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	<b>同性理论的是否是这种问题</b>	ed a proper some
Part IX	Other Assets. See Form 990,	Part X, line 15.		
		(a) Description		(b) Book value
(1) Copyr	ights - Stafford			142,8
	nulated Amortization - Copyrights - Stat	fford		(9,52
(3)				
(4)				
(5)				
(6)				
(7)			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
(8)				
(9)				
(40)				122.2
	lumn (b) must equal Form 990, Part X	, col. (B) line 15.)		133,2
Part X	Other Liabilities. See Form 99	90, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	al income taxes			
	ncleared Bank Payments	9,6	689	
(3)				
(4) (5)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) 

9,689

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. . . . . . . .

(10) (11) National Association of Royalty Owners, Inc.

Schedule D (Form 990) 2012

FEIN: 82-0557944

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

National Association of Royalty Owners, Inc.	82-0557944
Part VI, Line 4	
Organization has amended its bylaws to reflect the elimination of the Chairperson of the National Legis	slative Council as a director of the
entity.	
Part VI, Line 6	
The Organization has members who elect the organization's Board of Directors and participate in Organization's	nization's governance within the
powers reserved to the members by the Bylaws and applicable State law.	
Part VI, Line 7a	
The organization has a single class of membership that periodically elects its Board of Directors.	
Part VI, Line 7b	
The organization has reserved to the membership those certain high level decisions required by State	law, including merger, consolidation
and dissolution.	
Part VI, Line 11b	
A draft version of Form 990 is submitted to the Board of Directors annually. The Board conducts a mee	eting where they review the Form 990,
ask guestions and approve a final draft for submission to the Service.	
Part VI, Line 12c	
Officers and Directors are required to review and sign a written Conflicts of Interest Certificate annual	Υ
Part VI, Line 15	
The Organization's Board of Directors annually evaluates the Executive Director's performance, compa	ares the Executive Director's
compensation to similarly qualified individuals and establishes the salary for the following year.	
Part VI, Line 19	
Available upon request.	
Part XI, Line 9	
Amount corrects a prior year difference between net assets per general ledger and the tax return. This	change reflects an entry
to eliminate such difference and bring net assets per general ledger in balance with net assets per tax	return.

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

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ► See separate instructions.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012	Open to Public
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OMB No. 1545-0047

Inspection
Employer identification number

82-0557944

National As	National Association of Royalty Owners, Inc.			:		82.	82-0557944
Part	ded Entities (Cor	nplete if the organization answered "Yes" to Form 990, Part IV, line 33.)	answered "Yes" t	o Form 990, Part	IV, line 33.)		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(2)							
(9)							
PartII	Identification of Related Tax-Exempt Organizations (Complete in one or more related tax-exempt organizations during the tax year.)	anizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had a during the tax year.)	le organization a	nswered "Yes" to	Form 990, Part	IV, line 34 beca	use it had
	(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 controll entity
(1) NARO	(1) NARO Foundation, Inc 82-0557937						Yes
15 W. 6th Si	15 W, 6th St., Ste 2626 Tulsa, OK 74119 (2)	Education / Research	Oklahoma	501(c)(3)		509(a)(2) NARO, Inc.	<b>&gt;</b>
(3)							
(4)							
(5)							
(9)							
(7)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.	Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2012

FEIN: 82-0557944

Schedule R (Form 990) 2012

. IV, line 34	(f) (k) General or Percentage managing ownership	Yes No							990, Part IV,	(h) (i) (i) Percentage Section 512(b)(13) connership entity?	Yes No							
o Form 990, Part	(f) Code V—UBI (c) amount in box 20 of Schedule K-1 (Form 1065)								ed "Yes" to Form	(g) (h) Share of Percen end-of-year assets owners							.,,	
rered "Yes" t	(h) -of- Disproportionate allocations?	Yes No							tion answere year.)	(f) Share of total Income en								
ization answ ar.)	(g) Share of end-of-year assets								the organiza ring the tax	(e) Type of entity (C corp., S corp., or trust)								
if the organ g the tax ye	(f) Share of total income								Somplete if no r trust du	trolling Tyy								
(Complete ership during	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								n or Trust (Castio	(d) Direct controlling entity								
ı <b>Partnershi</b> p əd as a partn	(d) Direct controlling entity is								Corporation	(c) Legal domicile (state or foreign country)								
Taxable as a lizations treate	(c) Legai domiclle (state or foreign								Taxable as a	(b) Primary activity								
Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	(b) Primary activity						11111		Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	organization								
Identification of Re because it had one	(a) Name, address, and EIN of related organization		***************************************						Identification of Re line 34 because it ha	(a) Name, address, and EIN of related organization								
PartIII	Name rel	(1)	(2)	(6)	(4)	(5)	(9)	(2)	Part IV	Nam		(1)	(2)	(6)	(4)	(2)	(9)	. (2)

wners, Inc. FEIN: 82-0557944	lated Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
National Association of Royalty Owners, Inc.	insactions With Related Organizations (Complete if the o
Schedule R (Form 990) 2012	Part V Transaction

Yes No	4.4	1a 🗸	1b	1c 🗸	1d 7	1e   1		1f /	1g /	‡ ~	-j-	1;		1 <del>,</del>	>	1m	1n <	- ot		1p ~	19 🗸	٦٢ \ \	1s 4	ion thresholds.		g amount involved			***************************************				Schoolule B (Form 990) 2011
	: II—IV?										,													ships and transact	(P)	Method of determining amount involved							 Schooling
	ations listed in Parts					•	•						•		•	•	•	•	•					ling covered relation	[3]	Amount involved		· · · · · · · · · · · · · · · · · · ·					
	more related organiz					•	•		•				· · · · ·	•					•	•	•	•		nplete this line, includ	(4)	Transaction type (a-s)							
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Receipt of (ii) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	Gift grant or capital contribution to related organizate				e Loais of toat gualaitees by related organization(s)	f Dividends from related organization(s)		b Director of assets from related organization(s)		EXCHANGE OF ASSETS WITH TELETION OF USE AND ASSET OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTO	Lease of facilities, equipment, of ourer assets to related organization(s)	i. I - and at familiary positionant or ather accept from related principality	Lease of racinities, equipment, or ourse assets morn related organization (s)     Defermence of membership or fundasising solicitations for related organization(s)	Dogrammon of sources or membership or fundasing	Chairm of facilities continued mailine lists or other	Challing of racinges, equipment, manning uses, or carred	Sharing of paid employees with related organization(s)	n Beimbursement haid to related organization(s) for expenses	Beimbursement haid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)				(a) Name of other organization	(4) A II	(1) Ali t'ansactions market i les above were beneau applicació un estivicas.	(2)		(4)	(5)	(9)

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

FEIN: 82-0557944

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or cross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Printary activity   Capture   Capt	(5) (a) (b) (c) (c) (d) (e)	(a)	(3)	(g)	(0)	£	(6)	(F)	0		R
Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Ye	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
				section 512-514)	Yes No			1		Yes	
	(1)										
	(2)										
	(5)										
	(9)										
	(1)										
	(8)										
	(6)	1									
	(10)										
	(11)						4 T				
	(12)			:					a contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction		
	(13)										
	(14)										
	(15)										
		-							-		



Form 4562

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service (99

eparate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

	Revenue Service (99)	P 3ee	Rusines	s or activity to whi	ch this form relate	ıs	Identi	fying number
	) shown on return			90 Page 10				82-0557944
	al Association of Ro	yaity Owners, in	tain Property Und	ler Section	179			
Part	Note: If you i	expense cer have any lister	d property, comple	te Part V bei	fore you com	plete Part I.		
	Moter ir you i	on instructions	) .   .   .   .   .   .   .				1	500,000
1 1	Maximum amount (s	. 170 proportivi	placed in service (see	instructions)			2	
2	Total cost of section	etion 170 prop	orty before reduction	in limitation (	see instructio	ns)	3	2,000,000
3	Inresnoid cost of se	ection i 79 prop	o 3 from line 2. If zer	o or less ente	er-0		4	
4	Reduction in limitation for	tav vear Suh	tract line 4 from lin	e 1. If zero o	or less, enter	-0 If married filing		
5	separately, see instr	iax year. oub					5	
		scription of property		(b) Cost (busin		(c) Elected cost		
6_	(a) Dec	actipation of property		<u> </u>				
				-				
	III I I I I I I I I I I I I I I I I I		rom line 29	1	7			
7	Listed property. End	er me amount i	roperty. Add amount	e in column (c		7	8	
8	lotal elected cost o	Feter the eme	iller of line 5 or line 8	3 11 001011111 (0	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	
9	Tentative deduction	. Enter the sine	from line 12 of your	2011 Form 45	62		10	_
10	Carryover of disallov	wed deduction	smaller of business inc	come (not less t	than zero) or lin	e 5 (see instructions)	11	
11	Business income ilmit	alion, Enter the	smaller of business inc	it do not enter	more than lin	e 11	12	
12	Section 179 expens	e deduction. At	te onto Addlings O	and 10 lare i	ine 12	13		
13	Carryover of disallor	wed deduction	to 2013. Add lines 9	Instand use F	Part V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1371
Note	Do not use Part II	or Part III Delow	for listed property.	Jenreciation	(Do not incl	ude listed property.)	(See	instructions.)
Liair	Special Depi	reciation Allo	valide and Other E	other than	listed proper	ty) placed in service	T	T
14	Special depreciation	n allowance in	o) Or qualified property	y (Other than	noted proper	, , , , , , , , , , , , , , , , , , ,	14	
	during the tax year	(see instruction	,				15	
15	Property subject to	section 168(f)(1	l) election				16	1,278
16	Other depreciation	(including ACH	S)	d proporty)	Soo instructi	one)	10	1,270
Par	IIII MACRS De	preciation (D	o not include listed	Section A	See manuch	0113.7		
				Section A	ng before 2015	)	17	
17	MACRS deductions	for assets plac	ced in service in tax i	years beginnii ioo during the	tev vear info	one or more general		
18	If you are electing	to group any a	ssets piaced in serv	ice during the	tax year inte			
	asset accounts, che	eck nere	ed in Conside Durin	n 2012 Tay V	ear Using the	General Depreciatio	n Svs	tem
	Section B	(b) Month and year						
(a) (	Classification of property	placed in	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) l	Depreciation deduction
		service	only-see instructions)	•				
_19a								
b							<del></del>	
C							+	
	10-year property			1	<u> </u>			
	15-year property						+	
	20-year property			05		S/L	+	
	25-year property	<b>美国人的美国人</b>		25 yrs.	MM	5/L	1-	
h	Residential rental			27.5 yrs.		5/L		
	property			27.5 yrs.	MM	5/L		
i	Nonresidential real			39 yrs.	MM	5/L 5/L	+-	
	property			2212 = 1	MM		lion C	uctom
	Section C-	-Assets Place	d in Service During	2012 Tax Ye	ar Using the	Alternative Depreciat	1011 3	ystem
20a	Class life			40		5/L 5/L	<del></del>	
	12-year	<b>第四条</b>		12 yrs.				
	: 40-year	i	<u> </u>	40 yrs.	MM	5/L		
Pai	t IV Summary	(See instruction	ons.)					Т
21	Listed property. En	iter amount froi	m line 28				21	+
22	Total. Add amoun	nts from line 12	, lines 14 through 17	r, lines 19 and	20 ID COIUMI	(g), and line 21. Enter	00	
	here and on the ap	propriate lines	of your return. Partn	ersnips and S	corporations	—See instructions .	22 100 H	1,278
23	For assets shown	above and place	ed in service during	the current ye			<b>夏</b>	
	portion of the basis	s attributable to	section 263A costs			23	1275	是数据的数据的是数据的证明

Par	(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz perior percer	ation d or	(f) Amortization for this year
42	Amortization of costs that b	egins during your 201	2 tax year (see instructi	ons):	1		
43	Amortization of costs that b	pegan before your 201	2 tax year			43	9,521
44	Total. Add amounts in colu	umn (f). See the instruc	ctions for where to repo	rt	<u> </u>	44	9,521
							- 4500 0040

### Form 4562 - Supplemental Information

National Association of Royalty Owners, Inc. Supplement to 2012 Form 990 – Form 4562 FEIN: 82-0557944

### NARO, Inc. - Depreciation Report FEIN: 82-0557944 Attachment to Form 4562 re: 2012 Form 990

								Method /
Name	Acq Date		<u>Basis</u>	<u>P</u>	rior Depr.	2	012 Depr.	<u>Life</u>
4-drawer file cabinets	1/1/1980	\$	1,200	\$ 1	1,200	\$	-	S/L 7
Dell Computer	1/1/1983	\$	2,000	\$	2,000	\$	-	S/L 5
1001 Folder - 300E6953	1/1/2003	\$	810	\$	753	\$	57	S/L7
3 Lateral files	4/1/2003	\$	1,163	\$	1,122	\$	41	S/L 7
Fireproof file cabited	4/1/2003	\$	432	\$	417	\$	15	S/L 7
Wood Desk & Credenza	4/1/2003	\$	324	\$	312	\$	12	S/L 7
Lateral File	7/1/2003	\$	388	\$	388	\$	-	S/L 7
Olympus 400 Digital Camera	7/1/2003	\$	764	\$	620	\$	144	S/L 7
2 Lateral Files	4/1/2004	\$	775	\$	749	\$	26	S/L 7
Office Chair & Port Print	3/1/2006	\$	466	\$	368	\$	98	S/L 7
Office Chairs	3/1/2006	\$	113	\$	88	\$	25	S/L7
Monitor - Reception	7/1/2007	\$	304	\$	274	\$	30	S/L 5
Monitor - Accounting	6/1/2007	\$	270	\$	243	\$	27	S/L 5
Server	12/1/2007	\$	934	\$	841	\$	93	S/L 5
Monitor - Executive	12/1/2007	\$	304	\$	274	\$	30	S/L 5
Website Redevelopment	7/1/2008	\$	10,350	\$	10,350	\$		S/L 3
Computer	8/14/2009	\$	1,277	\$	616	\$	255	S/L 5
Laptop	3/11/2010	\$	1,223	\$	449	\$	245	S/L <b>5</b>
Apple iPad	1/1/2012	\$_	900	\$	-	. \$	180	S/L 5
,.		\$	23,997	\$	21,064	\$	1,278	



### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

lujewaj Besa Debadweny i	of the Treasury True Service	► File a sepa	arate applic	cation for each return	).					
		an Automatic 3-Month Extension, c						. ▶ ☑		
		an Additional (Not Automatic) 3-Mo								
Do not c	omplete Pa	ort II unless you have already been g	ranted an	automatic 3-month	extension on a previou	usly fi	led Form	8868.		
a corpora 8868 to r Return fo	ation require request an or Transfers	file). You can electronically file Form of to file Form 990-1), or an additional extension of time to file any of the file a Associated With Certain Personal re details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which me	ension of time, You ca with the exception of ust be sent to the If	an ele f Forr RS in	etronically n 8870, fr paper fo	y file Form nformation ormat (see		
Part I		atic 3-Month Extension of Time								
Part I onl All other	у	red to file Form 990-T and reques s (including 1120-C filers), partnershi urns:		لا و و وروم و لا	use Form 7004 to req	uest a	an extensi	on of time		
	1				Enter filer's identifyin					
Type or	Name o	f exempt organization or other filer, see in	structions, .		Employer identification	nume	ser (card or			
print	Nationa	Association of Royalty Owners, Inc.				05579				
File by the	1	, street, and room or suite no. If a P.O. bo	x, see instr	uctions.	Social security number	(2214	)			
đưc đale for Tếng your	15 W. 6t	h St. Suite 2626 vn or post office, state, and ZIP code. For	a faraian n	ddram and instruction	<u> </u>					
retum. See:			a loreign a	outess, see histroction	15, <del>-</del>					
instructions.	· ITulsa, C	K 74119								
		e for the return that this application is	**.		n for each return) .			0 1		
Application is For	tion 	·	Return Code	Application Is For				Return Code		
Form 99	Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07									
Form 99	Form 990-BL 02 Form 1041-A 08									
	20 (Individu	al)	03:	Form 4720				09		
Form 99			04:	Form 5227				10		
Form 99	0-T (sec. 40	01(a) or 408(a) trust)	05	Form 6069				11:		
Form 99	0-T (trust o	ther than above)	06	Form 8870		••		12		
Telepho If the or If this is for the with I In	ganization of for a Group note group, the names equest an a	918-794-1660  918-794-1660  does not have an office or place of but the organization's four check this box  and EINs of all members the extension utomatic 3-month (6 months for a cogust 15, 20, 13, to file the exenting the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the	r digit Gro t is for par on is for,	AX No. In the United States, coup Exemption Number to fithe group, check required to file Form	heck this box ber (GEN) k this box 990-T) extension of ti	<b>▶</b> [	. If this	ach		
· Þ	☑ calenda	zation's return for: r year 20 <u>12</u> or beginning entered in line 1 is for less than 12 m	, 20 onths, ch	, and ending eck reason: ☐ Initia	alretumin ∐Finalret	urn	, 20			
		accounting period		<b>-</b>						
3a  [1	this applica	tion is for Form 990-BL, 990-PF, 990 e credits. See instructions.	-T, 4720,	or 6069, enter the to	entative tax, less any	3a	\$	A 50		
		ation is for Form 990-PF, 990-T, 4	720, or 6	069, enter any refi	undable credits and	20	<u> </u>	0.00		
es	timated tax	payments made. Include any prior ye	ear overpa	yment allowed as a	credit.	3b	\$	0.00		
		Subtract line 3b from line 3a. Include						0,00		
EF	TPS (Electr	onio Federal Tax Payment System).	See instruc	ctions.		3с	\$	0.00		
Chiellan II	Luciu ava dali	to make an electronic find withdrawel	with this Fo	m BASS poo Form BAS	53-50 and Form 8870 Fr	O for	sailment in	efriciatione		