PUBLIC DISCLOSURE COPY

Form 990-EZ

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Inter	rnal Rev	renue Service	;		,	- 1111	717116161	1017 21		0710				00000							L		.,.,	· · · · · · · · · · · · · · · · · · ·
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		nes 5b, 6c,								its. It a	ross rec	eiots are	\$200.0	30 or mo	re, or	if total	assets	(Part II	l.		***************************************		***************************************	
		n (B) below																		S	8	1	19,	162.
	art I	Reve	nu	ie, E	xper	ises,	and	Cha	ange	s in	Net A	ssets	or Fu	ınd Ba	land	ces (see the i	instruc	ctions	for Pa	art I)			
	-,	Check i	if the	e organ	nization	n used	Sched	Jule O t	to resp	oond to	any que	estion in	this Par	tl										X
	1	Contributi			***********						***************************************									1	T			055.
	2	Program :																		2				050.
	3	Members																		3	1		·	
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	5a	Gross am												1	1			, 04			1			
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	6	Gaming a															(# # g · # ^ - · ^ -							
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ž		\$15,000}				- `			_					6a	ł						1			
Revenue	b	Gross inc									- ** * # * * * * * * * * * * * * * * * *			· · · · · · · · · · · · · · · · · · ·		utions		•						
ď	_	from fund									ule G if th	he sum o	of such											
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	8	Other reve		-	,															8			***************************************	
	9	Total reve																	>	9		1	.08,	234.
	10	Grants and	d sin	milar a	mouni	s paid	(list in	Scher	dule 0))				SEE	SCH	EDU	ILE	Q		10				200.
	11	Benefits p																		11				
ហ	12	Salaries, c	other	r comp	ensati	ion, an														12			38,	500.
Expenses	13	Profession	nal te	tees an	d othe	r payn	nenis tr	o inder	pender	nt cont	ractors									13				245.
Ç	14	Occupanc	y, re	ent, uti	lities, a	and ma	iintenai	nce						SEE	SCH	EDI	ILE	0		14				194.
யி	15	Printing, p																		15			28,	722.
	16	Other expo	ense	es (des	cribe i	n Schr	adule O))					1	SEE	SCH	EDU	JLE	0		16				701.
	17	Total expe																	•	17		1		562.
	18	Excess or																		18				328.
Net Assets	19	Net assets															,-,	*** ****						
Ass		(must agre																		19		1	88.	595.
et'	20	Other char												- 1 242.tz*					ſ	20	<u> </u>			0.
Z	21	Net assets	-																•	21		1	0.8	267.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

	n 990-EZ (2013) NTM INFO & RESEARCH, INC			<u> 20 -</u>	<u>01566</u>	<u> 38</u>	Page 2
P	Balance Sheets (see the instructions for Part II)		and the Atlanta Daniel H				
	Check if the organization used Schedule O to re						X.
			(A) Beginning of year			nd of year	70
22			188,112		ļ	<u> 107,9</u>	78.
23				23			
24	* ************************************		483				89.
25	***************************************		188,595	-		<u>108,2</u>	
26	/			. 26		100 0	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u> 188,595</u>			108,2	67.
Pa	art III Statement of Program Service Accomplishme					rpenses for section	
	Check if the organization used Schedule O to re		on in this Part II	<u>ILX</u>	501(c)(3)	and 501(c)	(4)
Wha	at is the organization's primary exempt purpose? ${\color{red} { ext{SEE}}}$ ${\color{red} { ext{SCHEDULE}}}$ (organizati	ons and sec	tion
	tribe the organization's program service accomplishments for each of its three largest program		ses, in a clear and contise		for others.) trusts; ap:)	tionai
	ner, describe the services provided, the number of persons benefited, and other relevant infor-	mation for each program title.			100 001070	· ·	*********
28	SEE SCHEDULE O		······································				
	(Grants \$) If this amount includes foreign	grants, check here	>	<u> </u>	28a	<u>55,3</u>	74.
29							
			. 7	***************************************			
				- Piciliana			
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>		29a		
30							
	(Grants \$) If this amount includes foreign	grants, check here	<u>)</u>		30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign				31a		
^^						FF 7	FT 4
32	Total program service expenses (add lines 28a through 31a)			🔼	32	55,3	14.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	Employees (list each one	even if not compensated -	sue the	instructions f		14.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule O to re	Employees (list each one	even if not compensated -	sue the	instructions f		<u>/4.</u>
	art IV List of Officers, Directors, Trustees, and Key I	Employees (list each one	even if not compensated - on in this Part IV (C) Reportable	see the / (d) He	instructions for		
	Check if the organization used Schedule O to re	Employees (list each one spond to any questi	even if not compensated on in this Part IV (0) Reportable compensation (Forms	(d) Her	instructions for which benefits, ibutions to eyee benefit	or Part IV)	ated
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Pa	Check if the organization used Schedule O to re (a) Name and title	Employees (Not each one spond to any question (b) Average hours per week devoted to	even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Her contri	instructions for the control of the	(e) Estim	ated other
Pa MA	Check if the organization used Schedule O to re (a) Name and title RY ALLYN	Employees (list each one spond to any questing (b) Average hours per week devoted to position	even if not compensated on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Her contri	instructions for the control of the	(e) Estim	nated other ation
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Forr	990-EZ (2013) NTM INFO & RESEARCH, INC.	****	20-015	<u> 6638</u>		Page 3
P	ort V Other Information (Note the Schedule A and personal benefit contra	ct sta	tement requiremen	its in	the + V	(==-
	instructions for Part V) Check if the organization used Sch. O to response	ona to	any question in tr	iis Pa		X
	The state of the s	1 - 6 - 19 - 3	I va Cobou danah		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a control of the IRS? If "Yes," provide a control of the IRS?	ietalieo t	rescription of each	20		v
	activity in Schedule 0			33	 	X
94	Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O			34		X
AE -	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			34		
JO A	on lines 2, 6a, and 7a, among others)?			35a		Х
5	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sci	hedule O		35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) no			000	/	<u> </u>
·	requirements during the year? If "Yes," complete Schedule C, Part III			35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du			1		
	complete applicable parts of Schedule N			36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0			. ;
	Did the organization file Form 1120-POL for this year?			37b	,	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer			-		ì
	in a prior year and still outstanding at the end of the tax year covered by this return?			38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			,
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9	39a	N/A			-
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under;			1		
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955		0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene	fit trans	action during the			-
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its					
	!!"Yes," complete Schedule L, Part I		NA	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		_	-		
	or disqualified persons during the year under sections 4912, 4955, and 4958	,. 🟲				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		0			
	organization		0.			
ę	All organizations. At any time during the lax year, was the organization a party to a prohibited lax shelter			40-		1 .7-
14	transaction? If Yes, complete Form 8886-T		######################################	40e	L	<u>X</u>
	List the states with which a copy of this return is filed SEE SCHEDULE O The organization's books are in care of JAMES ZIMNY	Tolo	phone no. ► 305-66	7-6	161	
42 a		reic FL	2IP + 4			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority		21F + 4 P 3) <u> </u>	<u> </u>	
u	over a financial account in a foreign country (such as a bank account, securities account, or other financial				Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country:			122		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a	and Fina	ncial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c		X
	If "Yes," enter the name of the foreign country:			<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				>	
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43	N/A		
				,	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	d instear	f of	To the state of th		
	Form 990-EZ			44a		Х
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 390 must be comp	leted ins	tead			
	of Form 990-EZ			44b		X
	Did the organization raceive any payments for indoor tanning services during the year?			44c		Х
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp	olanatio	י		- Control	
	in Schedule O			44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		<u> </u>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the					
	512(b)(13)? II "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instru	uctions)		45b		
				Form 9	90-F7 (20131

Form 990-E	EZ (2013) NTM INFO & RESE	EARCH _ INC.				20-0156	638	}	Page 4
	ne organization engage, directly or indirectly, in po	• •			•			Yes	No
Part VI	s,* complete Schedule C, Part) Section 501(c)(3) organizations	nnlv		····	***************************************		46		X
1 444 41	All section 501(c)(3) organizations must a		-49b and 52, ar	nd complete	the tables for line	s 50 and 51.			
	Check if the organization used Schedule						******		
								Yes	No
	ne organization engage in lobbying activities or ha							ļ	X
	organization a school as described in section 170							ļ	X
	ne organization make any transfers to an exempt m						49a 49b	-	X
b If Yes	s," was the related organization a section 527 orga Nete this table for the organization's five highest c	omnagested employees	tother than office	ere directore	trustees and key e	nnlovees) who		ceived	more
	\$100,000 of compensation from the organization.			513, un 501013	, tradiced and key bi	mprojecaj milo	waun 15	051400	more
Metaleum and an angles and an angles	(a) Name and title of each employee		(b) Average per week de	voted to	(C) Reportable compensation (Forms W-2/1089-MISC)	(d) Health beneficontributions to employee bene plans, and defended	in am	Estination	other
	NON	IE	positio	JI F		compensation		IIIDEIIS	anui:
			1						
***************************************			***						
	The state of the s		-						
*****************			Ì						-
***************************************	***************************************						4		

f Total	number of other employees paid over \$100,000		<u> </u>	<u> </u>					***************************************
	elete this table for the organization's five highest or			o each receiv	ed more than \$100.	000 of compen	sation t	rom the	е
	ization, If there is none, enter "None." NON								
	a) Name and pusiness address of each independe	nt contractor		(b) T	Type of service	(c)	Comp	ensatio	п
						İ			
				***************************************	***************************************				
		WWW.							
***************************************	***			······································					-

				***************************************					*****
				·	10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10				·
		() 0.00.000		***************************************	L .				
	number of other independent contractors each rec e organization complete Schedule A? Note. All se	•	ations and 40476		>				
						> [X Y	se	No
Under penalty Declaration of	able trusts must altach a completed Schedule A es of perjury, I declare that I have examined this return, incl preparer (other than officer) is based on all intomption of v	ucing accompanying scheo which preparer has any kno-	dules and statements wiedge.	s, and to the bea	of my knowledge and	belief, it is true, c	prect, ar	id comp	lete.
	SVIL	, dida							
Sign Here	Signature of officer					Date			
nere	PHILIP LEITMAN, EXE	CUTIVE DIR	ECTOR						
	Print/Type preparer's name	Preparer's signature		Date	Check	II PTIN	***************************************		
n	Time type property a market	r repares o orginatore		Butta	self- emplo	J			
Paid	JAMIE BYINGTON, CPA	À		03/05	/14	P00	449	666	
Prepare Use Onl	Firm's name & CHIEDDAY DELLAS	RT LLP				▶ 56-05			
USC UIII	Firm's address ► 2525 PONCE		VD, SUIT	E 1040		(786)		-63	00
	CORAL GABLE	S, FL 3313	4				The same		***
May the IRS	discuss this return with the preparer shown above	re? See instructions	ALLIACA CA CATA		<u> </u>	.	X. Ye		No
							Form 9	90-EZ	(2013)

T 1877

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of t	he organizat	ion						L.		identificat		
			FO & RESEARCH						2	0 - 0156	638	1
Part I	Reason	for Public Cha	rity Status (All organi:	zations mu	ist comple	te this par	t.) See ins	tructions.	-	····		
The organ	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	(.xoc					
1 🖳	A church, co	invention of churche	es, or association of chu	rches desc	cribed in se	ection 170)(b)(1)(A)(i).				
2	A school des	scribed in section 1	70(b)(1)(A)(ii), (Attach So	chedule E.))							
3 🔛	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170)(b)(1)(A)(ī	ii). Enter	the hospital	's nar	ne,
-	city, and state				######################################							
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	it describ	ed in		
		(b)(1)(A)(iv). (Comp										
6 🔛	A federal, sta	ate, or local governn	nent or governmental un	it describe	d in sectio	on 170(b)(1)(A)(v).					
7 X	An organizat	ion that normally red	ceives a substantial part	of its supp	oort from a	governme	ental unit o	or from the	general	public desc	ribed	in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔛		•	ceives: (1) more than 33									
			ınctions - subject to cert:									
	income and	unrelated business	taxable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	y the orga	inization	after June 3	10, 19	75.
-	See section	509(a)(2). (Complet	e Part III.)									
10	An organizat	ion organized and o	perated exclusively to te	st for publ	lic safety. S	See sect io	on 509(a)(4	4}.				
11	_	-	perated exclusively for the		-				•	•		or
	more publich	supported organiz	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See see	ction 509(a)(3). Ch	eck the box	that	
	·	***************************************	organization and compl		-							
	a Type		• •	ype III - Fu		-				n-functional		-
e L	-	-	at the organization is not		-							
			than one or more publici						9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a wri	itten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check t								*********		
9			organization accepted a								ſ 	Т
			directly controls, either a							1	Yes	No
			supported organization?								ļ	-
			n described in (i) above?									ļ
			a person described in (i)			· · · · • · · · · · · · · · · · · · · ·				11g(iii)	L	<u></u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
				Υ		T		T				~
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u nolify the ion in col.	(vi) Is organizatio	i ine on in col.	(vii) Amount	of mo	netary
orga	nization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	organizátk (i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No.	Yes	No			
				163	140	163	140	163	1 40			
· · · · · · · · · · · · · · · · · · ·	*****				 				1			
			Market and American			-	THE STATE OF THE S					
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332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

20-0156638 Page 2

Schedule A (Form 990 or 990-EZ) 2013 NTM INFO & RESEARCH, INC. 20-01566 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					Mary Mary Mary Mary Mary Mary Mary Mary	
	membership fees received. (Do not						
	include any "unusual grants.")	234,366.	144,962.	<u> 252,105.</u>	<u> 133,126.</u>	107,055.	871,614.
2	Tax revenues levied for the organ-					No. of the last of	
	ization's benefit and either paid to						
	or expended on its behalf						***************************************
3	The value of services or facilities					or the state of th	
	furnished by a governmental unit to						
	the organization without charge		4	·····			
4	Total. Add lines 1 through 3	234,366.	144,962.	252,105.	133,126.	107,055.	871,614.
5	The portion of total contributions	. •				. 7	
	by each person (other than a			,			
	governmental unit or publicly			•		na v a descr ativida	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		χ				135,128.
	Public support. Subtract line 5 from line 4.						<u>736,486.</u>
Sec	ction B. Total Support						
Cale	ndar year (or liscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	234,366.	144,962.	252,105.	133,126.	107,055.	871,614.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	314.	3.		**************************************	11.	328.
9	Net income from unrelated business						
	activities, whether or not the		AND AND AND AND AND AND AND AND AND AND				
	business is regularly carried on			•			······································
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		750.	813.		1,050.	2,613.
	Total support. Add lines 7 through 10					<u> </u>	874 <u>,555.</u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
500	organization, check this box and stop ction C. Computation of Publ	here	roontago			<u> </u>	
				I IN	- 		04 01
	Public support percentage for 2013 (14	84.21 %
	Public support percentage from 2012					15	85.00 %
16a	33 1/3% support test - 2013. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2012. If the constitution and						
47.	and stop here. The organization quality						
1/a	10% -facts-and-circumstances test and if the organization meets the "fac						· ·
	9		•	• •	•		
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the		•				_ [
454	organization meets the "facts-and-circ						
18	Private foundation, If the organization	n old not check a	JUX UN IME 13, 16a	i, 100, 1/a, or 1/b	· · · · · · · · · · · · · · · · · · ·		
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked	the box on line 9 of Part	I or if the organization failed to q	ualify under Part II. If the organizat	ion fails to

Sec	ction A. Public Support	ciow, pisase com	piete i ait ii.į				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(b) ES IO	(0) 2017	(4)2012	10,20,0	1 11,7533
'	membership fees received. (Do not						
	include any "unusual grants.")					de comparagnet	
^	Gross receipts from admissions,					<u> </u>	
2	merchandise sold or services per-					No. de Marcona	
	formed, or facilities furnished in					2	
	any activity that is related to the						
	organization's tax-exempt purpose			 	<u> </u>		
3	Gross receipts from activities that					- Constitution of the Cons	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				· Control		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						**************************************
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				NA.		
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)					. ,	
	ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on	Will profession and					
	securities loans, rents, royalties and income from similar sources		}		and the same		
b	Unrelated business taxable income			****			
	(less section 511 taxes) from businesses						T-V-T-V-T-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V
	acquired after June 30, 1975	and the second s	A CONTRACTOR				in contract of the contract of
c	Add lines 10a and 10b						
	Net income from unrelated business				1		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for		s first second this	d fourth or fifth t	ay year as a sectio	un 501(c)(3) organia	ration
1-7	check this box and stop here	•			· ·		·
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	. 1			
	Public support percentage for 2013 (column (fi)		15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves					1.19.1	
	Investment income percentage for 20			ne 13. column (ñ)		17	%
	Investment income percentage from :						
	33 1/3% support tests - 2013. If the						***************************************
193	• •	-					
_	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che		-			-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
33202	3 09-25-13				Sch	edule A (Form 99	0 or 990-EZ) 2013

Schedule A (Form	990 or 990-EZ) 2013 NTM II	NFO & RESEARCH, INC.	20-0156638 Page 4
Part IV Sup	olemental Information. Pr	rovide the explanations required by Part II, I	line 10; Part II, line 17a or 17b; and Part III, line 12.
		nal information. (See instructions).	

	- Annual Control of the Control of t		
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PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 20-0156638 NTM INFO & RESEARCH, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

NTM INFO &	RESEARCH, INC.	2:	0-0156638
Part I Contril	butors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) - Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Employer identification number

NTM INFO & RESEARCH, INC.

20-0156638

art II	Noncash Property (see instructions). Use duplicate copies of Pa	n II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100 SHARES OF EXXON MOBIL STOCK		
a dayway in a san a		\$ 8,867.	02/19/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. Irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4		\$	
(a) No, rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
	3	Schedule B (Form 99	00 000 F7 000 F

SCHEDULE O

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Name of the organization NTM INFO & RESEARCH, INC.	Employer identification number 20-0156638
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	11.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: THE COPD FOUNDATION	
GRANTEE ADDRESS: 2937 SW 27 AVENUE, SUITE 302 MIAMI, 1	FL 33133
DATE OF GIFT: 04/26/13	
AMOUNT GIVEN:	200.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: OHSU FOUNDATION	
GRANTEE ADDRESS: 3181 SW SAM JACKSON PARK ROAD PORTLAN	ND, OR 97239
DATE OF GIFT: 02/07/13	
AMOUNT GIVEN:	10,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	10,200.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITI	IES, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	194.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	967.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2013)

TATO

SCHEDULE O

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization NTM INFO & RESEARCH, INC.	Employer identification number 20-0156638
OFFICE EXPENSE	4,230.
INFORMATION TECHNOLOGY	13,414.
OCCUPANCY	_70.
CONFERENCES AND MEETINGS	7,793.
INSURANCE	1,866.
BANK FEES	137.
FUNDRAISING	44,520.
LICENSES	1,704.
TOTAL TO FORM 990-EZ, LINE 16	74,701.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	
OTHER DEPRECIABLE ASSETS	483. 289.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO INCREA	ASE
EPIDEMIOLOGICAL, CLINICAL AND BASIC RESEARCH FOR NTM LUNC	DISEASE,
RAISE PHYSICIAN AWARENESS TO ENCOURAGE EARLIER DIAGNOSIS	AND PROVIDE
MEANINGFUL NTM LUNG DISEASE PATIENT EDUCATION AND SUPPORT	Γ
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
PROMOTE RESEARCH ON NONTUBERCULOUS MYCOBACTERIA (NTM) IN	
ORDER TO ENHANCE THE UNDERSTANDING AND BRING RECOGNITION	an t more the paper a more than a control to a control to a control to a control to a control to a control to a
OF NTM AS A TRUE DISEASE PATHOGEN AND TO INCREASE	
EDUCATION FOR FAMILY AND INTERNAL MEDICINE DOCTORS SO THE	AT PATIENTS
WILL BE DIAGNOSED EARLIER.	

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

Schedule O (Form 990 or 990-EZ) (2013)

TATO

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NTM INFO & RESEARCH, INC.	20-0156638
FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY	OF FORM 990-EZ:
FL, AL, AR, CA, CO, CT, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NY, OH, OK, OR, A	Z,PA,RI,VA,SC,WA
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	د من مناسب « مندمین» مناسب « مناسب » است منبوز « است منتی» « مناسب » « مناسب » مناسب» « مناسب» « مناسب» « مناس