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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Open to Public
InspectionDepartment 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 2011 calendar year, or tax year beginning Jul 1 , 2011, and ending Jun 30 , 2012	
B Check if applicable:	
<input type="checkbox"/> Address change	C Name of organization <u>National Board for Certified Counselors, Inc.</u>
<input type="checkbox"/> Name change	Doing Business As
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street addr)
<input type="checkbox"/> Terminated	3 <u>Terrace Way</u>
<input type="checkbox"/> Amended return	City, town or county
<input type="checkbox"/> Application pending	State ZIP code + 4
	Greensboro NC 27403-3660
	F Name and address of principal officer: <u>Thomas W Clawson 3 Terrace Way Greensboro NC 27403</u>
I Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) <input type="checkbox"/> (insert no) 4947(a)(1) or 527
J Website:	www.nbcc.org
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
	L Year of Formation 1982
	M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>Certification of master's level professionals. In pursuit of this mission, NBCC promotes: quality assurance in counseling practice, the value of counseling, public awareness of quality counseling practice, professionalism in counseling, and leadership in credentialing.</u>		
	<input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
Expenses	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	98
Net Assets & Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)		12,000.	
9 Program service revenue (Part VIII, line 2g)	7,563,733.	8,477,850.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,023.	48,317.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,467.	211,590.	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,783,223.	8,749,757.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-6)	344,544.	412,287.	
14 Benefits paid to or for members (Part IX, column (A), lines 7-11)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)	1,915,460.	2,404,514.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)	4,482,762.	5,019,807.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,742,766.	7,836,608.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,040,457.	913,149.	
20 Total assets (Part X, line 16)	RECEIVED	Prior Year	End of Year
21 Total liabilities (Part X, line 26)	ST MAY 30 2013	4,708,116.	6,556,462.
22 Net assets or fund balances. Subtract line 21 from line 20	RECEIVED	2,755,087.	3,702,358.
		1,953,029.	2,854,104.

Part II Signature Block

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

Sign Here	J. Monique Boyd	05/14/13			
	Signature of officer	Date			
	J. Monique Boyd	Chief Financial Officer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address				
		Firm's EIN	Phone no.		

May the IRS discuss this return with the preparer shown above? (see instructions)

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

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Form 990 (2011)

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Form 990 (2011) National Board for Certified Counselors, Inc.

58-2085335

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Part 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:

Certification of master's level professionals.

In pursuit of this mission, NBCC promotes: quality assurance in counseling

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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
others, the total expenses, and revenue if any, for each program service reported

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

NBCC reviews and examines individual's credentials in order to attest to their qualifications to provide protection of the public and professional promotion and recertification of counselors. NBCC currently certifies over 47,000 counselors.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .. 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X
- 4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .. 5 X
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X
- 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 X
- 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 X
- 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 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 X
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
 - 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 11f X
- 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 X
- 12b 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 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 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 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 (see instructions) 17 X
- 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 X
- 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a X
- 20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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	
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, 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	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	
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 X	
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 X	
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
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 X	
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 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 X	
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 X	
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 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b X	
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 X	
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	

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Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1a** 49

Yes	No
-----	----

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b** 0

Yes	No
-----	----

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c** X

Yes	No
-----	----

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 104

Yes	No
-----	----

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** X

Yes	No
-----	----

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a** X

Yes	No
-----	----

b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O **3b**

Yes	No
-----	----

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** X

Yes	No
-----	----

b If 'Yes,' enter the name of the foreign country ► **4b**

Yes	No
-----	----

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** X

Yes	No
-----	----

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** X

Yes	No
-----	----

c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? **5c**

Yes	No
-----	----

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? **6a** X

Yes	No
-----	----

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

Yes	No
-----	----

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? **7a**

Yes	No
-----	----

b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? **7b**

Yes	No
-----	----

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c**

Yes	No
-----	----

d If 'Yes,' indicate the number of Forms 8282 filed during the year **7d**

Yes	No
-----	----

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**

Yes	No
-----	----

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**

Yes	No
-----	----

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**

Yes	No
-----	----

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**

Yes	No
-----	----

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**

Yes	No
-----	----

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? **9a**

Yes	No
-----	----

b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

Yes	No
-----	----

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **10a**

Yes	No
-----	----

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

Yes	No
-----	----

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders **11a**

Yes	No
-----	----

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**

Yes	No
-----	----

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12a**

Yes	No
-----	----

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year **12b**

Yes	No
-----	----

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? **13a**

Yes	No
-----	----

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 which the organization is licensed to issue qualified health plans **13b**

Yes	No
-----	----

c Enter the amount of reserves on hand **13c**

Yes	No
-----	----

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

Yes	No
-----	----

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **14b**

Yes	No
-----	----

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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 A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a	6	
1b	6	
2		X
3	X	
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► J. Monique Boyd 3 Terrace Way, Greensboro, NC 27403-3660 (336) 547-0607

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Form 990 (2011) National Board for Certified Counselors, Inc.

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter **0** in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or Trustee	Insti- tutional Trustee	Officer or Trustee	Key Employee	High Compensated	Other			
(1) Brandon Hunt Chair	4.00			X				4,800.	0.	0.
(2) Joseph D. Wehrman Secretary	2.00			X				5,200.	0.	0.
(3) Devika Dibya Choudhuri Chair-elect	4.00			X				4,400.	0.	0.
(4) James M. Benshoff Past-Chair	1.00			X				8,000.	0.	0.
(5) Rose M. Quiñones-DelValle Board member	1.00			X				2,000.	0.	0.
(6) Keith Davis Board member	1.00			X				0.	0.	0.
(7) Donna Mastrangelo Public member	1.00			X				2,000.	0.	0.
(8) Kevin P. Gallagher Former Chair-elect	1.00					X		6,800.	0.	0.
(9) Kurt L. Kraus Former Chair	1.00					X		2,600.	0.	0.
(10) Thomas W. Clawson President, CEO	40.00			X				187,999.	99,676.	23,494.
(11) J. Monique Boyd Director of Financial Operations	40.00			X				62,122.	32,938.	18,947.
(12) Shawn O'Brien Vice President	40.00			X				75,833.	30,967.	17,296.
(13) David Bergman Vice President of External Affairs	40.00					X		116,880.	48,976.	17,957.
(14) -----										

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Form 990 (2011) National Board for Certified Counselors, Inc.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describ- e hours for related organi- zations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 21099 MISC)	(E) Reportable compensation from related organizations (W 21099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Individual trustee	<input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer	<input type="checkbox"/> Key employee	<input type="checkbox"/> Highest compensated employee			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								478,634.	212,557.	77,694.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								478,634.	212,557.	77,694.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Center for Credentialing 3 Terrace Way Greensboro NC 27403	Examination Services	1,505,002.
Applied Measurement Pro 18000 W. 105th Street 18000 W. 105th Street KS 66061	Testing services	933,890.
Richard Goldberg & Assoc 170 Scotch Rd Ewing NJ 08628	Legal services	262,504.
PIP Printing and Docume 4214 Beechwood Dr, Ste 105 Greensboro NC 27410	Printing services	164,981.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

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Form 990 (2011) National Board for Certified Counselors, Inc.

58-2085335

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Part VIII. Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	12,000.		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lns 1a-1f				
	h Total. Add lines 1a-1f		12,000.		
PROGRAM SERVICE REVENUE		Business Code			
	2a Certification Fees	900099	3,596,480.	3,596,480.	0.
	b Examination Fees	900099	3,655,010.	3,655,010.	0.
	c Application Fees	900099	959,356.	959,356.	0.
	d Other Fee Revenue	900099	245,391.	245,391.	0.
	e Newsletter advertising revenue	900099	21,613.	21,613.	0.
	f All other program service revenue				
	g Total. Add lines 2a-2f		8,477,850.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		49,397.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		92,849.	0.	92,849.
	6a Gross rents	(i) Real			
		59,700.			
	b Less. rental expenses	(ii) Personal			
		0.			
	c Rental income or (loss)		59,700.		
	d Net rental income or (loss)			59,700.	0.
	7a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less cost or other basis and sales expenses	(ii) Other			
	c Gain or (loss)		1,080.		
	d Net gain or (loss)			-1,080.	0.
	8a 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				
	9a Gross income from gaming activities	a			
	See Part IV, line 19	b			
	b Less direct expenses				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	a	88,508.		
	b Less cost of goods sold	b	34,812.		
	c Net income or (loss) from sales of inventory		53,696.	53,696.	0.
	Miscellaneous Revenue	Business Code			
	11a Miscellaneous	900099	5,345.	5,345.	0.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		5,345.		
	12 Total revenue. See instructions		8,749,757.	8,536,891.	0. 200,866.

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Form 990 (2011)

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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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	93,105.			
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	319,182.			
4 Benefits paid to or for members	318,240.			
5 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	1,615,308.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	104,289.			
9 Other employee benefits	225,213.			
10 Payroll taxes	141,464.			
11 Fees for services (non-employees)				
a Management	2,668,025.			
b Legal	293,218.			
c Accounting	45,305.			
d Lobbying				
e Professional fundraising services See Part IV, line 17	15,276.			
f Investment management fees	123,423.			
g Other				
12 Advertising and promotion	10,405.			
13 Office expenses	401,697.			
14 Information technology	49,364.			
15 Royalties	6,000.			
16 Occupancy	230,797.			
17 Travel	373,296.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,594.			
20 Interest	277.			
21 Payments to affiliates	378,645.			
22 Depreciation, depletion, and amortization	96,872.			
23 Insurance	15,224.			
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)				
a <u>Bank and Merchant Fees</u>	116,389.			
b <u>Books, Dues & Subscriptions</u>	39,769.			
c <u>Miscellaneous</u>	36,154.			
d				
e All other expenses	83,077.			
25 Total functional expenses. Add lines 1 through 24e	7,836,608.			
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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	586,711.	1	665,294.
	2 Savings and temporary cash investments	796,092.	2	1,014,301.
	3 Pledges and grants receivable, net		3	6,354.
	4 Accounts receivable, net	29,153.	4	17,006.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	135,086.	9	130,800.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,993,716.		
	b Less accumulated depreciation	10b 1,696,285.	10c	3,297,431.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11	1,018,545.	12	1,222,713.
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets	14,100.	14	12,900.
	15 Other assets See Part IV, line 11	264,106.	15	189,663.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,708,116.	16	6,556,462.
LIABILITIES	17 Accounts payable and accrued expenses	594,394.	17	454,049.
	18 Grants payable	628,537.	18	540,808.
	19 Deferred revenue	1,528,360.	19	1,587,677.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, 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	1,095,955.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,796.	25	23,869.
	26 Total liabilities. Add lines 17 through 25	2,755,087.	26	3,702,358.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
	27 Unrestricted net assets	1,953,029.	27	2,854,104.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	
	33 Total net assets or fund balances	1,953,029.	33	2,854,104.
	34 Total liabilities and net assets/fund balances	4,708,116.	34	6,556,462.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

- 1 Total revenue (must equal Part VIII, column (A), line 12)
- 2 Total expenses (must equal Part IX, column (A), line 25)
- 3 Revenue less expenses Subtract line 2 from line 1
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
- 5 Other changes in net assets or fund balances (explain in Schedule O)
- 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))

1	8,749,757.
2	7,836,608.
3	913,149.
4	1,953,029.
5	-12,074.
6	2,854,104.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other

	Yes	No
1		
2a	X	
2b	X	

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?

b Were the organization's financial statements audited by an independent accountant?

2a	X
2b	X
2c	X

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c	X
3a	X
3b	

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

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 the Single Audit Act and OMB Circular A-133?

3a	X
3b	

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

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization Employer identification number

National Board for Certified Counselors, Inc.

58-2085335

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

► \$ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

► \$ _____

► \$ _____

 Yes No Yes No**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

► \$ _____

► \$ _____

► \$ _____

 Yes No Yes No

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is...	The lobbying nontaxable amount is...
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures ..					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2011

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	X

Part III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1	3,348,032
2a	48,743
2b	
2c	48,743
3	133,921
4	
5	0

Part IV: Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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Schedule C (Form 990 or 990-EZ) 2011 National Board for Certified Counselors, Inc. 58-2085335 Page 4
Part IV Supplemental Information (continued)

Part IV Supplemental Information (continued)

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Schedule C (Form 990 or 990-EZ) 2011

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SCHEDULE D
(Form 990)

OMB No. 1545-0047

2011Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection

Name of the organization

Employer identification number

National Board for Certified Counselors, Inc.

58-2085335

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 (ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 b Assets included in Form 990, Part X ► \$ _____

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
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 XIV.

Part V | Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ..
 (ii) related organizations ..

b If 'Yes' to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,944,183.	956,914.	2,987,269.
c Leasehold improvements				
d Equipment		368,721.	190,381.	178,340.
e Other		680,812.	548,990.	131,822.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

3,297,431.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Artisan Mid Cap Value Investor (ARTQX)	90,574.	FMV
(B) Champlain Small Company Adv (CIPSX)	97,658.	FMV
(C) Dodge & Cox Stock (DODGX)	57,880.	FMV
(D) Federated High-Yield (FHYTX)	123,158.	FMV
(E) Fidelity Floating Rate High Income (FFRHX)	77,443.	FMV
(F) Janus Flexible Bond T (JAFIX)	119,580.	FMV
(G) Oakmark Equity & Income I (OAKBX)	88,415.	FMV
(H) Permanent Portfolio (PRPFX)	49,361.	FMV
(I) See Part VII Investments - Other Securities		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	1,222,713.	

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Center for Credentialing & Education, Inc -Affiliat	23,869.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	23,869.

2 FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	8,749,757.
2 Total expenses (Form 990, Part IX, column (A), line 25)	7,836,608.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	913,149.
4 Net unrealized gains (losses) on investments	-12,074.
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	-12,074.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	901,075.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	8,773,575.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	-12,074.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	35,892.
e Add lines 2a through 2d	2e	23,818.
3 Subtract line 2e from line 1	3	8,749,757.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,749,757.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	7,872,500.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	1,080.
d Other (Describe in Part XIV)	2d	34,812.
e Add lines 2a through 2d	2e	35,892.
3 Subtract line 2e from line 1	3	7,836,608.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,836,608.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt X _____ It is the opinion of management that NBCC has no
 _____ uncertain tax positions that would be subject to
 _____ change upon examination.

Pt XII Line 2d _____ Amount reflects loss on disposal of fixed assets of
 _____ \$1,080.00 and cost of goods sold of \$34,812.00.

Pt XIII Line 2d _____ Amount reflects cost of goods sold of \$34,812.00.

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Schedule D (Form 990) 2011 National Board for Certified Counselors, Inc.

58-2085335

Page 5

Part XIV **Supplemental Information (continued)**

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Schedule D (Form 990) 2011

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Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

National Board for Certified Counselors, Inc.

Employer identification number

58-2085335

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America	0	0	Program	Credentialing	6,000.
(2) East Asia and Pacific	0	0	Program	Credentialing	7,000.
(3) Europe	0	1	Program	Credentialing	44,000.
(4) Europe	0	0	Grants	Counselor development	278,000.
(5) Middle East	0	0	Program	Credentialing	9,000.
(6) North America	0	0	Program	Credentialing	11,000.
(7) North America	0	0	Grants	Counselor development	1,000.
(8) South America	0	0	Program	Credentialing	21,000.
(9) South Asia	0	0	Program	Credentialing	40,000.
(10) Sub-Saharan Africa	0	0	Program	Credentialing	16,000.
(11) Sub-Saharan Africa	0	0	Grants	Counselor development	39,000.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	1			472,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	1			472,000.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1(1)									
1(2)		Europe	Support	278,000.	Bank wire		0.	N/A	N/A
1(3)		Sub-Saharan Africa	Support	39,000.	Bank wire		0.	N/A	N/A
1(4)									
1(5)									
1(6)									
1(7)									
1(8)									
1(9)									
1(10)									
1(11)									
1(12)									
1(13)									
1(14)									
1(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____ 2

3 Enter total number of other organizations or entities _____

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Schedule F (Form 990) 2011 National Board for Certified Counselors, Inc.
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

58-2085335

Page 3

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 National Board for Certified Counselors, Inc.

58-2085335

Page 4

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

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Schedule F (Form 990) 2011

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Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

Pt I Line 2 The EO's program manager receives expense summaries on a routine basis and upon request.

Part IV Line 1 The EO is not required to complete Form 926.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2011

**Open to Public
Inspection**

Name of the organization

National Board for Certified Counselors, Inc.

Part II General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part III Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization answered 'Yes' to

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non cash assistance	8 (h) Purpose of grant or assistance
(1) NBCC Foundation, Inc. 3 Terrace Way Greensboro NC 27403	56-1939558	501(c) (3)	378,646.	0.	N/A	N/A	Support
(2) Council for Accreditation 1001 North Fairfax St Alexandria VA 22314	52-1246061	501(c) (3)	125,000.	0.	N/A	N/A	Support
(3) Fair Access Coalition on 3 Terrace Way Greensboro NC 27403	26-0856362	501(c) (6)	0.	8,479. Cost	Operational	Support	
(4) -----	-----	-----	-----	-----	-----	-----	
(5) -----	-----	-----	-----	-----	-----	-----	
(6) -----	-----	-----	-----	-----	-----	-----	
(7) -----	-----	-----	-----	-----	-----	-----	
(8) -----	-----	-----	-----	-----	-----	-----	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2

1

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Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) National Board for Certified Counselors, Inc.
Part III: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed

58-2085335 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educational	1	8,811.	29,523. Cost	Rent/tuition	
2					
3					
4					
5					
6					
7					

Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt_I_Line_2 -- EO's program manager maintains ongoing communication with the grant recipient for status reports on meeting operational objectives. --

Pt_III_L_col_(b) -- No estimation was required. --

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4 4 4 4 4

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

National Board for Certified Counselors, Inc.

Employer identification number

58-2085335

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes	No
1 b	

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

2		

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4 a	X
4 b	X
4 c	X

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

5 a	
5 b	

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

6 a	
6 b	

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

7	
8	

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 Kevin P. Gallagher	6,800.	0.	0.	0.	0.	2,540.	7,054.
2 Kurt L. Kraus	2,600.	0.	0.	0.	0.	364.	2,964.
3 Thomas W Clawson	154,301.	33,697.	0.	9,896.	8,293.	206,187.	0.
4 David Bergman	81,811.	17,866.	0.	5,247.	4,397.	109,321.	0.
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

National Board for Certified Counselors, Inc.

Employer identification number

58-2085335

Pt VI, Line 3 The Executive Committee may act for the Board of
 Directors except in matters prohibited by law. The
 EO's Executive Committee consists of the Chair,
 Chair-Elect, Secretary, and Past-Chair.

Pt VI, Line 11a An electronic copy of Form 990 is made available
 to all of the EO's officers for review and comment
 via an internet website created for the Board's use.

Pt VI, Line 12c The EO's governing body are required to disclose potential
 conflicts of interest in writing at least annually.

Pt VI, Line 15 Compensation for the EO's CEO, Director of Financial Operations,
 and other officers is established by comparability data.

Pt VI, Line 19 Upon written request, the EO makes its governing
 documents, conflict of interest policy, and financial
 statements available to the public via US mail or email.

Part I, Line 22 Net assets has been decreased by an unrecognized
 loss on investments of \$12,074.

Part VII-A, Line 1, Col B The EO's CEO, Director of Financial Operations, and highest
 compensated employees listed in Form 990 Part VII
 each spend an average of 10 hours per week in service
 to related organizations.

Part X line 2d The EO is the controlling organization for three
 tax exempt organizations located in the United States.
 The EO's financial records and the financial records of the
 controlled organizations were audited on a consolidated
 basis in accordance with generally accepted accounting
 principles (GAAP). The EO's financial records were also

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Schedule O (Form 990 or 990-EZ) 2011

Page 2

Name of the organization

National Board for Certified Counselors, Inc.

Employer identification number

58-2085335

audited separately in accordance with generally

accepted accounting principles.

Sch R, Part V, Line c The method used to calculate amounts reported in column C

involves cash disbursed to or on behalf of the controlled

entity named in column A.

BAA

Schedule O (Form 990 or 990-EZ) 2011

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990 ► See separate instructions

Name of the organization

Open to Public
Inspection
File number

Enter over identification number

58-2085335

Identification of Disseminated Entities (Complete if the organization answered 'Yes' in Form 990 Part IV line 33.)

(a) Name, address, and EIN of disregarded entity	(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)			

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN 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	(g) Sec 512(b)(X) controlled entity?
Yes	No					
(1) Center for Credentialing and Education, Inc.	3 Terrace Way	Greensboro, NC 27403	56-1939556	Credentialing & curriculum dev	NC	501(c)(6) N/A
(2) NBCC Foundation, Inc.	3 Terrace Way	Greensboro, NC 27403	56-1939558	Advance professional counsel	NC	501(c)(3) 11a, I
(3) Fair Access Coalition on Testing, Inc.	3 Terrace Way	Greensboro, NC 27403	26-0856362	Protect public access to test	NC	501(c)(6) N/A
(4) See Cont. Sheet for Schedule R, Part II	-----	-----	-----	-----	-----	-----

BAA For Paperwork Reduction Act Notice see the Instructions for Form 990

Part II: Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN 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	(G) Sec 512(b)(13) controlled entity?
Yes	No					
European Board for Certified Counselors, Inc. Alameda das Linhas de Torres, 179, 1750-142 Lisbon, PO N/A	Professional credentialing PO				National Board for Cert	X
NBCC Romania, Inc. Cetatea de Baltă 112-114, Bl. 7 Bucharest, RO N/A	Professional credentialing RO				National Board for Cert	X
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Part III **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.)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) - - - - -										
(2) - - - - -										
(3) - - - - -										

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) - - - - -							
(2) - - - - -							
(3) - - - - -							

TEEA5002 05/24/11

Schedule R (Form 990) 2011

BAA

Schedule R (Form 990) 2011

TEEA5002 05/24/11

Schedule R (Form 990) 2011

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Part IV Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NBCC Foundation, Inc.	b	370,166. cash	
(2) European Board for Certified Counselors, Inc.	b	229,106. cash	
(3) Center for Credentialing and Education, Inc.	l	2,668,025. cash	
(4) Center for Credentialing and Education, Inc.	m	227,700. cash	
(5) Center for Credentialing and Education, Inc.	n	1,942,360. cash	
(6) BAA			

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

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		
										Yes	No
(1) -											
(2) -											
(3) -											
(4) -											
(5) -											
(6) -											
(7) -											
(8) -											

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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National Board for Certified Counselors, Inc

58-2085335

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- Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

practice, the value of counseling, public awareness of quality counseling
practice, professionalism in counseling, and leadership in credentialing.

Schedule D, Supplemental Financial Statements

Part VII Investments - Other Securities

	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
<u>Pimco Low Duration (PLDDX)</u>	<u>77,286.</u>	<u>FMV</u>
<u>Powershares Preferred (PGX)</u>	<u>52,272.</u>	<u>FMV</u>
<u>Schwab 1000 Index (SNXFX)</u>	<u>55,799.</u>	<u>FMV</u>
<u>Sentinel Common Stock (SENCX)</u>	<u>59,763.</u>	<u>FMV</u>
<u>Sit US Government Securities (SNGVX)</u>	<u>128,049.</u>	<u>FMV</u>
<u>Vanguard Wellington Inv (VWELX)</u>	<u>145,475.</u>	<u>FMV</u>