

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



Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

OMB No 1545-0047

A F	or the	e 2012 calendar year, or tax year beginning ar	nd ending		
B	heck if	C Name of organization NATIONAL ASSOCIATION OF EDUCATIONAL		D Employer identifi	cation number
	Addre	SS DROOMBENEND INC			
	Name chang			11-3	161518
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termii ated	JJZJ KEBEAKCII FAKK DKIVE	340	443-	543-5527
	Amen return Applic	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,993,530.
L_	tion pendi	BALLIMORE, MD 21226		H(a) Is this a group re	
		F Name and address of principal officer DOREEN MURNER SAME AS C ABOVE		for affiliates? <b>H(b)</b> Are all affiliates ind	Yes X No
	[av.av	empt status: X 501(c)(3)	1) or 527	-1 ''	list (see instructions)
		te: NWW.NAEPNET.ORG	1701 021	H(c) Group exemption	•
		organization: X Corporation Trust Association Other ▶	L Year		State of legal domicile: NY
	art I	Summary		<u> </u>	
	1	Bnefly describe the organization's mission or most significant activities TO	FACILI	TATE THE DEV	., EXCHANGE
ß ernance		AND PRACTICE OF EFFECTIVE AND ETHICAL P	ROCURE	MENT PRINCIP	LES.
يَّ ك	2	Check this box  If the organization discontinued its operations or disj	posed of mor	e than 25% of its net a	ssets.
5	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
<b>~</b> 'ŏ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	4	13
EC 1 2 ctivities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	11
	6	Total number of volunteers (estimate if necessary)		6	0
M E E		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ω <		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ស្ត្រី •	8	Contributions and grants (Part VIII, line 1h)		13,940.	8,050.
Revenue	9	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		1,754,987.	1,631,123.
₹ <b>₹</b>	10	Investment income (Part VIII, column A), lines 3, 4, and 7d)		14,671.	10,379.
(1) (1)	11	Other revenue (Part VIII, column (A), In \$5, 60, 80, 95, 15c, 9nd 11e)		27,636.	239,533.
97	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12	) [	1,811,234.	1,889,085.
	13	Grants and similar amounts paid (Part IX, colorpa (A), ines 1-3),		0.	0.
	14	Benefits paid to or for members (Part IX, column A), line 4),		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	813,399.	718,069.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χbe	b	Total fundraising expenses (Part IX, column (D), line 25)   9,	066.		5 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		916,969.	1,037,373.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,730,368.	1,755,442.
	19	Revenue less expenses Subtract line 18 from line 12		80,866.	133,643.
<u> </u>			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,277,217.	
let Assets und Balanc	21	Total liabilities (Part X, line 26)		882,382.	1,028,749.
활	22	Net assets or fund balances. Subtract line 21 from line 20		394,835.	558,636.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare		
		Larus Murcer		11.4.2013	
Sıg	n	Signature of officer		Date	
Her	e	DOREEN MURNER, CEO			
_		Type or print name and title		N-1-	. I STILL
		Print/Type preparer's name Preparer's signature	,	Date Check L	PTIN
Pai		DANIEL L. WEAVER	لي	self-employ	
	parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL		Firm's EIN	52-1711839
Use	Only	Firm's address 7910 WOODMONT AVENUE, SUITE 50	U	,	2011 000 0000
		BETHESDA, MD 20814		Phone no. (	301) 986-0600
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instru	ctions.		Form <b>990</b> (2012)

 ${\tt 232001\ 12-10-12} \qquad {\tt LHA\ For\ Paperwork\ Reduction\ Act\ Notice, see\ the\ separate\ instructions.}$ 

_	NATIONAL ASSOCIATION OF EDUCATIONAL 990 (2012) PROCUREMENT, INC. 11-3161518 Page 2	2
	990 (2012) PROCUREMENT , INC . 11-3161518 Page 2 [VIII] Statement of Program Service Accomplishments	<u> </u>
Rai		٦
	Check if Schedule O contains a response to any question in this Part III	7
1	Bnefly describe the organization's mission: THE MISSION OF NAEP IS TO FACILITATE THE DEVELOPMENT, EXCHANGE AND PRACTICE OF EFFECTIVE AND ETHICAL PROCUREMENT PRINCIPLES AND TECHNIQUES WITHIN HIGHER EDUCATION AND ASSOCIATED COMMUNITIES, THROUGH	_
	CONTINUING EDUCATION, NETWORKING, PUBLIC INFORMATION AND ADVOCACY.	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?	)
	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 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 \$ 1,372,451. Including grants of \$ ) (Revenue \$ 1,446,428.) THE EDUCATION OF MEDICAL FACILITIES AND EDUCATIONAL INSTITUTIONS IN THEIR PURCHASE OF SUPPLIES AND EQUIPMENT.	) 
4b	(Code) (Expenses \$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	

4d Other program services (Describe in Schedule O.)

including grants of \$ 1,372,451. (Expenses \$

4e Total program service expenses ▶

Form **990** (2012)

PROCUREMENT, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		x
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			v
	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,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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_	<u> </u>
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		l	٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f			۱,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		$\vdash$
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	46		x
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	<del> </del>	<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· · ·		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	95U	(2012)

Part IV | Checklist of Required Schedules (continued)

Page 4

		Tes	NO
government or organization in the	21		x
viduals in the United States on Part IX,	-	_	
	22		X
ensation of the organization's current employees? If "Yes," complete	23	x	
mount of more than \$100,000 as of the			_
es 24b through 24d and complete			77
	24a		X
period exception?	24b		├──
any time during the year to defease	04-		
mo dumas the year?	24c 24d		-
me during the year? excess benefit transaction with a	240		<del></del>
access benefit transaction with a	25a		x
squalified person in a prior year, and	ZJa		<del></del>
990 or 990-EZ? If "Yes," complete			
330 di 330 Ez i i 103, "Gampiota	25b		x
nest compensated employee, or disqualified	-		$\vdash$
Schedule L, Part II	26		х
ee, key employee, substantial			
controlled entity or family member			
	27		X
rties (see Schedule L, Part IV	,		
		, š·,	<u> </u>
chedule L, Part IV	28a		Х
f "Yes," complete Schedule L, Part IV	28b		Х
a family member thereof) was an officer,	i '		l
	28c	ļ.—	X
* complete Schedule M	29	<b> </b>	X
r assets, or qualified conservation			
	30	<del> </del>	X
			x
t ====t=0# "Voo " complete	31		<del>  ^</del>
t assets?/f "Yes," complete	32		x
nization under Regulations	<u> </u>	┢	<del> </del>
nzation andor nogulations	33		х
e Schedule R, Part II, III, or IV, and			
	34		Х
3)?	35a		X
y transaction with a controlled entity			
e 2	35b		
empt non-charitable related organization?			
	36	<u> </u>	X
s not a related organization			l `
plete Schedule R, Part VI	37	<u> </u>	X
for Part VI, lines 11b and 19?	'	۱.,	
	38		<u> </u>
101 F	ait vi, iiiles i ib aiu 19:	38	1 1

11-3161518

Page 5

# Form 990 (2012) PROCUREMENT, INC. Party Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					ليا
			<del>.</del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	Х	
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	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		L_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	•	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	1		
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		71		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			14		100
а	Did the organization make any taxable distributions under section 4966?			9a	Ь—	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter	1	ı			
а	Gross income from members or shareholders	11a				,
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	ļ			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				-	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	ı			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	l			v
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a	₩	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	990	(2012
				-orn		

232005 12-10-12

### NATIONAL ASSOCIATION OF EDUCATIONAL

Form 990 (2012)

PROCUREMENT, INC.

11-3161518

TT

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 it Schedule O contains a response to any question in this Part VI						<u> </u>			
<u>Sec</u>	tion A. Governing Body and Management									
		1.	ŀ	1 2		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<del> </del>	13			1			
	If there are material differences in voting rights among members of the governing body, or if the governing	}	l		100	5	4			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b										
2										
_	Officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customanly performed by or under the	he dire	ect supervision				<del>.</del>			
_	of officers, directors, or trustees, or key employees to a management company or other person?		51 JO		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form				4		<del> </del>			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		-	5	X	<del>  ^</del>			
6	Did the organization have members or stockholders?			•	6	^				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ippoir	it one or		<b>-</b> -	х				
L	More members of the governing body?	-41-	L-1-1		7a	^				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCK	nolaers, or	Î		Х	ł			
	persons other than the governing body?  Did the crossington contemporare equals decument the meetings held or written settings undertaken during the vicinities.	or but	the following:		7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	al Dy	are following.			X	HE MEST			
a	The governing body?				8a 8b	X				
b	Each committee with authority to act on behalf of the governing body?		l at tha		OD	<del>  ^</del>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acnec	i at the		9	1	x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Peven	ue Code )				<del>                                     </del>			
000	tion b. Folloies (This Section & requests information about policies not required by the internal r	ic veri	ac code.)			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a	X	<del>- '''</del>			
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hante	ers affiliates		104	<u> </u>				
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	мари	oro, armatoo,		10b	x				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dv bei	fore filing the for	n?	11a	X	<del>                                     </del>			
b										
12a	- The state of the									
 Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12a 12b	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
·	In Schedule O how this was done	,			12c	Х				
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	Х				
15	Did the process for determining compensation of the following persons include a review and approx	al by	ındependent			74				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		•		*	***				
а	The organization's CEO, Executive Director, or top management official				15a	X				
	Other officers or key employees of the organization				15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				127	3146				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			经				
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation	1		7.3	<b>S</b>			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızat	ion's	1	· Anna	44				
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE			· ·						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Se	ction 501(c)(3)s c	nly) a	vailat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflic	t of interest polic	y, an	d fina	ncial				
	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 re	cords of the orga	anıza	tion:	<b>-</b>				
	THE ORGANIZATION - 443-543-5527									
23200	5523 RESEARCH PARK DRIVE, NO. 340, BALTIMORE, MD	21	228							
12-10-	- 12				Form	1 <b>990</b>	(2012)			

#### Rant VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

		X X X X	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)  0.  0.  0.  0.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	compensation from the organization and related organizations  0.  0.  0.  0.
2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0		x x x				0. 0. 0.	0. 0. 0.	0. 0. 0.
0 2 0 2 0 2 0 2 0 0 2 0 0 2 0 0 2 0 0 2 0		x x x				0. 0. 0.	0. 0. 0.	0. 0. 0.
2 0 2 0 2 0 2 0 2 0 2 0 2		x x				0.	0.	0.
0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2		x x				0.	0.	0.
0 2 0 2 0 2 0 2 0 2	2	x				0.	0.	0.
0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2	2	x				0.	0.	0.
0 2	ζ	х				0.	0.	0.
0 0 2 0 2	ζ	х				0.	0.	0.
0 2	<u> </u>	T						
0 2	<u> </u>	T						
0 2	T	х			_	0.	0.	0.
0 2	T				$\vdash$			
0 2	<u>-</u>		1					
_չ	十					0.	0.	0.
	۱ ا					0.	0.	0.
0	Т							
}}	ζ		<u>.                                    </u>			0.	0.	0.
0						_	_	
7	<u> </u>		Ļ			0.	0.	0.
0		1	l					
	4	4_	<u> </u>			0.	0.	0.
	_	1	l				_	
	4	4	├-		ļ	0.	U .	0.
	,							0.
	4		├	H		U •	<u> </u>	0.
쒸	1	ı	ļ.			150 808	ا ا	43,801.
╅	╁		┢	-	┝	130,030.	0.	43,001.
7	4	<b> </b>						
$\dashv$								
十	┪		1	1			<del> </del>	T
	0 2	X 0 X	0 x 0 x	0 x 0 x 0 x	0 x 0 x 0 0 x 0 0 0 0 0 0 0 0 0 0 0 0 0	0 x 0 x 0 0 x 0 0 0 0 0 0 0 0 0 0 0 0 0	0 x 0.	0 x 0. 0. 0. 0. 0. 0. 0. 0.

11-3161518 PROCUREMENT, INC. Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation trustee or directo hours for (W-2/1099-MISC) organization from the related (W-2/1099-MISC) organization organizations and related below organizations line) 150,898 0. 1b Sub-total 0. O. c Total from continuation sheets to Part VII, Section A 43,801. 150,898. Ō. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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. (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

11-3161518 Page 9

1 4	t VII	Check if Schedule O conta		to any question	in this Part VIII			
	-	5.05K ii 55.05G ii 5 50K	<u> </u>	to any quotion	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					1
P a	þ	Membership dues	1b					
A, C	C	Fundraising events	1c					
ijij	d	Related organizations	. 1d					
Si S		Government grants (contribute	·					
iệ ja	f	All other contributions, gifts, grant	1 1	0 050				1
章		similar amounts not included above		8,050.		İ		
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		8,050.			
9	<u>n</u>	Total. Add lines 1a-1f		Duayana Cada	<del></del>		<del></del>	
_ [	0 -	MEMBERSHIP DUES	!	Business Code 900099	886,337.	886,337.		_
Ş.	2 a	TANKET AND THE		900099	518,217.	518,217.		+
Ser		SPONSORSHIP	111001111	900099	164,695.	320,22,0	<del> </del>	164,695.
E a	6	MEETINGS AND CO	NFERENC	900099	61,874.	61,874.		1
Program Service Revenue	e	• • • • • • • • • • • • • • • • • • • •			, , , , , ,			<del>-  </del>
جّ ا	f	All other program service reve	nue		<b></b>			
	g	Total. Add lines 2a-2f		<b></b>	1,631,123.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	15,221.			15,221.
	4	Income from investment of tax	x-exempt bond p	proceeds >				
ŀ	5	Royalties		<b>&gt;</b>	218,403.			218,403.
			(ı) Real	(ii) Personal				
	6 a	Gross rents			ł			
ł	b	•		ļ	ł			
- 1		Rental income or (loss)		L		<del></del>		_ J
		Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities 99,603.	(II) Other	-			
		assets other than inventory	99,003.	-	1			
	C	Less: cost or other basis	104,445.					1
	_	and sales expenses Gain or (loss)	<4,842.		1			
		Net gain or (loss)	(1,012,	<b>•</b>	<4,842.	>		<4,842.
		Gross income from fundraising	a events (not		10,4			1
enne	•	including \$	of					
eve		contributions reported on line						
Other Rev		Part IV, line 18	a					
흁	t	Less: direct expenses	b		Ī			
١	c	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities. See					1
		Part IV, line 19	а		1			1
		Less: direct expenses	b					
		Net income or (loss) from gam	_	<u> </u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					-
		Less: cost of goods sold	b o of unwanters					
		Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a	AMILES THOUSE	I <del>O</del>	900099	21,130.			21,130.
l	11 6	<del>*</del>	<del></del>			<del>                                     </del>		
								1
	,				<del>                                     </del>		<del>-5 ,:-</del>	1
		Total. Add lines 11a-11d		<b>&gt;</b>	21,130.			
	12	Total revenue. See instructions.			1,889,085.	1,466,428.	0	. 414,607.
23200 12-10	9 · 12							Form <b>990</b> (2012)

Form 990 (2012) PROCUREMENT,
Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com	·		mpiete column (A)	
	Check if Schedule O contains a respor	nse to any question in thi	S Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in		<del></del>		
~	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				12.1
Ū	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			. 1	
4	Benefits paid to or for members				7
5	Compensation of current officers, directors,				······································
_	trustees, and key employees	153,298.	122,638.	30,660.	
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 salanes and wages	401,328.	311,190.	90,138.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	122,638.	61,793.	60,845.	
10	Payroll taxes	40,805.	31,308.	9,497.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	25 050		37 070	
	Accounting	37,078.		37,078.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	87,526.	70,406.	17,120.	
	column (A) amount, list line 11g expenses on Sch O.)	01,320.	70,400.	11,120.	<del></del>
12	Advertising and promotion	108,132.	86,221.	21,911.	
13	Office expenses	14,290.	10,544.	3,746.	
14	Information technology	14,2501	10,544.	3,7101	
15 16	Royalties	78,537.	58,074.	20,463.	
17	Occupancy Travel	84,032.	65,449.	18,583.	
18	Payments of travel or entertainment expenses				J *********************************
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	511,686.	482,162.	21,627.	7,897.
20	Interest		·		10.170
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,758.	24,643.	9,115.	
23	Insurance	5,490.	4,008.	1,482.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	<del></del>			
а	MISCELLANEOUS	39,443.	14,173.	24,101.	1,169.
b	CREDIT CARD DISCOUNTS	37,401.	29,842.	7,559.	
С					
d					
	All other expenses	1 755 440	1 270 454	272 005	0 000
25	Total functional expenses. Add lines 1 through 24e	1,755,442.	1,372,451.	373,925.	9,066.
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)				

Form 990 (2012)
Part X | Balance Sheet PROCUREMENT, INC.

		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		198,935.	1	650,879.
	2	Savings and temporary cash investments		423,332.	2	276,428.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		75,793.	4	53,655.
	5	Loans and other receivables from current and fo	rmer officers, directors,			,- ,
		trustees, key employees, and highest compensa-	ited employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net	·		7	
ASS	8	Inventories for sale or use		2,260.	8	1,818.
`	9	Prepaid expenses and deferred charges		69,618.	9	90,759.
	10a	Land, buildings, and equipment: cost or other		,		
		basis Complete Part VI of Schedule D	<sub>10a</sub> 291,689.			
	b	Less accumulated depreciation	10b 224,068.		10c	67,621.
	11	Investments - publicly traded securities	·	401,338.	11	438,094.
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,179.	15	8,131.
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	1,277,217.	16	1,587,385.
	17	Accounts payable and accrued expenses		24,091.	17	48,837.
	18	Grants payable		18		
	19	Deferred revenue	794,507.	19	924,500.	
	20	Tax-exempt bond liabilities		20		
9	21	Escrow or custodial account liability. Complete I		21		
	22	Loans and other payables to current and former		' '		:
Liabilities		key employees, highest compensated employee				
تَ		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	-			
		Schedule D		63,784.	25	55,412.
	26	Total liabilities. Add lines 17 through 25		882,382.	26	1,028,749.
		Organizations that follow SFAS 117 (ASC 958	), check here X and			. ,
õ		complete lines 27 through 29, and lines 33 an				
ဦ	27	Unrestricted net assets		367,859.	27	531,986.
<u>a</u>	28	Temporanly restricted net assets		26,976.	28	26,650.
9	29	Permanently restricted net assets			29	
Net Assets or rund Balances	]	Organizations that do not follow SFAS 117 (A	SC 958), check here			
<u>.</u>		and complete lines 30 through 34.	= = <i>H</i>			£
Š	30	Capital stock or trust principal, or current funds			30	·
225	31	Paid-in or capital surplus, or land, building, or ed	unpment fund		31	
ž	32	Retained earnings, endowment, accumulated in	• •		32	
Ž	33	Total net assets or fund balances	Tamel of animal facing	394,835.	33	558,636.
	, 👓	Total fior abboto of faria balances		1,277,217.	34	1,587,385.

Form 990 (2012)

PROCUREMENT, INC.

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			.	<u> </u>		
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	39	5,44 3,64 4,83 0,15	42. 43. 35. 58.		
Do:	column (B))	10	55	8,63	<u> </u>		
Par	T XIII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				X		
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		Yes	No		
	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  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.  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?  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		3ь				
			Form	990 (	2012)		

232012 12-10-12

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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. ► See separate instructions.

OMB No 1545-0047

NATIONAL ASSOCIATION OF EDUCATIONAL Employer identification number Name of the organization 11-3161518 PROCUREMENT. INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d \_\_\_\_ Type III · Non-functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ir) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) is the organization (v) Did you notify the (vi) Is the rganization in col. (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the aovernina document? (i) of your support? above or IRC section. (see instructions)) Yes Yes Yes No No No

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

Schedule A (Form 990 or 990-EZ) 2012

### 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf	-							
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a					`			
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4	,		,	to t	or a retired to the contract of the contract			
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010 ·	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	secunties loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business					]			
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)		ļ	 					
	Total support. Add lines 7 through 10	<u>.                                    </u>			<u> </u>	<u> </u>			
	Gross receipts from related activities,					12			
13	First five years. If the Form 990 is for	•	s first, second, thu	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	. —		
80	organization, check this box and store ction C. Computation of Publ		rcentage		<del></del>		<b>▶</b> L		
	<del></del>			(0)	<del></del>	14			
	Public support percentage for 2012 (			column (1))		15	<u>%</u> %		
	Public support percentage from 2011	•		n line 13 and line	14 10 22 1/20/ 07	<del></del>			
Ioa	33 1/3% support test - 2012. If the c stop here. The organization qualifies	•		· ·	14 15 33 1/3% 01 1	nore, check this be	x and		
<b>.</b>	33 1/3% support test - 2011. If the		•		line 15 ie 22 1/20	6 or more check th	us hox		
U	and stop here. The organization qual	•			7 11116 13 13 33 1737	o or more, check u	II3 00X		
170	10% -facts-and-circumstances tes		• •		e 13 16a or 16b	and line 14 is 10%	or more		
ı ı d	and if the organization meets the "fac	_					•		
	meets the "facts-and-circumstances"			-	· ·	iit iv ilow tile orgal	<b>_</b>		
h	10% -facts-and-circumstances tes	•	•		•	17a and line 15 ie	10% or		
b	more, and if the organization meets the	-							
	organization meets the "facts-and-cire						<b>→</b> □		
18	Private foundation. If the organization						, <b>\</b>		
	iodinadion. ii tile organizatio	and the effect d	257 57 1110 10, 10	<u> </u>		edule A (Form 990			

### Partilli 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 qualify under Part II. If the organization fails to

50	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
_	<del></del>		#1.000		4 8 8 8 4 4		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		0 000	20 201	12 040	0 050	E1 271
	include any "unusual grants ")		9,000.	20,381.	13,940.	8,050.	51,371.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1881510.	1531538.	1571636.	1684123.	1684831.	8353638.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		131,630.	82,505.	73,500.	157,995.	445,630.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to 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	1881510.	1672168.	1674522.	1771563.	1850876.	8850639.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
	Add lines 7a and 7b						0.
							8850639.
Se	Section B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	1881510.	1672168.	1674522.	1771563.	1850876.	8850639.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	19,580.	7,512.	7,670.	14,671.	10,379.	59,812.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
•	Add lines 10a and 10b	19,580.	7,512.	7,670.	14,671.	10,379.	59,812.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	1901090.	1679680.	1682192.	1786234.	1861255.	8910451.
	First five years. If the Form 990 is for						<u></u>
	check this box and stop here	•			·	.,,,	ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2012 (I	ine 8, column (f) di	ivided by line 13, o	olumn (f))		15	99.33 %
	Public support percentage from 2011	. ,,	•	1,,,		16	99.40 %
Se	ction D. Computation of Inves	stment Incom	e Percentage	•	· <del>-</del>		
17	<del></del>			ne 13. column (fl)		17	.67 %
18		• •	1,	· · · · · · · · · · · · · · · · · · ·		18	.60 %
	33 1/3% support tests - 2012. If the			on line 14, and line	15 is more than 3	· · · · · · · · · · · · · · · · · · ·	
•	more than 33 1/3%, check this box a	•		· ·		=	<b>→ X</b>
Ł	33 1/3% support tests - 2011. If the	<u>-</u>	•	•	• •		-
	line 18 is not more than 33 1/3%, che	•			•		▶□
20	Private foundation. If the organization	n did not check a		•		_	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Name of the organization

NATIONAL ASSOCIATION OF EDUCATIONAL DDOCTDEMENT

**Employer identification number** 11-3161518

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	Accounts Complete (the
Fai	<del></del>		or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		/L) France and other approveds
		(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	<u> </u>	
5	Did the organization inform all donors and donor advisors in	•	d 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 a	advisors in writing that grant funds can be us	sed only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
-	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pai	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education)	prically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	е
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	enodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements dur	nng the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	he year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS 1	·	
а	Revenues included in Form 990, Part VIII, line 1	· · ·	<b>▶</b> \$
b	Assets included in Form 990, Part X		> \$
	·		

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

Schedule D (Form 990) 2012

#### NATIONAL ASSOCIATION OF EDUCATIONAL

Saba		MENT, INC.	ION OF	טעם	CALLON	ALI		11-31	61518	) D.	200
	t III Organizations Maintaining C		rt Historic	al Tr	Pasures	or Othe					aye Z
3	Using the organization's acquisition, accessi										18
•	(check all that apply):	011, and office 100010	io, orioon arry	0,0	ionownig an	21 470 4 0	.g.moa.n	000 01 110			
а	Public exhibition	d	Loan	or excl	hange progr	ams					
b	Scholarly research	- -	Other		idiigo piogii	uo					
c	Preservation for future generations	·	Oo.								
4	Provide a description of the organization's co	ollections and explain	n how they fu	rther ti	ne organizat	ion's exe	mot nuro	nse in Par	t XIII		
5	During the year, did the organization solicit of		· ·								
•	to be sold to raise funds rather than to be ma		•				. 455515		Yes		No
Par	t,IV Escrow and Custodial Arran					"Yes" to	Form 990	). Part IV. I			
	reported an amount on Form 990, Pa							,			
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contr	bution	s or other as	sets not	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.								
	•	·	-					·	Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a Did the organization include an amount on Form 990, Part X, line 21?							Yes		No		
<u>b</u>	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII										
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
		(a) Current year	(b) Prior y		(c) Two yea	rs back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance	26,976.		,036.							
b	Contributions	8,050.	13	,940.	2	5,036.					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	8,376.	4	,000.		8,000.					
f	Administrative expenses	06.650		07.6		7 026					
g	End of year balance	26,650.		,976.		7,036.			L		
2	, , , , , , , , , , , , , , , , , , ,										
_	a Board designated or quasi-endowment										
b	Permanent endowment	% 									
С	c Temporarily restricted endowment ► 100.00 %  The percentages in lines 2a, 2b, and 2a chould equal 100%										
2-	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										
Ja		ession of the organiza	ation that are	neiu a	na auminisa	ereu ioi i	ne organi.	zauon	Г	Yes	No
	(i) unrelated organizations								3a(i)	163	No X
	(ii) related organizations								3a(ii)		X
h	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schadula F	22					3b		<del></del> -
4	Describe in Part XIII the intended uses of the								00		—
	t VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	valu	e
	2000p.i.c.i. of proporty	basis (investr		•	(other)		preciation		,_,		-
1a	Land				<del> </del>	12 12 12		888			
	Buildings						tree (ALS) THE				
c	Leasehold improvements	·		8	9,628.		71,7	02.	11	7,9	26.
	Equipment		<u> </u>		2,061.		152,3				95.
	Other										

Schedule D (Form 990) 2012

67,621.

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

NATIONAL AS Schedule D'(Form 990) 2012 PROCUREMENT	SOCIATION OF	EDUCATIONA		3161518 Page 3
PartVII Investments - Other Securities. Se		2		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Financial derivatives	<del> </del>		<del></del>	
(2) Closely-held equity interests			<u> </u>	
(3) Other		<del> </del>		<del></del>
(A)		<u> </u>		<del></del>
(B)	<del></del>			
(C)	<del>                                     </del>	<del> </del>	<del></del>	
(D)	<del> </del>			
<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
(E)	<u> </u>	<del></del>		
<u>(F)</u>	<del> </del>			
(G)				
(H)	<del> </del>	_		<del> </del>
(1)				·
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				, <u></u> ;
Partivill Investments - Program Related. S			L	-£
(a) Description of investment type	(b) Book value	(c) Method of Vi	aluation: Cost or end-	or-year market value
(1)		<del></del>		
(2)				
(3)				
(4)				
(5)			<u>-</u>	
(6)				
(7)				
(8)				
(9)	·			
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	grand with the second		
Rant X Other Assets. See Form 990, Part X, line	15.	<del> </del>	<del></del>	
	Description			(b) Book value
(1)				
(2)		<u>-</u>		<del></del>
(3)				
(4)				
(5)				
(6)				
(7)		_ <del></del>	<del></del>	
(8)			-	
(9)	<del></del>	****	<del></del>	
(10)	- 451			<del></del>
Totai. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	# N D / 1		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED VACATION		32,934.		
(3) DEFERRED RENT		22,478.		
(Δ)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(5)

(7) (8) (9) (10)

55,412.

NATIONAL ASSOCIATION OF EDUCATIONAL

Sche	dule D (Form 990) 2012 PROCUREMENT, INC.			<u>1</u> 1-:	3161518 Page 4				
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its W	ith Revenue per R	eturr					
1	Total revenue, gains, and other support per audited financial statements			1	1,919,243.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_							
а	Net unrealized gains on investments	2a	30,158.						
b	Donated services and use of facilities	2b		]					
С	Recoveries of prior year grants	2c		] ;					
d	Other (Describe in Part XIII.)	2d		]					
е	Add lines 2a through 2d			2e	30,158.				
3	Subtract line 2e from line 1			3	1,889,085.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,889,085.				
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts \	With Expenses per	Retu	rn				
1	Total expenses and losses per audited financial statements		· · ·	1	1,755,442.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b		]					
c	Other losses	2c		1					
d	Other (Describe in Part XIII )	2d		1 1					
е	Add lines 2a through 2d			2e	0.				
3	Subtract line 2e from line 1			3	1,755,442.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII )	4b		1					
	Add lines 4a and 4b		•	4c	0.				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,755,442.				
	Part XIII 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								
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to								
	RT V, LINE 4: TEMPORARILY RESTRICTED- TEMPO				NET				
ASS	SETS CONSISTED ENTIRELY OF CONTRIBUTIONS RE	CEI	VED THAT ARE	RE	STRICTED				
FOF	R AWARDING SCHOLARSHIP GRANTS FOR TUITION A	ND	TRAVEL COSTS	RE	LATED TO				
NAI	EP'S INSTITUTES AND ANNUAL MEETINGS.								
		-							
FOR	RM 990. PAGE 12, PART XII, LINE 2B								
UNC	CERTAIN TAX POSITIONS								
<b>373 T</b>	TO BOLLOWS MUE EINANGIAL ACCOUNTAINS SMANNA	שמי	BOADD ACCOUN	የ <b>ጣ</b> ተ እየ	C CHYNDYDDC				
IWI	EP FOLLOWS THE FINANCIAL ACCOUNTING STANDAR	LDO.	DOWEN WCCOOL	TTM	G DIWINWING				

Schedule D (Form 990) 2012

Supplemental information (continued)
CODIFICATION (FASB ASC), WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN NAEP® FINANCIAL STATEMENTS. AS
OF DECEMBER 31, 2012, NAEP HAD NO UNRECOGNIZED TAX BENEFITS RELATED TO
UNCERTAIN TAX POSITIONS IN ITS TAX RETURN THAT WOULD QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS.
NAEP'S POLICY WOULD BE TO RECOGNIZE INTEREST AND PENALTIES ON TAX
POSITIONS RELATED TO ITS UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE
IN THE FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2012, THERE HAVE BEEN NO
MATTERS THAT WOULD HAVE RESULTED IN AN ACCRUAL FOR INTEREST AND/OR
PENALTIES.

#### SCHEDULE J (Form 990)

# **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions

Internal Revenue Service

Name of the organization

Partil Questions Regarding Compensation

Department of the Treasury

NATIONAL ASSOCIATION OF EDUCATIONAL PROCUREMENT, INC.

**2012**© pen to Public larger sion

OMB No 1545-0047

Employer identification number 11-3161518

Schedule J (Form 990) 2012

			Yes	No
1a	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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			ŀ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		}		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	į		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	4		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			`
	Independent compensation consultant  Compensation survey or study	13		
	Form 990 of other organizations  X Approval by the board or compensation committee			
				~ ~**
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	4,		
	organization or a related organization:			انت
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1.0
	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			
	The organization?	5a	_	X
þ	Any related organization?	5b		^
_	If "Yes" to line 5a or 5b, describe in Part III			
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:	6a		X
	The organization?	6b		X
D	Any related organization?	OD.		A
7	If "Yes" to line 6a or 6b, describe in Part III	أكب		
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		х
	not described in lines 5 and 6? If "Yes," describe in Part III	<del></del>		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-	$\vdash$	<del>                                     </del>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	1	
	Regulations section 53 4958-6(c)?		L	

232111 12-10-12

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

11-3161518

Schedule J (Form 990) 2012

Randlik Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 column (D) and (E) amounts for that individual.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	Ble	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in pnor Form 990
(1) DOREEN MURNER CEO	€ 🗒	150,898.	000	000	15,090.	28,711.	194,699.	0.0
	€ €							
	≘≘							
	≘ ≘							
	3 3							
	€							
	3							
	<b>E</b>							
	ε							
	(ii)							
	Ξ							
	▤							
	Ξ:							
	: 🗉							
	Ξ							
	≞							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	▤							
	Ξ							
	∄							
212112				(			Sched	Schedule J (Form 990) 2012

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

QMB No 1545-0047
2012
Open to Public Inspection's

Name of the organization

NATIONAL ASSOCIATION OF EDUCATIONAL PROCUREMENT, INC.

Employer identification number 11-3161518

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS

NON-FOR-PROFIT CORPORATION. INSTITUTIONAL MEMBERS OF THIS ASSOCIATION EXIST

AS SEVERAL TYPES AS FOLLOWS: VOTING MEMBERSHIP AND NONVOTING MEMBERSHIP.

NONVOTING MEMBERSHIP ARE COMPRISED OF ASSOCIATE MEMBERSHIP, INVIDIDUAL

MEMBERS. AND BUSINESS AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 7A: EACH VOTING MEMBER SHALL HAVE ONE VOTE IN THE AFFAIRS OF THE ASSOCIATION, WHICH SHALL BE CAST BY THE VOTING MEMBER'S DESIGNATED REPRESENTATIVE. THE MEMBERS SHALL TAKE ACTION BY THE AFFIRMATIVE VOTE OF A MAJORITY OF VOTING MEMBERS PRESENT AND ENTITLED TO VOTE, IN PERSON OR BY PROXY, ON THE ACTION EXCEPT WHERE A DIFFERENT VOTE IS REQUIRED BY LAW, THE CERTIFICATE OF INCORPORATION, OR THESE BYLAWS. NOTWITHSTANDING THE PRECEDING SENTENCE, DIRECTORS ARE ELECTED BY A PLURALITY OF THE VOTING MEMBERS PRESENT AND ENTITLED TO VOTE, IN PERSON OR BY PROXY, AT A MEETING AT WHICH A QUORUM IS PRESENT, AND DISTRICT DIRECTORS ARE ELECTED BY PLURALITY OF THE VOTING MEMBERS OF THE DISTRICT PRESENT AND IN PERSON OR BY PROXY, AT A MEETING AT WHICH A QUORUM IS ENTITLED TO VOTE, PRESENT, UNLESS THE ARTICLES OF INCORPORATION HAVE PROVIDED OTHERWISE.

ASSOCIATE MEMBERSHIP, INDIVIDUAL MEMBERSHIP AND BUSINESS AFFILIATES CAN
NEITHER VOTE NOR SERVE AS AN OFFICER OR DIRECTOR OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY HAS ANNUAL MEETINGS, SPECIAL MEETINGS AND AT TIMES QUORUM. DURING THESE MEETINGS THE VOTING MEMBERS ARE PRESENT IN WHICH THEY ARE ENTITLED TO CAST A VOTE REGARDING THE SUBJECT MATTER.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization NATIONAL ASSOCIATION OF EDUCATIONAL **Employer identification number** PROCUREMENT, INC. 11-3161518 FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION. IT IS THEN GIVEN TO THE CEO FOR REVIEW AND SIGNATURE. THE AUDIT COMMITTEE THEN REVIEWS THE 990 BEFORE MAKING IT AVAILABLE TO THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: WHENEVER A MATERIAL CONFLICT OF INTEREST SITUATION ARISES, THE EMPLOYEE IS REQUIRED TO DISCLOSE HIS OR HER INTEREST IN THE SITUATION TO THE CHIEF EXECUTIVE OFFICER. FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT OF THE BOARD REVIEWS THE CEO'S PERFORMANCE AND COMPARES AVAILABLE DATA TO PROCESS DETERMINATION OF COMPENSATION. THE CEO DOES SAME FOR THE KEY EMPLOYEES AND OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE. THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2C THE COMMITTEE HAS NOT CHANGED ITS PROCESS FROM PRIOR YEARS FOR THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Form 88	68 (Rev. 1-2013)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		► X	
Note. Or	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.		
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies nee	eded).	
			Enter filer's	identifyir	g number	see instructions	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	identificat	on number (EIN) or	
print	NATIONAL ASSOCIATION OF EDUC	CATIO	NAL	• •			
File by the	PROCUREMENT, INC.				11-33	L61518	
due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	cunty num	ber (SSN)	
filing your return See	5523 RESEARCH PARK DRIVE, NO				•		
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
	BALTIMORE, MD 21228	J	•				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
	.,	•					
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
						4.2	
						08	
						09	
Form 990-PF 04 Form 5227 1						10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above)         06         Form 8870         12							
STOP! D	o not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 88	68.	
	THE ORGANIZATION						
• The books are in the care of ▶ 5523 RESEARCH PARK DRIVE, NO. 340 - BALTIMORE, MD 21228							
Telep	hone No.▶ 443-543-5527		FAX No. ▶				
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) i	f this is fo	r the whole	group, check this	
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the ext	ension is for.	
	_	NOVEM	BER 15, 2013.				
<b>5</b> Fo	0.01.0						
6 If t							
	Change in accounting period						
	ate in detail why you need the extension						
_	DDITIONAL TIME IS REQUIRED TO			N THA	T IS	NECESSARY	
<u>T</u>	O FILE A COMPLETE AND ACCURA	re re'	TURN.				
		<del></del>					
8a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			•	
_	nrefundable credits. See instructions			8a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•		A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	c payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			•	
	eviously with Form 8868.			8b	\$	0.	
	lance due. Subtract line 8b from line 8a Include your pa	-	th this form, if required, by using			•	
EF	TPS (Electronic Federal Tax Payment System) See instru		at he assessed for Don't II a	8c	\$	0.	
11. 4.	<u> </u>		st be completed for Part II o	-	<b>.</b>	dd t_at*	
it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	tne best o	r my knowle	age and bellet,	
Signature	► Title ► (	CPA_		Date	<b>&gt;</b>		
			**************************************		Form	8868 (Rev. 1-2013)	