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Form 990-EZ

Short Form 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)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 51(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the pnd of the year may use this form

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

and ending For the 2012 calendar year, or tax year beginning R Check if c Name of organization D Employer identification number SOCIETY FOR OUANTITATIVE ANALYSIS OF Address change BEHAVIOR - C/O DARLENE CRONE-TODD, PHD 22-2514995 Name change E Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return 1 MARION ROAD - SALEM STATE UNIVERSITY 503-928-0210 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 01970 Application pending SALEM. MA Number > Accounting Method H Check X if the organization is not X Cash Accrual Other (specify) Website. ▶ sqab.org required to attach Schedule B Tax-exempt status (check only one) - \mathbf{X} 501(c)(3) __ 501(c) () **◄**(insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) K Check Image if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 13,641. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I X Check if the organization used Schedule O to respond to any question in this Part I 200. Contributions, gifts, grants, and similar amounts received 1 2 13,350. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 91. See Schedule O 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7 a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from inc 7с Other revenue (describe in Schedule 0) 8 13,641. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 OS Grants and similar amounts paid (list in Schedule O) 10 ±40 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 13 910. Professional fees and other payments to independent de-14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping See Schedule O 9,839. 16 Other expenses (describe in Schedule 0) 16 10,749. 17 17 Total expenses Add lines 10 through 16 2,892. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 11.156. (must agree with end-of-year figure reported on prior year's return) 0. 20 20 Other changes in net assets or fund balances (explain in Schedule O) 14.048. Net assets or fund balances at end of year Combine lines 18 through 20 21

Form 990-EZ (2012)

LHA For Paperwork Reduction Act Notice, see the separate instructions

SOCIETY FOR QUANTITATIVE ANALYSIS OF BEHAVIOR - C/O DARLENE CRONE-TODD, PHD

Form 990-EZ (2012)

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22-2514995

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Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 14,048. 11,156. 22 22 Cash, savings, and investments 23 23 Land and buildings 24 Other assets (describe in Schedule O) 11.156 25 14.048. 25 Total assets 0. 26 0. Total liabilities (describe in Schedule O) $11,156.|_{27}$ 14.048. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations and section 4947(a)(1) trusts; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others) manner describe the services provided, the number of persons benefited, and other relevant information for each program title CONFERENCES & SYMPOSIA ON TOPICS IN BEHAVIORAL SCIENCE SUPPORT RESEARCH & PUBLICATIONS ON QUANTITATIVE ANALYSIS OF BEHAVIOR & OTHER TOPICS 9,085. 28a (Grants \$) If this amount includes foreign grants, check here 29 (Grants \$ 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a (Grants \$ Other program services (describe in Schedule O)) If this amount includes foreign grants, check here (Grants \$ 32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) 9.085. Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (C) Reportable (d) Health benefits, (e) Estimated compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) contributions to per week devoted to amount of other employee benefit plans, and deferred (a) Name and title position compensation compensation ELIZABETH KYONKA, PHD 0.00 0 0 0. Secretary LAVINIA TAN. n 0. 0.00 0 Treasurer DARLENE CRONE-TODD 0.00 0. 0 0. Executive Director TIM SHAHAN, PHD 0. 0. 0. President 0.00 CYNTHIA PIETRAS 0. 0 0. 0.00 Board Member CHRISTOPHER PODLESNIK, 0. Board Member 0.00 0. 0 LEWIS BIZO 0. 0.00 0 0. Program Chair JUSTIN YATES 0. 0.00 0 0. Membership Coordinator

SOCIETY FOR QUANTITATIVE ANALYSIS OF BEHAVIOR - C/O DARLENE CRONE-TODD, PHD

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

<u>22-2514995</u>

Page 3

Form 990-EZ (2012)

	instructions for Part V) Offeck if the organization used Sch. O to respond to any question in the			LX
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	33		x
24	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	- 33		Α.
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	04		
55 a	on lines 2, 6a, and 7a, among others)?	35a		X
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
_	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 . , section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			٦,
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			-
_	·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		х
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MA	406		
	The organization's books are in care of ► LAVINIA TAN Telephone no ► 503-92	8-0	210	
72 a	Located at ► 3203 SE WOODSTOCK BLVD, PORTLAND, OR ZIP+4 ► 9			
h	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	1	Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the US?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> N/A</u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45.		v
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	L	X

Form 990-EZ (2012)

Form 990-EZ (2012)

SOCIETY FOR QUANTITATIVE ANALYSIS OF

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

ZU IZ

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of t	the organizat	on SOCIETY	FOR QUANTIT	CATIVE	ANAL	YSIS	OF		Employer	identification number	
		BEHAVIO	OR - C/O DARI	ENE C	RONE-	TODD,	PHD		2	<u>2-2514995</u>	
Part I Reason for Public Charity Status (All organizations must complete this part) See instructions											
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)				
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in s e	ection 170)(b)(1)(A)(ı).			
2 🔲	A school des	cribed in section 17	70(b)(1)(A)(ii), (Attach Sc	chedule E)		, ,, .,				
з 🔲			ital service organization	'		170(b)(1)	(A)(m).				
4			-					(b)(1)(A)	(iii). Enter	the hospital's name.	
	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										
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental u	nıt describ	ed in	
	_	(b)(1)(A)(ıv) . (Compl	-	,	·	·	J				
6			nent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).				
7			eives a substantial part					or from th	ne general	public described in	
	-	(b)(1)(A)(vi). (Comple	·			3			3	,	
8			section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X			ceives (1) more than 33			rom contr	ihutions n	nembers	hin fees a	nd aross receints from	
J (141)	_	· · · · · · · · · · · · · · · · · · ·	nctions subject to certa								
			axable income (less sec								
		509(a)(2) (Complete	•	tion on te	ix, nom bu	011100000	aoquired b	y the org	garnzation	arter durie 50, 1575	
10			perated exclusively to te	et for publ	ic safety S	See contin	n 500(a)//	1)			
11	-	-	perated exclusively for the	•	•			•	rn, out the	nurnoses of one or	
''	-		ations described in secti		•				-		
			organization and compl	• • • •	•		-) 000 360	, (1011 50x	s(a)(O). On	con the box that	
	a Type	· `			nctionally			ı 🗀 Ty	no III. No	n-functionally integrated	
• [•		
e			at the organization is not								
			han one or more publicl						09(a)(1) 01	Section 509(a)(2)	
f	-		tten determination from	ine ino in	atitisa ty	pe i, Type	in, or Type	3 III			
		rganization, check th				from only	of the fell	outing no	voono?	لــــا	
9	_		organization accepted ar	• -		-		_		V N-	
			firectly controls, either a	ione or tog	jetner with	hersons c	rescribed	iii (ii) aiic	i (iii) Delow		
	_		upported organization?)						11g(ı)	
		•	n described in (i) above?		-0					11g(ii)	
		•	person described in (i)							[11g(III)]	
h	Provide the t	ollowing information	about the supported or	ganization	(S)						
				(iv) la tha		(v) Ded vo	u notificatho	(1/1)	le the		
` '	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			organiza	Is the tion in col	(vii) Amount of monetary	
orga	anization		(described on lines 1-9 above or IRC section		document?			· l(i) organized in th		e support	
		[(see instructions))	Yes	No	Yes	No	Yes	No		
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ahadula A (Farra 000 ay 000 F7) 0010						Daga 0	
chedule A (Form 990 or 990 EZ) 2012 Part II Support Schedule for C	_						
(Complete only if you checked fails to qualify under the tests			_	on failed to qualify	under Part III If the	organization	
ection A. Public Support		ase complete Part					
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	<u>(a)</u> 2000	(b) 2009	(6) 2010	(4) 2011	(e) 2012	(i) Total	
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						,	
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							
ection B. Total Support		<u> </u>	I	l	I		
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7 Amounts from line 4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1-7			
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources							
9 Net income from unrelated business					1		
activities, whether or not the							
business is regularly carried on							
O Other income Do not include gain							
or loss from the sale of capital							
assets (Explain in Part IV)							
1 Total support. Add lines 7 through 10				<u> </u>			
Gross receipts from related activities,	etc (see instructi	ions)			12		
3 First five years If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)		
organization, check this box and stop ection C. Computation of Public		rcentage				<u> </u>	
4 Public support percentage for 2012 (lii	ne 6, column (f) d	livided by line 11, o	column (f))		14	%	
• • • • • • • • • • • • • • • • • • • •	Public support percentage from 2011 Schedule A, Part II, line 14				15 %		
6a 33 1/3% support test - 2012. If the or	ganization did ne	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and	
stop here. The organization qualifies a	is a publicly supr	oorted organization	1				

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

SOCIETY FOR QUANTITATIVE ANALYSIS OF

Schedule A (Form 990 or 990-EZ) 2012 BEHAVIOR - C/O DARLENE CRONE-TODD, PHD 22-2514995 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	Sect	ion A. Public Support						
140. 150. 190. 190. 200. 870.	Calend	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
140. 150. 190. 190. 200. 870.	1 (Gifts, grants, contributions, and						
2 Gross receipts from adminissoria, merchandres sold or servores performed, or facilities furnished many activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated flade or business under section 513 4 Tax revenues leved for the organization's benefit and enter paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 8 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts encluded on lines 1, 2, and 3 received from disqualified persons by Amounts on lines 1, 2 and 3 received from disqualified persons by Amounts on lines 1, 2 and 3 received from disqualified persons by Amounts on lines 1, 2 and 3 received from disqualified persons on the 15 to the type of the organization of the 15 to the type of the organization of the 15 to the type of the organization of the 15 to the type of the organization of the 15 to the type of the organization of the 15 to the type of the organization of the 15 to the type of the 15 to the 15 to the 15 to the 15 to t	n	nembership fees received (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization Star exempt purpose of a consistent of the organization Star exempt purpose of the organization Star exempt purpose of the organization Star exempt purpose of the organization without charge of the organization without charge of Total. Add lines 1 through 5 1 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 1 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 1 The value of services or facilities of the organization without charge of Total. Add lines 1 through 5 2 Amounts notwided on lines 1, 2, and 3 received from disqualified persons be a made to the companization of the companization without charge of the companization of the comp	II	nclude any "unusual grants ")	140.	150.	190.	190.	200.	<u>870.</u>
3 Gross recepts from activaties that are not an unrelated trade or business under section \$13 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value to services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Intervalue to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from one time acceptable persons that exceed the greater of \$5,000 or 16 of the second in the 10 time is given and the second in the 10 time is given and the second in the 10 time is given and the second in the 10 time is given and time is given and time is given and time is given the 10 t	n fi a	nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the	12 301	12 097	15 120	15 8/1	13 550	68 909
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 7 A Amourts included on lines 1, 2, and 3 received from disqualified persons 9 Amourts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2 or to the amount on line 13, 6 in page 1 9 Amounts from line 5 9 Amounts from line 6 10 Cale flay year (in fiscal year heigining in) (a) 2008 12, 441 12, 247 15, 310 16, 031 18, 750 69, 779 Public support (Sequellum kiteria lise 1) 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		, , ,	12,301.	12,037.	13,120.	13,041.	13,330.	00,505.
The value of services or facilities Linux	а	are not an unrelated trade or bus-						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 2 and 3 received from disqualified persons 6 Amounts included on lines 2 and 7 received from disqualified persons that a manual more lines 1 for the year of 1 received in the disqualified persons that a manual more lines 1 for the year of 1 received in the disqualified persons that a manual more lines 1 for the year of 1 received in the disqualified persons that a manual more lines 1 for the year of 2 received in the disqualified persons that a manual more lines 1 for the year of 2 received in the disqualified persons that a manual more lines 2 received in the disqualified persons 1 received on securities blants, rents, royalties and income from smaller sources 5 lumination of 1 received in the disqualified persons 2 received in the disqualified persons 3 received in the disqualif	l.	zation's benefit and either paid to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts anduded on level 2 and 3 received from other than disqualified persons that exceed the grader of 5,000 or 15 do the amounts anduded on level 2 and 3 received to mother than disqualified persons that exceed the grader of 5,000 or 15 do the amount on line 13 for the year C Add lines 7 and 7 b	f	urnished by a governmental unit to						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than designating persons that exceed the gestler of \$5.000 or 1% of the amount on the 15 for the year amount of the 15 for the	6 T	otal. Add lines 1 through 5	12,441.	12,247.	15,310.	16,031.	13,750.	69,779.
to mother than disqualified persons that exceed the general of \$50.00 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b					_			0.
8 Public support [Subjuct lists 2 Linem lines 6] Section B. Total Support Calendar year (or lissal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smillar sources 5 Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 7 . 5 . 2 . 91 . 105. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV) 10 all support, (Add lines 9, 10c, 11, and 12) 12 (1448 12, 252 15, 312 16, 031 13, 841 69, 884 14) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 19 a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 page 12 page 12 page 12 page 13 page 14 page	fr e	om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						0.
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dividends, payments received on securities loans, rents, royalties and income from smillar sources b Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 7. 5. 2. 91. 105. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on rolss from the sale of capital assets (Explain in Part IV) 13 Total support, load lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 17 Investment income percentage from 2011 Schedule A, Part III, line 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and stop here. The organiz	9 A	Amounts from line 6	12,441.	12,247.	15,310.	16,031.	13,750.	69,779.
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 99.85 % 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14 F	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3) organiza	ation,
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

SOCIETY FOR QUANTITATIVE ANALYSIS OF BEHAVIOR - C/O DARLENE CRONE-TODD, PHD

Employer identification number 22-2514995

Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Royalties	91.
Form 990-EZ, Part I, Line 16, Other Expenses:	-
Description of Other Expenses:	Amount:
Symposium expenses	9,016.
Annual report fee	35.
Program expenses	788.
Total to Form 990-EZ, line 16	9,839.
Form 990-EZ, Part III, Primary Exempt Purpose - TO ORGANIZE	AND ADMINISTER
SYMPOSIA AND MEETINGS ON TOPICS IN THE BEHAVIORAL SCIENCES A	ND TO
SUPPORT RESEARCH & PUBLICATIONS ON QUANTITATIVE ANALYSIS OF	BEHAVIOR &
OTHER TOPICS IN BEHAVIORAL SCIENCE.	
Form 990-EZ, Part V, Information Regarding Personal Benefit	Contracts:
The organization did not, during the year, receive any funds	, directly,
or indirectly, to pay premiums on a personal benefit contrac	t
The organization, did not, during the year, pay any premiums	, directly,
or indirectly, on a personal benefit contract.	
	·

Form **8868**(Rev January 2013) Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2013)

ightharpoons X• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or SOCIETY FOR QUANTITATIVE ANALYSIS OF print 22-2514995 BEHAVIOR - C/O DARLENE CRONE-TODD, PHD File by the Number, street, and room or suite no. If a PO box, see instructions Social security number (SSN) due date for filing your 1 MARION ROAD - SALEM STATE UNIVERSITY return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions SALEM, MA 01970 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A 80 Form 990-BL Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 LAVINIA TAN The books are in the care of ► 3203 SE WOODSTOCK BLVD - PORTLAND, OR 97202 Telephone No ► 503-928-0210 FAX No > • If the organization does not have an office or place of business in the United States, check this box __ If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box If it is for part of the group, check this box Image and attach a list with the names and EINs of all members the extension is for I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2012 or tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason Change in accounting period If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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