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Department of the Treasury Internal Revenue Service

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

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

Inspection

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

Open to Public

	יווי נווי	and e	enaing					
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre chang	NATIONAL ACADEMY OF NEUROPSYCHOLOGY, 1	INC					
	Name chang			38-2	998898			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Termii ated	7555 EAST NAMPDEN AVENUE	525	303-	691-3694			
<u> </u>	Amen return			G Gross receipts \$	2,070,901.			
	Applic	L_DENVER, CO 60231		H(a) Is this a group return				
	pendi	F Name and address of principal officer LAURA LACRITZ		for affiliates?	Yes X No			
		7555 E HAMPDEN AVE STE 525, SENVER, C	CO 80	H(b) Are all affiliates inc	luded? Yes No			
1.	Tax-ex	empt status 501(c)(3)X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		te: > WWW.NANONLINE.ORG		H(c) Group exemptio	n number 🕨			
		organization: X Corporation	L Year	of formation: 1990 N	State of legal domicile: CO			
P	art I∐	Summary						
ė	1	Briefly describe the organization's mission or most significant activities PROFE						
Governance		AREA OF NEUROPSYCHOLOGY. TO ADVANCE NEURO						
ern	2	Check this box   if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net as				
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
es	5	Total number of individuals employed in calendar year 2012-(Part V, line 2a);		5	3			
Ξ	6	Total number of volunteers (estimate if necessary)		6	0			
Activities &		Total unrelated business revenue from Part VIII, column (C),-line 12	1	7a	<u></u>			
_	<u>_b</u>	Net unrelated business taxable income from Form 990-T, lipe,34 っついい	·	7b	0.			
ē		5 SEI	·/\	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		427,523.	414,670.			
eu	9	Program service revenue (Part VIII, line 2g)		501,241.	486,597.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		114,401.	108,835.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,401.	<u>48,397.</u>			
	12_	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,080,566.	1,058,499.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		148,297.	175,157.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.                                    </u>					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	809,934.	800,264.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>958,231.</u>	975,421.			
	19	Revenue less expenses Subtract line 18 from line 12		122,335.	83,078.			
Sec			B	eginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,417,795.	2,738,349.			
A A	21	Total liabilities (Part X, line 26)	<u> </u>	18,070.	60,227.			
		Net assets or fund balances Subtract line 21 from line 20		2,399,725.	2,678,122.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.				
			1	To Date				
Sig	n	Signature of officer	$U_{-}$	Date 9-	4-12			
Hei	re	LAURA LACRITZ, TREASURER	par		7.0			
Type or print name and title    Display   Date   Check   PTIN								
Print/Type preparer's name  Prepared's signature  On Date  Check PTIN								
Pan	d	STEVEN M. SWARTZ, CPA	1/1/	8-26-13 self-employ				
Pre	parer	Firm's name ▶ GOLD GERSTEIN GRÖUP LLC		Firm's EIN	26-3584493_			
Use	Only	Firm's address 1307 WHITE HORSE ROAD, BUILDING	D		E			
		VOORHEES, NJ 08043		Phone no. 8	56-770-1400			
Ma	v the !!	RS discuss this return with the preparer shown above? (see instructions)			Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

	1990 (2012) NATIONAL ACADEMY OF NEUROPSYCHOLOGY, INC 38-2998898 Page 2 rt III Statement of Program Service Accomplishments
	<del></del>
	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission
1	ORGANIZED AND OPERATED EXCLUSIVELY FOR EDUCATIONAL & SCIENTIFIC
	PURPOSES, WITH ITS PRIMARY FOCUS ON NEUROPSYCHOLOGY. FOSTER THE
	DEVELOPMENT OF NEUROPSYCHOLOGY THROUGH MEETINGS, TRAINING INSTITUTES,
	TO ADVANCE NEUROPSYCHOLOGY AS A SCIENCE AND HEALTH PROFESSION, TO
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations 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	
	CONVENTIONS - ADVANCE THE KNOWLEDGE OF THE ASSESSMENT AND REMEDIATION
	OF NEUROLOGICAL IMPAIRMENTS AND FOSTER THE DEVELOPMENT OF
	NEUROPSYCHOLOGY AS A SCIENCE AND PROFESSION.
	MICHOLOGI AD A DCIBACE AND INCLEDION:
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Code
	LITERATURE, PUBLICATIONS AND MEMBERSHIP NEWSLETTER.
	BIIBRIONE, IODDICATIONO AND MEMBERONII NEWDUBITER:
4c	/o
40	(Code) (Expenses \$
	OF KNOWLEDGE AND EXPERTISE IN THE FIELD OF NEUROPSYCHOLOGY.
	OF KNOWLEDGE AND EXPERTIBE IN THE FIELD OF MEGROFOTCHOLOGI:
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► Form 990 (2012)
	Form <b>330</b> (2012)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	complete Schedule G, Part III	19		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
17	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		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>_x</u> _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ι,	
	Schedule D, Parts XI and XII	12a	<u> X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 10		
а	Part VI	11a	x	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, held seeds in temperarily restricted and surmanus.	9		<u> X</u>
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		•	•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	Schedule D, Part III	8		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	public office? If "Yes," complete Schedule C, Part I	3		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X
-	If "Yes," complete Schedule A	1		Х
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-	Yes	No

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		}	
	column (A), line 2 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<b>i</b>	ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		] ,	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEL		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b	<del></del>	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		j .	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		<b> </b> 	l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<b> </b>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			۱
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	7.
	Schedule N, Part II	32		<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	<b>├</b> ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\Gamma^-$
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012

232004 12-10-12

Check if Schedule O contains a response to any question in this Part V    Test	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		<u> </u>		age o
16 Enter the number reported in Box 3 of Form 1096 Enter 0-4 not applicable Enter the number of Forms WSQ (included in the 18 Enter 0-9 in the applicable (applicable) of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with owners? 26 Enter the number of amployees reported on Form W3, Transmittal of Wege and Tax Statements, lifed for the calendar year anding with or within the year covered by this return.  17 If the state one is reported on line 2a, did the organization feel and required federal employment tax returns?  Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  28 If Ves. Thas it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  29 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  30 If the organization have viriated business gross income of \$5,000 or more dumped the year?  30 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  30 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  31 If Yes, "and it filed and the organization that it was or is a party to a prohibited tax shelter transaction?  32 If Yes, "If Yes, the lines is a party to a prohibited tax shelter transaction?  33 If Yes, "do the organization have amount gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of this organization that was or is a party to a prohibited tax shelter transaction?  34 If Yes, "do the organization in Class deductibles and charable contributions?  35 If Yes, "do the organization in the organization the form 8861"?  36 Destine a granization and the organization that was or is a party to a prohibited tax shelter transaction?  36 If Yes, "do the organization in class of \$15 T and party III, the Yes, "do the organization in Class of \$15							
16 Enter the number reported in Box 3 of Form 1096 Enter 0-4 not applicable Enter the number of Forms WSQ (included in the 18 Enter 0-9 in the applicable (applicable) of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with owners? 26 Enter the number of amployees reported on Form W3, Transmittal of Wege and Tax Statements, lifed for the calendar year anding with or within the year covered by this return.  17 If the state one is reported on line 2a, did the organization feel and required federal employment tax returns?  Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  28 If Ves. Thas it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  29 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  30 If the organization have viriated business gross income of \$5,000 or more dumped the year?  30 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  30 If Yes, "has it filed a form 990 T for this year? If Y-No, "provide an explanation in Schedule O.  31 If Yes, "and it filed and the organization that it was or is a party to a prohibited tax shelter transaction?  32 If Yes, "If Yes, the lines is a party to a prohibited tax shelter transaction?  33 If Yes, "do the organization have amount gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of this organization that was or is a party to a prohibited tax shelter transaction?  34 If Yes, "do the organization in Class deductibles and charable contributions?  35 If Yes, "do the organization in the organization the form 8861"?  36 Destine a granization and the organization that was or is a party to a prohibited tax shelter transaction?  36 If Yes, "do the organization in class of \$15 T and party III, the Yes, "do the organization in Class of \$15		<b>^</b>	······	· <del></del>		Yes	No.
be Enter the number of Forms W2G included in Ine 1a. Enter -0 if not appricable   16   0    Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning is to prize winners?  22   25   Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, I will be a supplemental or the property of the calendar year ending with or within the year covered by this return.  5   If at least one is reported on line 23, old the organization field in early endered by the return.  5   If a least one is reported on line 23, old the organization field in early endered by the return.  5   If we have the calendar year endered by the second or the deen instructions.  5   If we have the calendar year, did the organization field in explaint on Schedule O.  5   If we's a field in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial accountly.  5   If we's a field in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial accountly.  5   If wesh feel the mean of the foreign country feel has a bank account, securities account or other financial accountly.  5   If wesh feel the security of a prohibited tax shelter transaction at any time during the tax year?  5   If wesh feel the securities of the organization file feel the securities of the organization file feel the securities of the organization file feel the organization file feel the securities of the securities of the organization file feel feel feel feel fe	1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable	1a	16			
(gambling) winnings to prize winners?  Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, Idea of the celendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  By If Yea, Files it filed a Form 950 Triff or his year If If "No, provide an explanation of Schedule O  A rary time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  If Yes, a file is the a File of File or Interest in the Application of Schedule O  By If Yes, a file is the a File of File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the Application of Interest in the Application of Schedule Part yority the organization that was or as a party to a prohibited tax shelter transaction?  If Yes, a file is the Gamma of the Organization file Form 1886-17  If Yes, a file is the organization in the Yes of Schedule on the Organization file Form 1886-17  If Yes, a file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  If Yes, a file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the Yes of the goods or services provided to the payor?  If Yes, a file the organization includes with every solicitation an express statement that such contributions or gifts were not tax deductible and the Yes of the Organization file file organization organization organization file file organizat	_	•	-	0			
(gambling) winnings to prize winners?  Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, Idea of the celendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  By If Yea, Files it filed a Form 950 Triff or his year If If "No, provide an explanation of Schedule O  A rary time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  If Yes, a file is the a File of File or Interest in the Application of Schedule O  By If Yes, a file is the a File of File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the a File or Interest in the Application of Schedule O  If Yes, a file is the Application of Interest in the Application of Schedule Part yority the organization that was or as a party to a prohibited tax shelter transaction?  If Yes, a file is the Gamma of the Organization file Form 1886-17  If Yes, a file is the organization in the Yes of Schedule on the Organization file Form 1886-17  If Yes, a file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  If Yes, a file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the Yes of the goods or services provided to the payor?  If Yes, a file the organization includes with every solicitation an express statement that such contributions or gifts were not tax deductible and the Yes of the Organization file file organization organization organization file file organizat	С		eporta	ble gaming	ľ	1	
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary aver anoting with or within the year covered by this return.  3 Inter 1 least one is capital to the organization of the all required federal employment tax returns?  3 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 At any time during the calendary year, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4 If "Yes," there the name of the foreign country! ►  5 See instructions for filting requirements for Form TDF 900-221, Report of Foreign Bank and Financial Accounts.  5 Was the organization have via prinibilitied for TSF 900-221, Report of Foreign Bank and Financial Accounts.  5 Was the organization filting from BBB6 17?  5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions under several tax deductible?  5 Organizations that may receive deductible as charitable contributions and partly for goods and services provided to the payor?  5 If "Yes," indicate the number of Forms 8828 filed during the year  5 If "Yes," indicate the number of Forms 8828 filed during the year  5 If "Yes," indicate the number of Forms 8828 filed during the year  6 If "Yes," indicate the number of Forms 8828 filed during the year  7 If If the organization received a contribution of qualified intellectual property, did the organization file form 10890 as required?  7 If the organization received a contribution of cars, boats, application, have excess business holdings at any time during the year?  9 Sponsoring organizations make a distribution of qualified intellectual property,			·		1c	х	
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the fire the name of the foreign country [such as a bank account, securities account, or other financial account??  b   fires,** enter the name of the foreign country   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any taxable party notify the organization that it was or as party to a prohibited tax shelter transaction?  5b   X   X   5c   fires,** to line S a or 5b, did the organization file Form 8866.T?  5c   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sholid any contributions that were not tax deductible as charitable contributions?  5c   Tes,** to line S a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c   Tes,** did the organization receive deductible contributions under section 170(c).  8d   fires,** did the organization notify the donor of the value of the goods or services provided to the payor?  7d   fires,** did the organization on self, exchange, or otherwise dispose of tangible personal property for which it was required to the foreign 8282?  7d   fires,** indicate the number of Forms 8282 field during the year.  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f   Did the organization smallitaling donor advised funds and section 50f(s (3) supporting organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  a) Did the organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a) Did the organization make any taxable distributions under section 4966?  9 Sponsoring o	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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	b	if res, has it filed a Form 720 to report these payments? If No, provide an explanation in Schedul	<u></u>			990	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI					X			
<u>Sec</u>	tion A. Governing Body and Management								
		1	1	_	Ye	No No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10					
	If there are material differences in voting rights among members of the governing body, or if the governing	]		ļ	J				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other						
	officer, director, trustee, or key employee?			2		<u> </u>			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision						
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	, , , , , , , , , , , , , , , , , , ,								
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets		5		X			
6	Did the organization have members or stockholders?			6	<del></del> -	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately according to the covering body?	point	one or			<b>.</b>			
<b>.</b>	more members of the governing body?  Are any governance decisions of the organization reconsides for subject to approved by members of	tookh	oldoro or	_7a	-	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s persons other than the governing body?	LOCKII	Diders, Or	76		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following:	-		<del>  _2\</del> _			
а	The governing body?	., ., y ti	o lonowing.	88	X				
b	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched:	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	Code)						
					Ye	s No			
10a	Did the organization have local chapters, branches, or affiliates?			10	a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,			ļ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	a X				
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12		<del></del>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	X	<del> </del>			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe		7.7				
	In Schedule O how this was done			12					
13	Did the organization have a written whistleblower policy?			13					
14	Did the organization have a written document retention and destruction policy?	al barr	dependent	14	^	+			
15	Did the process for determining compensation of the following persons include a review and approve	al Dy II	idependent		1				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15	a X				
	Other officers or key employees of the organization			15		X			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u></u>		† <u></u>			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel	nent v	vith a						
	taxable entity during the year?			16	a	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its j	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					-			
	exempt status with respect to such arrangements?		<u> </u>	16	b				
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 990-7	(Sect	ion 501(c)(3)s on	ly) avaıl	able				
	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, co	nflict	of interest policy	and fin	ancial				
	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 a	nd rec	ords of the organ	ization	_				
	THE ORGANIZATION - 303-691-3694								
23200	7555 E HAMPDEN AVE STE 525, DENVER, CO 80231			Fr	rm QQ	<b>O</b> (2012)			
12-10-				1 (	53	- (2012)			

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

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

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

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

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

- 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

Name and Title	( <b>B</b> ) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below line) line		the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(1) SHANE S. BUSH , PH. D. PAST-PRESIDENT	1.00	х						0.	0.	0.	
(2) DANIEL MARSON J.D., PH.D. PRESIDENT-ELECT	1.00	Х						0.	0.	0.	
(3) ROBERT L. DENNEY, PSY. D. PAST-PRESIDENT	1.00	x						0.	0.	0.	
(4) LAURA LACRITZ, PH.D. TREASURER	2.00	x						0.	0.	0.	
(5) ROBIN C, HILSABECK, PH.D. PRESIDENT	2.00	X						0.	0.	0.	
(6) ALEXANDER I TROSTER, PH. D. PAST-PRESIDENT	1.00	X						0.	0.	0.	
(7) WILLIAM PERRY, PH. D. EXECUTIVE DIRECTOR	5.00	X						0.	0.	0.	
(8) DONNA BROSHEK,PH.D SECRETARY	1.00	x						0.	0.	0.	
(9) JOHN DELUCA, PH. D. MEMBER AT LARGE	1.00	X						0.	0.	0.	
(10) MARC NORMAN, PH.D. MEMBER AT LARGE	1.00	X						0.	_0.	0.	
(11) ROBERT MAPOU,PH.D. MEMBER AT LARGE	1.00	x						0.	0.	0.	
				! 							
										Form <b>990</b> (2012)	

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		Check if Schedule O cont	ains a response	to any question i	this Part VIII			
	;				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	414,670.				
S, C	С	Fundraising events	1c					1
ar E	d	Related organizations	1d			Ì		
S. E	е	Government grants (contribut	ions) 1e					
t S	f	All other contributions, gifts, gran	ts, and					
호		similar amounts not included abor	ve <b>1f</b>					
d d	9	Noncash contributions included in lines	1a-1f \$					
<u>2</u> <u>p</u>	h	Total. Add lines 1a-1f		<b></b>	414,670.		<del> </del>	ļ
				Business Code				
Program Service Revenue	2 a	CONFERENCES		611430	393,429,	393,429.		-
	b	DISTANCE REGISTRATION		611430	58,879.	58,879		
	C	JOURNAL INCOME		900099	21,792.	21,792.		
Reg	d	CONFERENCE SPONSORSHIP		541800	7,850.	7.850.		
ž	е	MAILING LISTS SALES	<del></del>	541900	4,647.	4,647.		
-	f	All other program service reve	nue					-
		Total. Add lines 2a-2f	-111	<b>P</b>	486 597.			+
	3	Investment income (including	aividenas, intere	est, and	== ===			
		other similar amounts)		77,730.	77,730,		<del></del>	
	4	Income from investment of tax	x-exempt bond p	roceeds	30.047	20.247		<del> </del>
	5	Royalties	(i) Real	(II) Personal	38,247.	38,247.	<del></del>	<del> </del>
	6.0	Gross rents	(i) Neai	(II) Personal				
	6 a	l						
	b	Rental income or (loss)						
	4		<u> </u>					
	d	Gross amount from sales of	(ı) Securities	(II) Other			···	1
İ	/ a	assets other than inventory	1,043,507.	(ii) Other				
	<b>.</b>	Less cost or other basis	1,043,307,					
	U	and sales expenses	1,012,402.					
	_	Gain or (loss)	31,105,					
		Net gain or (loss)	31,103,	<b>•</b>	31,105,	31,105.		
		Gross income from fundraising	a events (not		,			
nue	0 0	including \$	of					
Other Reven		contributions reported on line	1c) See					
Ä.		Part IV, line 18	á					
‡	b	Less direct expenses	b					
°		Net income or (loss) from fund	draising events	<b>•</b>				
		Gross income from gaming ac	_					
		Part IV, line 19	а					
ļ	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					<u> </u>
İ	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	<b>•</b>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	ADVERTISING INCOME		541800	7,650.	7,650.		
	b	MISCELLANEOUS INCOME		900099	2,500,	2,500.		
	С	<u></u>	_					
	d	All other revenue						<del> </del>
	е	Total. Add lines 11a-11d		▶	10,150,			<del> </del>
	12_	Total revenue See instructions.		<b>&gt;</b>	1,058,499	643.829.		0, 000 (0010)
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38-2998898 Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and (**D**) Fundraising Do not include amounts reported on lines 6b. (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 147,737. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 13,764 9 Other employee benefits 13,656. 10 Payroll taxes Fees for services (non-employees) 6,494 a Management Legal 5,419. Accounting С Lobbying Professional fundraising services. See Part IV, line 17 17,513 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 51,184 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 8,069. 13 Office expenses Information technology 14 15 Royalties 41,983. 16 Occupancy 29,627. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 320,255. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 20,198. 22 Depreciation, depletion, and amortization 5,846. 23 Insurance 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) a JOURNAL EXPENSES 94,800. 76,490. ь COMPUTER & WEB SUPPORT 51,543 c DISTANCE COSTS d COMMITTEE & BOARD EXPEN 22,818. 48,025 e All other expenses Total functional expenses Add lines 1 through 24e 975,421. <u>25</u> Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined

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educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet		<u> </u>		
		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			1	303.
	2	Savings and temporary cash investments		246,807.	2	274,255.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		57,025.	4	68,350.
	5	Loans and other receivables from current and for	ormer officers, directors,		ĺ	
		trustees, key employees, and highest compensation				
	ļ	Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
	ĺ	section 4958(f)(1)), persons described in section		[		
		employers and sponsoring organizations of sect				
ģ	}	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
¥	8	Inventories for sale or use		4 000	8	0.505
	9	Prepaid expenses and deferred charges	1 1	4,008.	9	8,597.
	10a	Land, buildings, and equipment cost or other	111 002	· ·		
	١.	basis Complete Part VI of Schedule D	10a 111,883. 10b 68,963.	20 524		42 020
		Less accumulated depreciation	30,524. 2,075,899.	10c	<u>42,920.</u> 2,340,392.	
	11	Investments - publicly traded securities	2,013,033.	11 12	4,340,334.	
	12	Investments - other securities See Part IV, line 1			13	
	13 14	Investments · program related See Part IV, line Intangible assets	11		14	
	15	Other assets See Part IV, line 11		3,532.	15	3,532.
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	2,417,795.	16	2,738,349.
	17	Accounts payable and accrued expenses	<u></u>		17	21,677.
	18	Grants payable		18		
	19	Deferred revenue	18,070.	19	38,400.	
	20	Tax-exempt bond liabilities		20		
Ø	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former				
iabi		key employees, highest compensated employee	es, and disqualified persons			
=	•	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	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			150
		Schedule D		19 070		150. 60,227.
	26	Total liabilities. Add lines 17 through 25	<b>.</b>	18,070.	26	00,221.
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 and	id 34.	2,399,725.	27	2,674,812.
<u>la</u>	27	Unrestricted net assets		2,333,123.	28	3,310.
<u>B</u>	28	Temporarily restricted net assets  Permanently restricted net assets			29	<u> </u>
Ĕ	29	Organizations that do not follow SFAS 117 (A	SC 958) check here			
F		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed		31		
Ĭ,	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		2,399,725.	33	2,678,122.
	34	Total liabilities and net assets/fund balances	2,417,795.	34	2,738,349.	
	, 57					Form <b>990</b> (20

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

## 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 Open to Public Inspection

Name of the organization **Employer identification number** NATIONAL ACADEMY OF NEUROPSYCHOLOGY, INC 38-2998898 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

		ACADEMY C							<u>98898</u>	
Par	t III Organizations Maintaining Col	lections of Art	t, His	<u>torical Tr</u>	easures, o	or Othe	r Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession,	, and other records	, chec	k any of the	following tha	at are a si	gnificant u	se of its	collection	tems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how th	hey further t	he organizati	on's exer	npt purpos	se in Pari	t XIII	
5	During the year, did the organization solicit or re	eceive donations of	fart, h	istorical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arrange	ments. Complet	e if the	e organizatio	n answered	"Yes" to	Form 990,	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part X	(, line 21			<del></del>					
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the foll	owing	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 Forn	n 990, Part X, line 2	212						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII Ch	neck here if the exp	olanatio	<u>on has been</u>	provided in	Part XIII		_		
Par	t V Endowment Funds. Complete if the	ie organization ans	wered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
	(1)	a) Current year	(b) F	Prior year	(c) Two year	rs back	<b>d)</b> Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		-							
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1	g, column (a	a)) held as	···				
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	-							
С	Temporarily restricted endowment ▶	<u> </u>								
	The percentages in lines 2a, 2b, and 2c should	equal 100%								
За	Are there endowment funds not in the possessi	ion of the organiza	tion th	at are held a	and administe	ered for th	ne organiza	ation		
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required or	Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the or	ganization's endov	vment	funds						
Par	t VI Land, Buildings, and Equipmen	nt. See Form 990,	Part X	, line 10						
	Description of property	(a) Cost or oth	her	(b) Cost	t or other	(c) Ac	cumulate	b	(d) Book	value
	·	basis (investm	ent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other			11	1,883.		68,96	3.		,920.
	Add lines 1a through 1e (Column (d) must equ	al Form 990 Part )	Colu	mn (R) line	10(c) )				42	,920.

Schedule D (Form 990) 2012

Part VII .Investments - Other Securities. (a) Description of security or category (including name of security)			Cost or end-of-year market value
) Financial derivatives			
2) Closely-held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)		ļ	
(2)			
(3)			
(4)	<del></del>		
(5)			
(6)			
(7)		<del>                                     </del>	
(8)			
(9)			
(10)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, III			<del></del>
	a) Description		(b) Book value
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)	<del></del>	·	
(5) (6)			
(7)			<del></del>
(8)			· - · · · · · · · · · · · · · · · · · ·
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B)	line 15 )		
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO FOUNDATION		150.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
V: /		4.50	
otal. (Column (b) must equal Form 990, Part X, col (B)	Ine 25 ) ►	150.	

	dule D (Form 990) 2012 NATIONAL ACADEMY OF NEUROP:				2998898 1	Page 4
1	Total revenue, gains, and other support per audited financial statements		··	1	1,115,	809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a		2a	57,310.			
b		2b	<u> </u>			
c		2c				
d		2d				
_	Add lines 2a through 2d	<u> </u>		00	57	310.
_	•			2e	1,058,	
3	Subtract line 2e from line 1		•	3	1,036,	433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	,	4b			•	•
С				4c	1 0 5 0	100
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5_		499.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	975,	421.
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				
С	Other losses	2c				
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	975	421.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b		4b				
_	Add lines 4a and 4b	<u> </u>	<del></del>	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	975	421.
	rt XIII Supplemental Information		<del></del>	_5_		- <del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to					
				Sche	dule D (Form 9	90) 2012

### **SCHEDULE 0** (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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL ACADEMY OF NEUROPSYCHOLOGY, INC   38-2998898
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH PROFESSION, TO PROMOTE HUMAN WELFARE AND TO GENERATE AND
DISSEMINATE KNOWLEDGE OF BRAIN BEHAVIOR RELATIONSHIPS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE HUMAN WELFARE AND TO GENERATE AND DISSEMINATE KNOWLEDGE OF
BRAIN-BEHAVIOR REALTIONSHIPS
FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS REVIEWED BY THE
PRESIDENT & TREASURER FOR ACCURACY AND COMPLETION
THEN SIGNED BY TREASURER.
FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A CONFLICT OF INTEREST
COMMITTEE THAT OVERSEES THE POLICIES AND PROCEDURES
WHICH ANNUALLY REVIEW DISCLOSURE FORMS AND MAKE RECOMMENDATIONS FOR ANY
CONFLICT RESOLUTIONS.
FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION OBTAINS COMPARABLE
DATA FOR OTHER SIMILAR COMPANIES AND SIMILAR POSITIONS WITHIN THE COMPANY
FOR SALARY AND BENEFIT DATA. THEN THE BOARD VOTES TO APPROVE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS ITS GOVERNING
DOCUMENTS (BYLAWS & CONFLICT OF INTEREST POLICY
AVAILABLE ON THEIR WEBSITE. TAX RETURNS AND OTHER RELATED FINANCIAL
INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization NATIONAL ACADEMY OF NEUROPSYCHOLOGY, INC	Employer identification number 38-2998898
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN TEMPORARY RESTRICTED ASSET	3,162.
FORM 990 PART XII LINE 2	
THE FINANCIALS WILL BE AUDITED FOR 2012. THE AUDIT HAS NO	OT BEEN
COMPLETED AS OF TAX RETURN FILING DATE.	
	<del></del>