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....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 private foundations)

OMB No 1545-1150 **2015**

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

-	- 4	0045	100 100 100 100 100 100 100 100 100 100			12 4 1 1 3 4 X 10 1 3		
A		he 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16						
<u>Б</u>		applicable	C Name of organization	D Emplo	yer identification number			
Щ	Address	-	NH PSYCHOLOGICAL ASSOCIATION					
	Name ch	-	EDUCATIONAL FOUNDATION, INC.			<u>-0329399</u>		
Ш	Initial retu		,	n/surte		one number		
Ц		rn/terminated	PO BOX 934		603	3-22 <u>5-9925</u>		
Ц	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
	Application	on pending	CONCORD NH 03302			er ▶		
G		nting Method	Cash X Accrual Other (specify) ▶	H Check	(▶ X 1	f the organization is not		
I		te: ▶ <u>WWW</u>	ed to atta	ach Schedule B				
<u>J</u>	Tax-exe	empt status (d	heck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	(Form	990, 99	0-EZ, or 990-PF)		
K	Form o	of organization	X Corporation Trust Association Other					
L	Add line	es 5b, 6c, and	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets					
(Pai	rt II, colu		are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	40		
٦ <u>P</u>	art I	🙎 Rever	ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instr	uctions	for Part I)		
		Check	f the organization used Schedule O to respond to any question in this Pai	<u>t l</u>				
	1	Contributions,	gifts, grants, and similar amounts received		1	40		
	2	Program se	vice revenue including government fees and contracts		2			
	3	Membership	dues and assessments		3			
	4	Investment	ncome		4			
	5a	Gross amou	nt from sale of assets other than inventory 5a		,g			
	b	Less: cost of	r other basis and sales expenses 5b					
	c	Gain or (loss)	5c					
	6	Gaming and	- <u>1</u> _					
	а	Gross incor	Gross income from gaming (attach Schedule G if greater than					
ПĢ	İ	\$15,000)	6a		1			
Revenue	b	Gross incon	ne from fundraising events (not including\$ of contributions					
Š	1	from fundra	1 × 6 1					
_	}	sum of such	gross income and contributions exceeds \$15,000) 6b		54			
	c		expenses from gaming and fundraising events 6c		7-1			
	d	Net income						
	1	line 6c)	6d					
	7a	Gross sales	of inventory, less returns and allowances 7a					
	Ь	Less. cost of			7 : 1			
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	-			8			
	9	Total reven	ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 1 (ECEIVET)	•	9	40		
	10		similar amounts paid (list in Schedule 0)		10			
	11		100 0017 19		11			
S	12	Salaries, oth			12			
)Se	13	Professiona	fees and other payments to independent contractors		13			
Expenses	14	Occupancy	fees and other payments to independent contractors rent, utilities, and maintenance OCD IN, UT		14			
Ж	15		blications, postage, and shipping		15			
	16	• • •	ses (describe in Schedule O)	16				
	17		ises. Add lines 10 through 16	17	0			
	18		deficit) for the year (Subtract line 17 from line 9)		18	40		
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Ass	-		figure reported on prior year's return)		19	2,575		
Net Assets	20		les in net assets or fund balances (explain in Schedule O)		20			
Ž	21		or fund balances at end of year Combine lines 18 through 20	>	21	2,615		

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Form 990-EZ (2015) NH PSYCHOLOGICAL ASS	OCIATION	80-03	329399		Page 2
Part II Balance Sheets (see the instructions for	Part II)				
Check if the organization used Schedule O	to respond to a	ny question in this P	art II		
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			2,575	22	2,615
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			2,575	25	2,615
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must ag			2,575	27	2,615
Part III Statement of Program Service Accor			· (==1		
Check if the organization used Schedule O	to respond to a	ny question in this F	Part III X		Expenses
What is the organization's primary exempt purpose?				1	equired for section
SEE SCHEDULE O				I	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for			s,	org	anızatıons, optional for
as measured by expenses In a clear and concise manner, descri	•	ovided, the number of		oth	ers)
persons benefited, and other relevant information for each program	n title	<u></u>		ļ.,	
28 SEE SCHEDULE O					
				1	
				l İ	
(Grants\$) If this amount includes	foreign grants, ch	eck here	>	28a	
29					
(Grants\$) If this amount includes	foreign grants, ch	eck here	•	29a	
30					
				1 1	
(Grants\$) If this amount includes	foreign grants, ch	eck here	>	30a	
Other program services (describe in Schedule O)					
(Grants\$) If this amount includes	foreign grants, ch	eck here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31	a)		<u>_</u>	32	
Part IV List of Officers, Directors, Trustees, and Key	Employees (list e	ach one even if not con	npensated — see	the ins	structions for Part IV)
Check if the organization used Schedule O to res	T	(c) Reportable	(d) Heath ber	ofite	T
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	Lcontributions to e	emplovee	
•	devoted to position	(if not paid, enter -0-)	benefit plans deferred compe	, and ensation	other compensation
DR. KATHI BORDEN					
TREASURER	1.00	c	ol	(0
DENNIS CALCUTT					
DIRECTOR	0.50	l		C	0
CLAUDIA FERBER					
DIRECTOR	0.50)	(0
JOHN RANDOLPH					
DIRECTOR	0.50	l c)	C	o
DR. LEISL BRYANT					
EXECUTIVE DIRECTOR	1.00	ĺ)	C	0
			}		
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	1	F	1		
			 		
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DAA					Form 990-EZ (2015)

Form	990-EZ (2015) NH PSYCHOLOGICAL ASSOCIATION 80-0329399		Р	age 3
Pa	rt V: Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part			<u>Ш</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			7.7
	detailed description of each activity in Schedule O	33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	İ		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	_		37
	change on Schedule O (see instructions)	34		<u>X</u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			37
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>X</u>
b	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			77
	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			47
	during the year? If "Yes," complete applicable parts of Schedule N	36		_X_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			37
b	Did the organization file Form 1120-POL for this year?	37b	3 . 3 . 2 .	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	900	, 21 , 24	过
	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	- 1	, [1 ,
39	Section 501(c)(7) organizations. Enter:		30 ' 30 ' 1	-; · ·
а	Initiation fees and capital contributions included on line 9	192	1-: J	豪,
b	Gross receipts, included on line 9, for public use of club facilities		jiji	***
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	98 mg	
	section 4911 ▶; section 4912 ▶; section 4955 ▶	7.1.		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	m	(`
	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? If "Yes," complete Schedule L, Part I	40b	\$ 5	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	7		- 10
	on organization managers or disqualified persons during the year under sections 4912,	ا زول	<u>'</u> []	4
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	7.7	ř.	
	40c reimbursed by the organization		糾	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u>,</u> —;—	č
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► LESLIE GOULD Telephone no ► 603	A 1	E 0	451
42a	1	-41	5-U	431
	PO BOX 934 Located at ▶ CONCORD NH ZIP + 4 ▶ 033	01		
		101	V	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	a- 475t-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	₩. °	3	
С	At any time during the calendar year, did the organization maintain an office outside the U S?	42c	70224	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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	3 -7 1	1-	73-7.8
	completed instead of Form 990-EZ	44a	1 1	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		30	1,7 7
_	completed instead of Form 990-EZ	44b	and.	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	e liki	.ske.	Mir.
_	explanation in Schedule O	44d		ļ
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	3 ,	1	- 17
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-; -;	4	77. 5

Form 990-EZ (see instructions)

rorm 9	90-EZ (2015)	NH PSYCHOLO	GICAL AS	SOCIATION	80-03	329399		P	age 4
46	、 Did the organiza	ation engage, directly or	ındırectly, ın politic	al campaign activiti	es on behalf of or in opp	osition		Yes	No
		r public office? If "Yes,"					46		X
Par	All se 50 ar	i ion 501(c)(3) orga ection 501(c)(3) orgai nd 51.	nizations must a	nswer questions	·	•	for lines		
	Chec	k if the organization	used Schedule	O to respond to a	any question in this P	art VI		 -	Щ.
	_	ation engage in lobbying complete Schedule C, Pa		a section 501(h) ele	ction in effect during the	e tax	47	Yes	No.
	•	on a school as describe)(1)(A)(॥)? If "Yes,"	complete Schedule E		48		X
	_	ation make any transfers			•		49a		X
b	lf "Yes," was the	e related organization a s	section 527 organi	zation?			49b		
		able for the organization'	_		•		; y		
	employees) who	each received more the	an \$100,000 of co		-	none, enter "None "			
	(a) Na	ame and title of each emplo	oye e	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NOI	NE								
		other employees paid of			>	·	1		
		able for the organization' mpensation from the org				h received more than			
		e and business address of			<u> </u>	pe of service	(c) Compe	nsation	
NON	TE .								
							 -		
	Total number of	f other independent cont	ractors each recei	ving over \$100,000					
52		ation complete Schedule		•			➤ X Yes		No
Under	penalties of perjui	ry, I declare that I have exa ete Decla rgl ion of preparer	mined this return, inc (Aher than officer) i	cluding accompanying s based on all informa	g schedules and statement ation of which preparer has	s, and to the best of my kn any knowledge			
		The en				1/31/17			
Sign	_ i	ature of officer	<u> </u>			ate /			
Here		OR. LEISL BR	YANT		EXECUTI	VE DIRECTOR			
		preparer's name		reparer's signature		Date	PTIN		
Paid		·			faverest Cares	Ob	k if		
Prepa	arer KAREN M		WELLS, P	AREN M CAREW PLLC	punson como	01/17/17 Sell-e	41-22	39959	
Use (0 110DE	SPRING S	T, SUITE	100		41-22 503-224		
May t	he IRS discuss	this return with the prep				Phone no		es	No
		12.24					Form 990		

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public

Inspection

Name of the organization

NH PSYCHOLOGICAL ASSOCIATION EDUCATIONAL FOUNDATION. INC.

Employer identification number

	EDUCATIONAL	FOUNDATION, INC	C.		80-032	9399
Part I Reas	on for Public Charity	Status (All organizatio	ns must	complet	e this part.) See instru	ctions
		e it is: (For lines 1 through 11				
<u>~</u>	•	sociation of churches describe		-		
===		(A)(ii). (Attach Schedule E (Fo				
=		ce organization described in s				
	•	•			•	boometello nome
	- · · · · · · · · · · · · · · · · · · ·	d in conjunction with a hospita	ıı describe	a in sectio	n 170(b)(1)(A)(III). Enter the	e nospitai s name,
city, and stat						
	•	of a college or university owne	d or opera	ated by a go	overnmental unit described in	1
	(b)(1)(A)(iv). (Complete Par	•				
6 A federal, sta	ate, or local government or g	overnmental unit described in	section	170(b)(1)(A	ι)(v).	
7 An organizat	tion that normally receives a	substantial part of its support	from a go	vernmental	unit or from the general pub	lic
described in	section 170(b)(1)(A)(vi). (0	Complete Part II)				
8 A community	y trust described in section	170(b)(1)(A)(vi). (Complete F	Part II)			
9 X An organizat	ion that normally receives (1) more than 33 1/3% of its su	upport froi	m contributi	ons, membership fees, and	gross
		npt functions—subject to cert				
•		nd unrelated business taxable	•	•	•	
• • • • • • • • • • • • • • • • • • • •	•	0, 1975. See section 509(a)(•		•	
		exclusively to test for public sa				
	•	exclusively for the benefit of, t	-		· · · ·	poses of
	•	ions described in section 509	•		•	
		cribes the type of supporting				
	•	ed, supervised, or controlled t	-		•	
				•		-
	• , ,	to regularly appoint or elect a	majority c	i the airecti	ors or trustees of the suppor	ung
$\overline{}$	You must complete Part	•				
••	• •	vised or controlled in connecti				
	• •	organization vested in the sai	me persoi	ns that cont	rol or manage the supported	
	(s). You must complete Pa					
		porting organization operated i			• =	٦,
its supported	d organization(s) (see instruc	ctions) You must complete I	Part IV, S	ections A,	D, and E.	
d Type III non	-functionally integrated. A	supporting organization opera	ated in co	nnection wit	th its supported organization	(s)
that is not fu	nctionally integrated. The org	ganization generally must satis	sfy a distr	ibution requ	irement and an attentivenes	s
requirement	(see instructions) You mus	t complete Part IV, Section	s A and D), and Part	V.	
e Check this b	ox if the organization receive	ed a written determination fron	n the IRS	that it is a 1	Type I, Type II, Type III	
functionally i	ntegrated, or Type III non-fu	nctionally integrated supportin	g organiz	ation		
f Enter the number	er of supported organizations					
g Provide the follow	wing information about the si	upported organization(s)				<u> </u>
(i) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
organization	1	(described on lines 1-9		our governing	support (see	other support (see
		above (see instructions))	doc	ument?	instructions)	instructions)
			Yes	No		
	 	<u> </u>	+ 103	+		
A)						
	 		 	+		
3)]]		
	ļ. 		 -	++		
C)						[
			-	1		<u> </u>
O)						
				ļļ.		
E)			1	1		1
	1 1 3 4 人 1 2 3 2 人 1 2 3 2 3 4 3 7 人 1 2 3 3 3 4 3 7 人 1 2 3 3 3 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3	1 1 1 29 1 1 1 1 3 1889 1	* 10 30 *	1 1999/75		1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) EPart II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2013 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1 2 - 3 Total support. Add lines 7 through 10 7,700 11 12 Gross receipts from related activities, etc. (see instructions) 12 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 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2014. 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 and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Page 3

Schedule A (Form 990 or 990-EZ) 2015 NH PSYCHOLOGICAL ASSOCIATION

Partill 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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	18,382	22,712	2,608	75	40	43,817
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that 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	İ					
6	Total. Add lines 1 through 5	18,382	22,712	2,608	75	40	43,817
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		_				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						43,817
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	18,382	22,712	2,608	75	40	43,817
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	4	1			6
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1	4	1			6
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	18,383	22,716	2,609	75	40	43,823
14	First five years. If the Form 990 is for the	-	st, second, third,	fourth, or fifth tax	year as a section :	501(c)(3)	4.5
	organization, check this box and stop her		-4				<u> </u>
	tion C. Computation of Public S			(0)		7 дет	
15	Public support percentage for 2015 (line 8	, ,	•	ımn (t))		15	%_
16	Public support percentage from 2014 Sch					16	%
	tion D. Computation of Investment recent and for 2015			13 column (f))		17	%
17 10	Investment income percentage for 2015 (•	•	is, column (i))			
18 19a	Investment income percentage from 2014 33 1/3% support tests—2015. If the org			no 14 and line 15	is more than 32 1	18 /3% and line	
130	17 is not more than 33 1/3%, check this to						▶ □
b	33 1/3% support tests—2014. If the org		•	-		=	
	line 18 is not more than 33 1/3%, check t						>
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, c	or 19b, check this I	oox and see instru	ictions	▶ 🗍

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

3a

© Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		rations	333 Page 6
© Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			All
other Type III non-functionally integrated supporting organizations must complete Se			All
Section A - Adjusted Net Income	SCHOILS A L	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4_		
5 Depreciation and depletion	_5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	*:		
instructions for short tax year or assets held for part of year)	Ž.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	** - *1 ; **	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			-
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integ		e III supporting organization	on (see

	ule A (Form 990 or 990-EZ) 2015 NH PSYCHOLOGICAL A		80-0329	399 Page 7
Part		Supporting Organiz	zations (continued)	0
	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity		-	<u> </u>
_3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
<u>-6</u> _	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	-4		
8	Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations to which the organizations are supported organizations.	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	/a	/::\	(1.1)
	Ocation E. Distribution Allocations (see instructions)	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable are such for 2045 from Coston C. line 6		Pre-2015	Amount for 2015
1_	Distributable amount for 2015 from Section C, line 6		42 , 1 , 2	- : : : : : : : : : : : : : : : : : : :
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		*1.77 F 17.1	
3	Excess distributions carryover, if any, to 2015	MIN CELL BILL		
				3311,2101
<u>c</u>				
	From 2013			
	From 2014			mad - 00° a Stand ' .
	Total of lines 3a through e	The Total Carlot of Maria		
	Applied to underdistributions of prior years	W. 1 = 33		
	Applied to 2015 distributable amount			
 -	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	1371 KAMWA 11) _box 1 85480	- 1 W 1 W 1
4	Distributions for 2015 from Section			
	D, line 7			
	Applied to underdistributions of prior years	300		***
	Applied to 2015 distributable amount	***************************************	1 // 1	-423.P) AM
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	1		2- 12-12 / -5¥
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	Instructions)	<u> </u>		***
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	134.1-10		
8	Breakdown of line 7		7	The state of the s
a	From the state of			
	Excess from 2013 Excess from 2014			
u	LACESS HOLLIZOLD	Part - a 'm a rithty inn in imprime	1	14-y

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 NH PSYCHOLOGICAL ASSOCIATION

80-0329399

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015 Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

NH PSYCHOLOGICAL ASSOCIATION EDUCATIONAL FOUNDATION, INC.

Employer identification number 80-0329399

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO CARRY ON AN EDUCATIONAL MISSION SPONSORING CONTINUING

EDUCATION FOR THE PUBLIC, BUSINESS COMMUNITY AND MENTAL HEALTH

COMMUNITY AND TO PROMOTE EDUCATIONAL ENDEAVORS OF STUDENTS AND SCIENTIFIC

RESEARCH THROUGH SCHOLARSHIPS.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

CONTINUING EDUCATION: WORKSHOPS, EXPLORING PSYCHOLOGY ISSUES AND BUSINESS

ISSUES IN PSYCHOLOGY. RESEARCH ON LEGAL ISSUES RELATED TO PSYCHOLOGY.

SCHOLARSHIPS AND AWARDS FOR ACADEMIC PURSUITS RELATED TO THE STUDY OF THE PRACTICE OF PSYCHOLOGY