

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS</b>		<b>D</b> Employer identification number <b>23-7044121</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4340 EAST WEST HIGHWAY 402</b>		<b>E</b> Telephone number <b>(301) 657-0270</b>
		City or town, state or country, and ZIP + 4 <b>BETHESDA, MD 20814</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **NASPNLINE.ORG**

**J** Organization type (check only one)  501(c) ( **6** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,621,257.**

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Direct public support	1a					
b	Indirect public support	1b					
c	Government contributions (grants)	1c	243,069.				
d	Total (add lines 1a through 1c) (cash \$ 243,069. noncash \$ )	1d				243,069.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2				1,179,944.	
3	Membership dues and assessments	3				2,558,003.	
4	Interest on savings and temporary cash investments	4				98,652.	
5	Dividends and interest from securities	5					
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
7	Other investment income (describe )	7					
8a	Gross amount from sales of assets other than inventory	(A) Securities	3,248,098.	8a			
b	Less: cost or other basis and sales expenses	(B) Other	3,248,358.	8b			
c	Gain or (loss) (attach schedule)		<260.>	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 2			<260.>	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a					
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
10a	Gross sales of inventory, less returns and allowances	10a	980,045.				
b	Less: cost of goods sold	10b	STATEMENT 4 370,230.				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 3			609,815.	
11	Other revenue (from Part VII, line 103)	11				313,446.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				5,002,669.	
13	Program services (from line 44, column (B))	13					
14	Management and general (from line 44, column (C))	14					
15	Fundraising (from line 44, column (D))	15					
16	Payments to affiliates (attach schedule)	16	SEE STATEMENT 5			12,000.	
17	Total expenses (add lines 16 and 44, column (A))	17				4,837,254.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18				165,415.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				2,792,061.	
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 6			259,298.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				3,216,774.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	(cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. ....	25	360,206.		
26	Other salaries and wages .....	26	1,507,760.		
27	Pension plan contributions .....	27	23,982.		
28	Other employee benefits .....	28	291,489.		
29	Payroll taxes .....	29	127,504.		
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	37,499.		
32	Legal fees .....	32	9,520.		
33	Supplies .....	33	40,491.		
34	Telephone .....	34	50,393.		
35	Postage and shipping .....	35	248,024.		
36	Occupancy .....	36	190,486.		
37	Equipment rental and maintenance .....	37	16,205.		
38	Printing and publications .....	38	469,715.		
39	Travel .....	39	376,983.		
40	Conferences, conventions, and meetings .....	40	239,187.		
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) .....	42	208,644.		
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 7</b>	43e	627,166.		
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</b>	44	<b>4,825,254.</b>		

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<b>SEE STATEMENT 1</b>				
	_____				
	_____				
	(Grants and allocations \$ _____)				
b	_____				
	_____				
	(Grants and allocations \$ _____)				
c	_____				
	_____				
	(Grants and allocations \$ _____)				
d	_____				
	_____				
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule)		(Grants and allocations \$ _____)		
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	1,609,523.	46 1,399,768.
	47 a Accounts receivable .....	47a 239,111.	
	b Less: allowance for doubtful accounts .....	47b	47c 239,111.
	48 a Pledges receivable .....	48a	
	b Less: allowance for doubtful accounts .....	48b	48c
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....	189,058.	52 154,844.
	53 Prepaid expenses and deferred charges .....	121,578.	53 57,815.
	54 Investments - securities <b>STMT 9 STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,539,022.	54 3,301,290.
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
56 Investments - other .....	0.	56 0.	
57 a Land, buildings, and equipment: basis .....	57a 954,228.		
b Less: accumulated depreciation <b>STMT 10</b> .....	57b 685,645.	57c 268,583.	
58 Other assets (describe <b>▶ SEE STATEMENT 11</b> )	15,116.	58 59,811.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	5,048,226.	59 5,481,222.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	569,373.	60 499,253.
	61 Grants payable .....		61
	62 Deferred revenue .....	1,686,792.	62 1,725,478.
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <b>▶ DEFERRED COMPENSATION</b> )		65 39,717.
<b>66 Total liabilities</b> (add lines 60 through 65)	2,256,165.	66 2,264,448.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	2,792,061.	67 3,216,774.
	68 Temporarily restricted .....		68
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,792,061.	73 3,216,774.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	5,048,226.	74 5,481,222.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a	Total revenue, gains, and other support per audited financial statements	a	5,364,184.
b	Amounts included on line a but not on line 12, Form 990:	a	4,896,322.
(1)	Net unrealized gains on investments \$ 259,298.	b	Amounts included on line a but not on line 17, Form 990:
(2)	Donated services and use of facilities \$	(1)	Donated services and use of facilities \$
(3)	Recoveries of prior year grants \$	(2)	Prior year adjustments reported on line 20, Form 990 \$
(4)	Other (specify):	(3)	Losses reported on line 20, Form 990 \$
STMT 13	\$ 102,217.	(4)	Other (specify):
Add amounts on lines (1) through (4)	b	STMT 14	\$ 71,068.
	361,515.	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c	71,068.
c	5,002,669.	c	4,825,254.
d	Amounts included on line 12, Form 990 but not on line a:	d	Amounts included on line 17, Form 990 but not on line a:
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	Investment expenses not included on line 6b, Form 990 \$
(2)	Other (specify):	(2)	Other (specify):
	\$	STMT 15	\$ 12,000.
Add amounts on lines (1) and (2)	d	Add amounts on lines (1) and (2)	d
	0.		12,000.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	Total expenses per line 17, Form 990 (line c plus line d)
e	5,002,669.	e	4,837,254.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DANIEL C. MILLER 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	PAST PRESIDENT 2-4	0.	0.	0.
LESLIE PAIGE 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	TREASURER 2-4	0.	0.	0.
WILLIAM PFOHL 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	PRESIDENT- ELECT 2-4	0.	0.	0.
SUSAN GORIN 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	EXEC. DIR. 40	161,715.	28,316.	6,000.
LELAND HUFF 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	PRESIDENT 2-4	0.	0.	0.
KATHLEEN A. LEIGHTON 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	SECRETARY 2-4	0.	0.	0.
THEODORE FEINBERG 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	ASSISTANT EXECUTIVE DIRECT 40	105,532.	20,571.	0.
JAMES N MAY 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	CHIEF FINANCIAL OFFICER 40	92,959.	10,468.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 16</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	2,558,003.
d	Section 162(e) lobbying and political expenditures	85d	<18,394.>
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	51,160.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<69,554.>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	30
91	The books are in care of <b>CORPORATION</b> Telephone no. <b>301-657-0270</b>		
Located at <b>4340 EAST WEST HIGHWAY, #402, BETHESDA, MD</b> ZIP + 4 <b>20814</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a CONVENTION					861,544.
b CERTIFICATION					289,028.
c PROG. DEV./OTHER PROG.					29,372.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,558,003.
95 Interest on savings and temporary cash investments			14	98,652.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<260.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			18	609,815.	
103 Other revenue:					
a ADVERTISING	541800	219,801.			
b MAILING LIST RENTS			15	67,426.	
c ROYALTIES/AFFINITY					
d PROGRAM			15	26,219.	
e					
104 Subtotal (add columns (B), (D), and (E))		219,801.		801,852.	3,737,947.
105 Total (add line 104, columns (B), (D), and (E))					4,759,600.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: RUBINO & MCGEEHIN, CHARTERED  
 Firm's name (or yours if self-employed), address, and ZIP + 4: 6905 ROCKLEDGE DRIVE, SUITE 700 BETHESDA, MD 20817  
 Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no.: 301-564-3636

CERTIFICATION - THE NATIONAL CERTIFICATION PROGRAM WAS CREATED FOR THE PURPOSE OF ACCREDITING SCHOOL PSYCHOLOGISTS WHO MEET A NATIONALLY RECOGNIZED STANDARD. IT IS OPEN TO MEMBERS AS WELL AS NON-MEMBERS. THE SYSTEM IS INTENDED TO ENCOURAGE THE CONTINUING PROFESSIONAL GROWTH OF THE CERTIFIED INDIVIDUALS AND TO FOSTER COOPERATION AMONG GROUPS & AGENCIES INVOLVED IN THE ACCREDITATION OF SCHOOL PSYCHOLOGISTS.

PUBLICATIONS - PRODUCES & DISTRIBUTES CONTINUING EDUCATIONAL MATERIALS, MONOGRAPH BOOKS, PROFESSIONAL RESOURCE DOCUMENTS FOR IMPROVED UNDERSTANDING OF THE DISCIPLINE BY THE EDUCATIONAL COMMUNITY AND THE PUBLIC AT LARGE.

MEMBER SERVICES - MEMBER SERVICE DISSEMINATES INFORMATION WHICH ENHANCES THE PROFESSION AND ORGANIZES WORKSHOPS, PUBLICATIONS, AND CONVENTIONS; ESTABLISHES PRACTICE STANDARDS GIVING MEMBERS A NATIONAL PERSPECTIVE ON THEIR PROFESSION THROUGH THE NASP QUARTERLY SCHOLARLY JOURNAL.

CONVENTION - INCLUDES SEVERAL HUNDRED SCHOLARLY PRESENTATIONS RELATED TO PRACTICE, TRAINING AND RESEARCH IN SCHOOL PSYCHOLOGY. EXHIBITS BY TEST & TEXTBOOK PUBLISHERS, COMPUTER & SOFTWARE MANUFACTURERS, ETC. ARE INCLUDED. A PLACEMENT SERVICE IS OPERATED FOR JOB SEEKERS.

COMMITTEES - STRUCTURED TO DEVELOP MEMBERSHIP SERVICES AND PROVIDE INFORMATION TO THE MEMBERSHIP AND THE GENERAL PUBLIC ON SCHOOL PSYCHOLOGY.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF ASSETS	3,248,098.	3,248,358.	0.	<260.>
TO FORM 990, PART I, LINE 8	3,248,098.	3,248,358.	0.	<260.>

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	980,045	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		980,045
4. COST OF GOODS SOLD (LINE 13) . . . . .	370,230	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		609,815

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	189,058	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	336,016	
11. ADD LINES 6 THROUGH 10 . . . . .		525,074
12. INVENTORY AT END OF YEAR . . . . .	154,844	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		370,230

INSPECTION COPY

FORM 990

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION

AMOUNT

COST OF GOODS SOLD - OTHER COSTS

336,016.

TOTAL INCLUDED ON FORM 990, PART I, LINE 10B

336,016.

PUBLIC  
INSPECTION  
COPY

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 5

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS EDUCATION AND RESEARCH TRUST	4340 EAST WEST HIGHWAY; BETHESDA, MD	12,000.
PURPOSE OF PAYMENT		
EDUCATION AND RESEARCH TRUST		12,000.
TOTAL TO FORM 990, PART I, LINE 16		12,000.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	AMOUNT
		6	
DESCRIPTION			
NET UNREALIZED GAIN IN INVESTMENT			259,298.
TOTAL TO FORM 990, PART I, LINE 20			259,298.

FORM 990 OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & PLACEMENT/ADS	1,846.			
AWARDS & PLAQUES	5,963.			
BANK FEES	103,554.			
COMPUTER SERVICES	146,429.			
DUES & SUBSCRIPTIONS	49,286.			
HONORARIA	76,010.			
INSURANCE	28,313.			
GRADUATE ASSISTANTS	32,700.			
PROF. & CONSULTING FEES	22,717.			
MISCELLANEOUS	940.			
TAXES VARIOUS	17,977.			
TRAINING & EDUCATION	3,739.			
TEMPORARIES	27,387.			
GRANTS/PROJECTS	21,687.			

BAD DEBT	11,550.
OTHER CONSULTING FEES	77,068.
<b>TOTAL TO FM 990, LN 43</b>	<b>627,166.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

TO INFORM THE PUBLIC ABOUT THE SERVICES AND PRACTICES OF PSYCHOLOGY IN THE SCHOOLS AND TO ADVANCE THE STANDARDS OF THE PROFESSION OF SCHOOL PSYCHOLOGY

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND MUTUAL FUNDS	FMV		299,153.		299,153.
<b>TO FORM 990, LINE 54, COL B</b>			<b>299,153.</b>		<b>299,153.</b>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	954,228.	685,645.	268,583.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>954,228.</b>	<b>685,645.</b>	<b>268,583.</b>

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	AMOUNT
DEPOSITS	20,094.
DEFERRED COMPENSATION	39,717.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>59,811.</b>

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	3,286.
EQUITY MUTUAL FUNDS	FMV	2,998,851.
TO FORM 990, LINE 54, COL B		3,002,137.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
NASP-CHILDREN'S FUND - REVENUE	47,472.
NASP-ERT - REVENUE	36,949.
NASP-ERT - UNREAL. GAINS ON INVESTMENT/INVESTMENT INCOME	17,796.
TOTAL TO FORM 990, PART IV-A	102,217.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
NASP-EDUCATION & RESEARCH TRUST - EXPENSES	11,328.
NASP-CHILDREN'S FUND - EXPENSES	47,089.
NASP-CHILDREN'S FUND - SPECIAL EVENT EXPENSES	12,651.
TOTAL TO FORM 990, PART IV-B	71,068.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
CONTRIBUTION TO NASP-ERT, ELIMINATED DURING CONSOLIDATION	12,000.
TOTAL TO FORM 990, PART IV-B	12,000.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 16  
 PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS EDUCATION & RESEARCH TRUST	X	
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS CHILDREN'S FUND, INC.	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 17  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	CONVENTION - TO DISSEMINATE TO MEMBERS INFORMATION RELATED TO TRAINING, PRACTICE & RESEARCH OF SCHOOL PSYCHOLOGY.
93 B	CERTIFICATION - FOR THE PURPOSE OF CREDENTIALING SCHOOL PSYCHOLOGISTS WHO MEET A NATIONALLY RECOGNIZED STANDARD & REQUIRE THE CONTINUING PROFESSIONAL GROWTH AMONG SCHOOL PSYCHOLOGISTS.
93 C	PROFESSIONAL DEVELOPMENT & OTHER PROGRAMS - REVENUE COLLECTED IN SUPPORT OF PROFESSIONAL DEVELOPMENT AND OTHER MEMBER PROGRAMS.
94	MEMBERSHIP DUES - SUPPORTS MEMBERSHIP PROGRAMS AND SERVICES AND ENCOURAGES THE PROFESSIONAL GROWTH OF SCHOOL PSYCHOLOGISTS.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(WORKSHEET)

(and on Investment Income for Private Foundations) FORM 990-T

**2005**

Department of the Treasury  
Internal Revenue Service

(Keep for your records - Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. (See instructions for tax computation.) .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total (Add lines 2 and 3.) .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Balance (Subtract line 5 from line 4.) .....	6	
7	Other taxes (see instructions) .....	7	
8	Total (Add lines 6 and 7.) .....	8	
9	Credit for Federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. (Private foundations, see instructions.) .....	10a	
b	Enter the tax shown on the 2004 return (see instructions). ( <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c) .....	10b	4,775.
c	<b>2005 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c. <b>ADJUSTED TO</b> .....	10c	4,800.

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions) .....	11	10/17/05	12/15/05	03/15/06	06/15/06
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." (see instructions) .....	12	1,200.	1,200.	1,200.	1,200.
13	2004 Overpayment. (see instructions) .....	13	1,200.	1,200.	1,200.	387.
14	Payment due. (Subtract line 13 from line 12.) .....	14				813.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2005)

ESTIMATED TAX	4,800.
OVERPAYMENT APPLIED	3,987.
AMOUNT DUE	813.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2004**

Department of the Treasury  
Internal Revenue Service

For calendar year 2004 or other tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**

<b>A</b> <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> check box if name changed and see instructions ) <b>NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 7.) <b>23-7044121</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Please Print or Type</b> Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) <b>4340 EAST WEST HIGHWAY, NO. 402</b> City or town, state, and ZIP code <b>BETHESDA, MD 20814</b>	<b>E</b> NEW unrelated bus. activity codes (see instructions for Block E on page 7.) <b>541800</b>
<b>C</b> Book value of all assets at end of year <b>5,481,222.</b>	<b>F</b> Group exemption number (see instructions for Block F) ▶	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **THE ASSOCIATION** Telephone number ▶ **301-657-0270**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	<b>1c</b>		
2 Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3 Gross profit (subtract line 2 from line 1c)	<b>3</b>		
4a Capital gain net income (attach Schedule D)	<b>4a</b>		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c Capital loss deduction for trusts	<b>4c</b>		
5 Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6 Rent income (Schedule C)	<b>6</b>		
7 Unrelated debt-financed income (Schedule E)	<b>7</b>		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10 Exploited exempt activity income (Schedule I)	<b>10</b>		
11 Advertising income (Schedule J)	<b>11</b> 219,801.	<b>68,751.</b>	<b>151,050.</b>
12 Other income (see instructions - attach schedule)	<b>12</b>		
13 <b>TOTAL</b> (combine lines 3 through 12)	<b>13</b> 219,801.	<b>68,751.</b>	<b>151,050.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15 Salaries and wages	<b>15</b>	
16 Repairs and maintenance	<b>16</b>	
17 Bad debts	<b>17</b>	
18 Interest (attach schedule)	<b>18</b>	
19 Taxes and licenses	<b>19</b>	<b>7,691.</b>
20 Charitable contributions (see instructions for limitation rules)	<b>20</b>	<b>3,537.</b>
21 Depreciation (attach Form 4562)	<b>21</b>	
22 Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
23 Depletion	<b>23</b>	
24 Contributions to deferred compensation plans	<b>24</b>	
25 Employee benefit programs	<b>25</b>	
26 Excess exempt expenses (Schedule I)	<b>26</b>	
27 Excess readership costs (Schedule J)	<b>27</b>	<b>104,987.</b>
28 Other deductions (attach schedule)	<b>28</b>	<b>2,000.</b>
29 <b>Total deductions</b> (add lines 14 through 28)	<b>29</b>	<b>118,215.</b>
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	<b>30</b>	<b>32,835.</b>
31 Net operating loss deduction	<b>31</b>	
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	<b>32</b>	<b>32,835.</b>
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	<b>33</b>	<b>1,000.</b>
34 <b>Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>31,835.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) - check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ _____ (2) additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	<b>4,775.</b>
<b>36 Trusts Taxable at Trust Rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax</b> (see instructions)	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total</b> (add lines 37 and 38 to line 35c or 36, whichever applies)	<b>39</b>	<b>4,775.</b>

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit - Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits</b> (add lines 40a through 40d)	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	<b>4,775.</b>
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax</b> (add lines 41 and 42)	<b>43</b>	<b>4,775.</b>
<b>44a</b> Payments: A 2003 overpayment credited to 2004	<b>44a</b>	
<b>b</b> 2004 estimated tax payments	<b>44b</b>	<b>8,800.</b>
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations - Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44f</b>	
<b>45 Total payments</b> (add lines 44a through 44f)	<b>45</b>	<b>8,800.</b>
<b>46</b> Estimated tax penalty (see instructions). Check <input type="checkbox"/> if Form 2220 is attached	<b>46</b>	<b>38.</b>
<b>47 Tax due</b> - If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment</b> - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	<b>3,987.</b>
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2005 estimated tax</b> <b>3,987.</b> <b>Refunded</b>	<b>49</b>	<b>0.</b>

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 15.)

<b>1</b> At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 15 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

**Schedule A - Cost of Goods Sold** - Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total</b> - Add lines 1 through 4b	<b>5</b>				

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN **P00252755**

Firm's name (or yours if self-employed), address, and ZIP code **RUBINO & MCGEEHIN, CHARTERED**  
**6905 ROCKLEDGE DRIVE, SUITE 700**  
**BETHESDA, MD 20817**

EIN **52-1186096**  
Phone no. **301-564-3636**

423711 01-13-05 Form **990-T** (2004)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (See instr. on pg 16.)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total		0.	Total	0.
<b>Total income</b> (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)				<b>Total deductions.</b> Enter here and on line 6, column (B), Part I, page 1.
				0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 17.)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
(1)		%			
(2)		%			
(3)		%			
(4)		%			
<b>Totals</b>				0.	0.
<b>Total dividends-received deductions</b> included in column 8				0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 18.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (See instructions on page 19.)

<b>Part I Income From Periodicals Reported on a Consolidated Basis</b>						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CONSOLIDATED						
(2) PERIODICALS	219,801.	68,751.		196,920.	301,907.	
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	219,801.	68,751.	151,050.	196,920.	301,907.	104,987.

<b>Part II Income From Periodicals Reported on a Separate Basis</b> (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	219,801.	68,751.				104,987.
<b>Totals, Part II (lines 1-5)</b>	219,801.	68,751.				104,987.

**Schedule K - Compensation of Officers, Directors, and Trustees** (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
<b>Total - Enter here and on line 14, Part II, page 1</b>			0.

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

FORM **990-T**

**2004**

Name **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS**

Employer identification number  
**23-7044121**

**Note:** In most cases, the corporation is not required to file Form 2220. (see Part I below for exceptions) because the IRS will figure any penalty owed and bill the corporation. Even if Form 2220 is not required, the corporation may still use it to figure the penalty. In such a case, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, and line 6, below, is \$500 or more, the corporation **must** file Form 2220, even if it does not owe a penalty.

- 1  The corporation is using the adjusted seasonal installment method.
- 2  The corporation is using the annualized income installment method.
- 3  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part II Figuring the Underpayment**

4 Total tax (see instructions) .....	<b>4</b>	<b>4,775.</b>
5 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4 .....	<b>5a</b>	
b Look-back interest included on line 4 under section 460(b)(2) for completed long-term contracts or of section 167(g) for depreciation under the income forecast method .....	<b>5b</b>	
c Credit for Federal tax paid on fuels (see instructions) .....	<b>5c</b>	
d <b>Total.</b> Add lines 5a through 5c .....	<b>5d</b>	
6 Subtract line 5d from line 4. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>6</b>	<b>4,775.</b>
7 Enter the tax shown on the corporation's 2003 income tax return. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 6 on line 8</b> .....	<b>7</b>	<b>8,585.</b>
8 Enter the <b>smaller</b> of line 6 or line 7. If the corporation is required to skip line 7, enter the amount from line 6 .....	<b>8</b>	<b>4,775.</b>

	(a)	(b)	(c)	(d)	(e)
9 <b>Installment due dates.</b> Enter in col (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th mos of the corporation's tax year .....	<b>9</b>	10/15/04	12/15/04	03/15/05	06/15/05
<b>Exception.</b> If one of your installment due dates is Sept 15, 2004, see the instructions.					
10 <b>Required installments.</b> If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 38. If the box on ln 3 (but not 1 or 2) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of ln 8 above in each column .....	<b>10</b>	1,194.	1,194.	1,193.	1,194.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 <b>Complete lines 12 through 18 of one column before going to the next column.</b>	<b>11</b>			6,600.	2,200.
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				3,019.
13 Add lines 11 and 12 .....	<b>13</b>			6,600.	5,219.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		1,194.	2,388.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.	0.	4,212.	5,219.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		1,194.	0.	N/A
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	1,194.	1,194.		
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>			3,019.	N/A

**Go to Part III on page 2 to figure the penalty. Do not go to Part III if there are no entries on line 17 - no penalty is owed.**

**Part III Figuring the Penalty**

	(a)	(b)	(c)	(d)	(e)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-1 filers: Use 5th month instead of 3rd month.)	19				
<b>20</b> Number of days from due date of installment on In 9 to the date shown on line 19	20				
<b>21</b> Number of days on line 20 after 4/15/2004 and before 7/1/2004	21				
<b>22</b> Underpayment on line 17 x Number of days on line 21 x 5% 366	22	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2004 and before 10/1/2004	23				
<b>24</b> Underpayment on line 17 x Number of days on line 23 x 4% 366	24	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2004 and before 1/1/2005	25				
<b>26</b> Underpayment on line 17 x Number of days on line 25 x 5% 366	26	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2004 and before 4/1/2005	27	SEE ATTACHED WORKSHEET			
<b>28</b> Underpayment on line 17 x Number of days on line 27 x 5% 365	28	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2005 and before 7/1/2005	29				
<b>30</b> Underpayment on line 17 x Number of days on line 29 x % 365	30	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2005 and before 10/1/2005	31				
<b>32</b> Underpayment on line 17 x Number of days on line 31 x % 365	32	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2005 and before 1/1/2006	33				
<b>34</b> Underpayment on line 17 x Number of days on line 33 x % 365	34	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2005 and before 2/16/2006	35				
<b>36</b> Underpayment on line 17 x Number of days on line 35 x % 365	36	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, & 36	37	\$	\$	\$	\$

**38 Penalty.** Add columns (a) through (e), of line 37. Enter the total here and on Form 1120; line 33, Form 1120-A, line 29; or the comparable line for other income tax returns **38** \$ **38.**

\* For underpayments paid after March 31, 2005: For lines 30, 32, 34, and 36, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-1040 to get interest rate information.



FORM 990-T CONTRIBUTIONS STATEMENT 18

KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	12,000.
CASH ONLY	N/A	1,000.
CONTRIBUTION CARRYOVER FROM 2003	N/A	6,662.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		19,662.

FORM 990-T OTHER DEDUCTIONS STATEMENT 19

DESCRIPTION	AMOUNT
ACCOUNTING FEES	2,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	2,000.

PUBLIC INSPECTION COPY

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>	
Type or print.	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS</b>
	Employer identification number <b>23-7044121</b>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4340 EAST WEST HIGHWAY, NO. 402</b>
	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BETHESDA, MD 20814</b>

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **CORPORATION**  
Telephone No. **301-657-0270** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2006**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.**

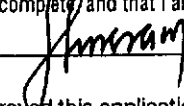
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature  Title **C.P.A.** Date **2/11/06**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>RUBINO &amp; MCGEEHIN, CHARTERED</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>6905 ROCKLEDGE DRIVE, SUITE 700</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MD 20817</b>

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS</b>	Employer identification number <b>23-7044121</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4340 EAST WEST HIGHWAY, NO. 402</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BETHESDA, MD 20814</b>	

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

- The books are in the care of **CORPORATION**  
Telephone No. **301-657-0270** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year \_\_\_\_\_ or
  - tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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