

**NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS**

Public Disclosure Copy

Year Ended June 30, 2009

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

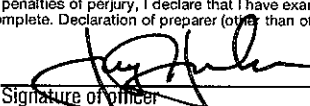
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS		D Employer identification number 23-7044121	
		Doing Business As			
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (301)657-0270	
		4340 EAST WEST HIGHWAY	402	G Gross receipts \$ 7,189,855.	
City or town, state or country, and ZIP + 4 BETHESDA, MD 20814		F Name and address of principal officer: SUSAN GORIN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.NASPONLINE.ORG					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1970 M State of legal domicile: OH		

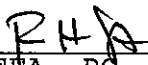
Part I Summary

1 Briefly describe the organization's mission or most significant activities: REPRESENT SCHOOL PSYCHOLOGY / PSYCHOLOGISTS TO ENHANCE LEARNING & MENTAL HEALTH OF CHILDREN.		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 57	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 55	
	5 Total number of employees (Part V, line 2a) 5 40	
	6 Total number of volunteers (estimate if necessary) 6 1050	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 257,583.	
	7b Net unrelated business taxable income from Form 990-T, line 34 7b 13,654.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
9 Program service revenue (Part VIII, line 2g)	4,652,481. 5,055,955.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,430. 122,799.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,058,316. 882,873.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,160,227. 6,061,627.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000. 21,478.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,797,572. 2,776,310.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,364,710. 2,922,842.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,164,282. 5,720,630.
19 Revenue less expenses. Subtract line 18 from line 12	<4,055.> 340,997.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year End of Year
	21 Total liabilities (Part X, line 26)	7,260,963. 6,833,041.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,581,771. 3,705,517.
		3,679,192. 3,127,524.

Part II Signature Block

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.

Sign Here ▶  Date **5/17/10**
 Signature of officer
JOSEPH VANELLA, CHIEF OPERATING OFFICER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶  Date **5/14/10** Check it self-employed Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **RAFA, PC**
1899 L STREET NW, SUITE 900
WASHINGTON, DC 20036
 EIN ▶ Phone no. ▶ **202-822-5000**

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

COPY

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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. THIS IS DONE THROUGH EDUCATIONAL/INFORMATIONAL MATERIALS AVAILABLE TO THE GENERAL PUBLIC ON OUR WEBSITE, THROUGH PROFESSIONAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) INFORMATION SERVICES: INFORMATION SERVICES PROVIDES INFORMATION FOCUSED ON THE PROFESSION AND PRACTICE OF SCHOOL PSYCHOLOGY BY PUBLISHING COLLEGE AND GRADUATE LEVEL TEXTBOOKS, PROFESSIONAL RESEARCH PAPERS, MONOGRAPH BOOKS, AND BOOKS DEALING WITH SPECIFIC TOPICS RELATED TO SCHOOL PSYCHOLOGY INTENDED FOR SCHOOL PSYCHOLOGISTS, ALLIED PROFESSIONALS AND THE GENERAL PUBLIC. INFORMATION SERVICES PUBLISHES A SCHOLARLY JOURNAL QUARTERLY ("SCHOOL PSYCHOLOGY REVIEW") AND A NEWS JOURNAL EIGHT TIMES A YEAR ("COMMUNIQUE"). IN 2007 THE ASSOCIATION INTRODUCED AN E-JOURNAL GEARED TOWARDS SCHOOL PSYCHOLOGY PRACTITIONERS AND UPDATES IT SEVERAL TIMES A YEAR. THE ASSOCIATION MAINTAINS AN EXTENSIVE WEBSITE FOR ITS MEMBERS AND THE PUBLIC AT WWW.NASPONLINE.ORG.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) PROFESSIONAL DEVELOPMENT: THE ASSOCIATION HOSTS AN ANNUAL CONVENTION OF SCHOOL PSYCHOLOGISTS. THE CONVENTION LASTS SEVERAL DAYS AND INCLUDES HUNDREDS OF SCHOLARLY PRESENTATIONS RELATED TO PRACTICE, TRAINING, AND RESEARCH. NUMEROUS WORKSHOPS ARE AVAILABLE FOR CONTINUING PROFESSIONAL DEVELOPMENT. THE CONVENTION INCLUDES KEYNOTE AND FEATURED PRESENTATIONS ON TIMELY TOPICS. THE CONVENTION ALSO PROVIDES AN INTRODUCTION AND FORUM FOR GRADUATE STUDENTS IN SCHOOL PSYCHOLOGY TO GATHER AND LEARN ABOUT THE PROFESSION. A PLACEMENT SERVICE IS OFFERED FOR JOB SEEKERS. AN EXHIBIT HALL IS SPONSORED AND EXHIBITORS REPRESENTED INCLUDE TEST AND TEXTBOOK PUBLISHERS, TRAINERS OF SCHOOL PSYCHOLOGISTS, COMPUTER AND SOFTWARE MANUFACTURERS ETC. THE ASSOCIATION FORMS INTEREST GROUPS AMONG ITS MEMBERS TO FACILITATE

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) LEADERSHIP: LEADERSHIP CONSISTS OF THE DELEGATE ASSEMBLY (DA) AND THE EXECUTIVE COUNCIL (EC). THE DA CONSISTS OF ONE DELEGATE FROM EACH STATE, COMMONWEALTH, AND THE DISTRICT OF COLUMBIA. THE DELEGATE ASSEMBLY ESTABLISHES THE POLICIES OF THE ASSOCIATION AND SERVES AS THE CORPORATE BOARD OF DIRECTORS. THE EC CONSISTS OF THE ELECTED OFFICERS (PRESIDENT, PRESIDENT-ELECT, PAST PRESIDENTS, TREASURER, AND SECRETARY), ONE PROGRAM MANAGER FROM ADVOCACY, INFORMATION SERVICES, PROFESSIONAL DEVELOPMENT, PROFESSIONAL STANDARDS, TWO DELEGATE REPRESENTATIVES FROM EACH OF THE FOUR REGIONS OF THE COUNTRY, THE STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT COORDINATOR, AND THE THE ASSOCIATION EXECUTIVE DIRECTOR. THE EXECUTIVE COUNCIL ESTABLISHES PROCEDURES TO IMPLEMENT THE POLICIES OF THE ASSOCIATION. THE EXECUTIVE

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ (Must equal Part IX, Line 25, column (B).)

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	N/A	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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PSYCHOLOGISTS

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 63		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 40		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c). N/A		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JOE JANELA - 301-657-0270
4340 EAST WEST HIGHWAY, #402, BETHESDA, MD 20814

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GENE CASH PRESIDENT	37.50	X		X				51,322.	0.	0.
PATTI HARRISON PAB CHAIR/PRES.-ELECT	5.00	X		X				45,201.	0.	0.
RHONDA J. ARMISTEAD PAST PRES/PRG. MANGR.	4.00	X		X				0.	0.	0.
TOM DELANEY TREASURER	5.00	X		X				0.	0.	0.
JENNIFER KITSON SECRETARY	4.00	X		X				0.	0.	0.
DON BLAGG DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
ROSSELLA FANELLI DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
REGINA KIMBREL DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
MARCIA MARTIN DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
ROBB MATTHEWS DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
JEAN RAMAGE DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
CAROLE SORRENTI DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
LYNNE THIES DELEGATE REPRESENTATIVE	3.00	X						0.	0.	0.
KATHLEEN LEIGHTON PROGRAM MANAGER	3.00	X						0.	0.	0.
MARSHA HUFF MILLER PROGRAM MANAGER	3.00	X						0.	0.	0.
KATHY PLUYMERT EXECUTIVE COUNCIL	3.00	X						0.	0.	0.
DIANE SMALLWOOD EXECUTIVE COUNCIL	1.00	X						0.	0.	0.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMY R. SMITH PROGRAM MANAGER	3.00	X					0.	0.	0.	
SALLY BAAS DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
DEDE BAILER DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
PEGGY BERGLUND DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
STEPHEN BROCK DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
DIXIE BRYSON DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
CANDACE CARTWRIGHT DEE DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SYLVIA ANN COHEN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
STEPHANIE CORCORAN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
MILTON J. DEHN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
1b Total							347,798.	0.	103,501.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PORT CITY PRESS 1323 GREENWOOD ROAD, PIKESVILLE, MD 21208	PRINTING AND PUBLISHING	342,993.
MARRIOTT INTERNATIONAL 10400 FERNWOOD ROAD, BETHESDA, MD 20817	LODGING	108,038.
LETTER DIRECT, 4640 WEDGEWOOD BLVD, SUITE 101, FREDERICK, MD 21703	MAILING AND PRINTING	105,397.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **3**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

Form 990 (2008)

23-7044121 Page 9

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	3,188,221.	3,188,221.		
	b CONVENTION	900099	1,280,751.	1,280,751.		
	c CERTIFICATION FEES	900099	379,943.	379,943.		
	d SUBSCRIPTION REVENUE	900099	82,234.	82,234.		
	e PREPARE	900099	81,902.	81,902.		
	f All other program service revenue	900004	42,904.		42,904.	
	g Total. Add lines 2a-2f		5,055,955.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,598.		166,598.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	647,303.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	691,102.			
		c Gain or (loss)	<43,799.>			
d Net gain or (loss)		<43,799.>		<43,799.>		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	932,864.				
	b Less: cost of goods sold	b	437,126.			
	c Net income or (loss) from sales of inventory		495,738.		495,738.	
Miscellaneous Revenue		Business Code				
11 a ADVERTISING	541800	214,679.		214,679.		
b MAILING LIST REVENUE	900099	91,571.			91,571.	
c SUBLEASE RENTAL INCOME	900099	31,781.			31,781.	
d All other revenue	900099	49,104.			49,104.	
e Total. Add lines 11a-11d		387,135.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6,061,627.	5,013,051.	257,583.	790,993.	

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Form 990 (2008)

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NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,478.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	547,753.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,749,189.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	125,061.			
9 Other employee benefits	202,872.			
10 Payroll taxes	151,435.			
11 Fees for services (non-employees):				
a Management				
b Legal	4,833.			
c Accounting	26,133.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,678.			
g Other	290,305.			
12 Advertising and promotion	1,980.			
13 Office expenses	283,685.			
14 Information technology	95,262.			
15 Royalties				
16 Occupancy	287,621.			
17 Travel	428,096.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	331,447.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	178,932.			
23 Insurance	31,032.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UBI TAXES	10,333.			
b PUBLICATION PRINTING	415,908.			
c PUBLICATION DELIVERY	254,286.			
d SALARY REPLACEMENT	149,014.			
e HONORARIA	35,950.			
f All other expenses	79,347.			
25 Total functional expenses. Add lines 1 through 24f	5,720,630.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	323,439.	1	1,552,145.
	2 Savings and temporary cash investments	986,045.	2	421,036.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	209,678.	4	55,767.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	296,173.	8	294,292.
	9 Prepaid expenses and deferred charges	137,455.	9	145,831.
	10a Land, buildings, and equipment: cost basis	10a 1,566,763.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,096,150.	581,100.	10c 470,613.
	11 Investments - publicly traded securities	4,702,340.	11	3,868,424.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,733.	15	24,933.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,260,963.	16	6,833,041.	
Liabilities	17 Accounts payable and accrued expenses	584,327.	17	532,445.
	18 Grants payable		18	
	19 Deferred revenue	2,279,121.	19	2,464,652.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	718,323.	25	708,420.
	26 Total liabilities. Add lines 17 through 25	3,581,771.	26	3,705,517.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,679,192.	27	3,127,524.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,679,192.	33	3,127,524.	
34 Total liabilities and net assets/fund balances	7,260,963.	34	6,833,041.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS** Employer identification number **23-7044121**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 - 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	X	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	3,188,221.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	20,581.
b Carryover from last year	2b	<108,323.>
c Total	2c	<87,742.>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	18,811.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	<106,553.>

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS** Employer identification number **23-7044121**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		447,657.	134,783.	312,874.
d Equipment		471,162.	388,423.	82,739.
e Other		647,944.	572,944.	75,000.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				470,613.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,061,627.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,720,630.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	340,997.
4	Net unrealized gains (losses) on investments	4	<892,665.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<892,665.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<551,668.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: THE ASSOCIATION HAS ELECTED TO DEFER THE APPLICATION

OF FIN 48 FOR THE YEAR ENDED JUNE 30, 2009.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public
Inspection

Name of the organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS**
Employer identification number **23-7044121**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASP EDUCATION & RESEARCH TRUST 4340 EAST WEST HIGHWAY, #402 BETHESDA, MD 20814	52-1737958	501(C)(3)	12,000.	0.			ASSISTANCE TO AFFILIATE ORGANIZATION TO SUPPORT MISSION.

2 Enter total number of section 501(c)(3) and government organizations **1.**
3 Enter total number of other organizations **0.**

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Schedule I (Form 990) 2008

23-7044121

Page 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: AWARDS ARE GRANTED TO TWO DOCTORAL AND TWO NON-DOCTORAL STUDENTS WHO MUST BE MEMBERS OF NASP. THE APPLICATION PROCESS FOR THE GRANT IS AS FOLLOWS. A PROPOSAL MUST BE SUBMITTED IN THE REQUIRED FORMAT AND A DEMOGRAPHIC INFORMATION FORM, CURRICULUM VITAE, AND LETTER OF APPLICATION. A THREE PERSON SUBCOMMITTEE REVIEWS THE PROPOSALS. AWARDEES WILL BE NOTIFIED VIA EMAIL IN JANUARY OF EACH YEAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS** Employer identification number **23-7044121**

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p>		
<p>a Receive a severance payment or change of control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	5b	
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: AS PART OF THE COMPENSATION AGREEMENT BETWEEN THE ASSOCIATION AND THE EXECUTIVE DIRECTOR, AN ANNUAL CONTRIBUTION TO THE 457(F) PLAN IS MADE. THE CONTRIBUTION AMOUNT FOR THIS YEAR WAS \$53,203.

THE ASSOCIATION REIMBURSED THE FOLLOWING ORGANIZATIONS FOR SALARY AND BENEFITS RELATED TO THE TIME SPENT BY THEIR EMPLOYEES IN FULFILLING THEIR DUTIES FOR THE ASSOCIATION:

GENE CASH, PRESIDENT, (NOVA SOUTHEASTERN UNIVERSITY) \$51,322

PATTI HARRISON, PAB CHAIR & PRES-ELECT, (UNIVERSITY OF ALABAMA) \$45,201

Continuation Sheet for Form 990

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS** Employer Identification number **23-7044121**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BERNADETTE DELGADO DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
MARY DUHOX DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
MARDIS D. DUNHAM DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
KAREN ESTES DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
JANET M. FRIEDMAN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
ERIN GROSS DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
LINDA HAIGH DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
RICHARD HALL DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
KATHY HANE BUTT DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
CARLEN HENINGTON DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
CANDIS HOGAN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
RAY JAMES DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
THOMAS JAMROG DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
NATHANIEL JONES DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
ELLEN KRUMM DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
JULIETTE MADIGAN DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
MICHELLE MALVEY DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
THERESA MCFARLAND DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SHELLEY OSWOOD DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
JOE PALLADINO DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	

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Schedule J-2 (Form 990) 2008

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Continuation Sheet for Form 990

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS** Employer Identification number **23-7044121**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAM PARKINSON DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SHIRLEY PITTS DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
E. JEANNE POUND DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
FRED PROVENZANO DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
VALERIE F. RIVERS-BETHEL DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
STEVEN SCHWARTZ DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
DEBRA SCHWIESOW DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SONJA SHANNON DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
NICKOLAS P. SILVESTRI DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
CHARLOTTE SMITH DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
JULIE STARESNIK DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
ROBERT P. TRANT DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SARAH VALLEY-GRAY DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
LOUISE VOJTISEK DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
BEVERLY WINTER DELEGATE ASSEMBLY	1.00	X					0.	0.	0.	
SUSAN GORIN EXECUTIVE DIRECTOR	37.50			X			184,000.	0.	92,928.	
JOSEPH JANELA COO/CFO	37.50			X			67,275.	0.	10,573.	

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Schedule J-2 (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS	Employer identification number	23-7044121
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT OPPORTUNITIES AVAILABLE AT THE ANNUAL CONVENTION, THROUGH EDUCATIONAL PUBLICATIONS WRITTEN BY AND FOR SCHOOL PSYCHOLOGISTS, THROUGH OUR ADVOCACY LEADERSHIP WORKING TO BUILD, PORTRAY, AND ADVOCATE FOR THE PROFESSION OF SCHOOL PSYCHOLOGY, THROUGH THE NATIONALLY RECOGNIZED CERTIFICATION OF THE PROFESSION, AND THROUGH GROWTH IN OUR MEMBERSHIP REPRESENTING THE FIELD OF SCHOOL PSYCHOLOGY, SUPPORTING MEMBERSHIP PROGRAMS AND SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH AND COMMUNICATION AROUND SPECIFIC TOPICS. ADDITIONALLY NASP DEVELOPS CONTINUING PROFESSIONAL EDUCATION COURSES FOR SCHOOL PSYCHOLOGISTS TO MAINTAIN THEIR STATE AND NATIONAL CERTIFICATION. THE ASSOCIATION HOSTS SUMMER WORKSHOPS; DEVELOPS CRISIS INTERVENTION AND PREVENTION MATERIALS AND HOSTS CRISIS AND CRISIS PREVENTION TRAINING SESSIONS; AND PROVIDES LEADERSHIP AND "TRAINING OF TRAINERS" PROGRAMS FOR THESE CRISIS PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

COUNCIL CONDUCTS THE CONTINUING AFFAIRS OF THE ASSOCIATION BASED ON THE POLICIES OF THE DELEGATE ASSEMBLY. PROGRAM SERVICE AREAS ARE ADMINISTERED BY PROGRAM MANAGERS APPOINTED BY THE PRESIDENT. THE DA TYPICALLY MEETS TWICE A YEAR. REGIONAL MEETINGS ARE TYPICALLY HELD ANNUALLY IN EACH OF THE FOUR REGIONS OF THE COUNTRY. THESE REGIONAL MEETINGS ARE ATTENDED BY THE STATE DELEGATES AND THE REGIONS INVITEES. THE EC TYPICALLY MEETS FOUR TIMES A YEAR.

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

Employer identification number
23-7044121

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS THE FOLLOWING TYPES OF MEMBERS: REGULAR MEMBER, HONORARY MEMBER, STUDENT MEMBER, RETIRED MEMBER, INTERNATIONAL AFFILIATE MEMBER, DEPARTMENT OF DEFENSE EMPLOYEES, AND AFFILIATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: ALL INDIVIDUAL MEMBERS, WITH EXCEPTION OF INTERNATIONAL AND AFFILIATE MEMBERS, HAVE THE RIGHT TO VOTE CONSISTENT WITH THEIR STATE AFFILIATION. INTERNATIONAL MEMBERS ARE ELIGIBLE TO VOTE ONLY IN ELECTIONS FOR NATIONAL OFFICERS. AFFILIATE MEMBERSHIPS DO NOT INCLUDE VOTING PRIVILEGES IN THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 8B: THE ASSOCIATION HAS ANSWERED THE QUESTION 'NO' BECAUSE IT DOES NOT HAVE ANOTHER COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 10: TAX RETURN WORK PAPERS ARE PREPARED BY THE ACCOUNTING DEPARTMENT AND REVIEWED BY THE COO, BEFORE BEING SUBMITTED TO THE ACCOUNTING FIRM WHO PREPARES THE CORPORATE RETURNS. THE ACCOUNTING FIRM PREPARES THE 990 AND RETURNS A DRAFT COPY TO THE ASSOCIATION FOR REVIEW. THE DIRECTOR OF FINANCIAL OPERATIONS AND THE COO REVIEW THE RETURN AND NOTIFY THE ACCOUNTING FIRM OF ANY CHANGES. THE DRAFT IS REVISED BY THE FIRM, RETURNED TO THE ASSOCIATION, REVIEWED AGAIN BY THE DF AND COO. ONCE THE ASSOCIATION FEELS IT IS COMPLETE, IT IS PRESENTED TO THE FINANCE ADVISORY COMMITTEE FOR REVIEW AND APPROVAL, AND IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW, BEFORE IT IS OFFICIALLY FINALIZED

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Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

Employer identification number

23-7044121

AND FILED BY THE ACCOUNTING FIRM. THE FINANCE ADVISORY COMMITTEE WILL
REPORT ON THEIR REVIEW OF THE TAX RETURNS TO THE FULL GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C: IT IS SUGGESTED THE POLICY BE
REVIEWED AT THE OPENING OF EACH MEETING BUT IT IS PRESENTED AND SIGNED ON
AN ANNUAL BASIS BY EACH OF THE DELEGATE ASSEMBLY AND EXECUTIVE COUNCIL
MEMBERS AT THE SUMMER MEETING. IT IS MAILED FOR SIGNATURE TO EACH OF THE
CHILDREN'S FUND AND EDUCATION AND RESEARCH TRUST OFFICERS IN THE SUMMER OF
EACH YEAR. NEW BOARD MEMBERS MUST SIGN THE POLICY AT THE TIME THEY ARE
APPOINTED TO THE BOARD. THEY ARE ADVISED TO DISCUSS THE COI POLICY AND
OBTAIN ACKNOWLEDGMENT FROM ALL PRESENT THAT THEY UNDERSTAND IT AND AGREE TO
ABIDE BY IT AT THE BEGINNING OF EVERY BOARD MEETING. THE BOARD MEMBERS ARE
ADVISED TO DOCUMENT THIS ACKNOWLEDGMENT IN THE MINUTES OF THE MEETING.

THE REASON FOR THE POLICY IS EXPLAINED TO THEM AS FOLLOWS: IN THE
POST-ENRON ERA HAS GIVEN RISE TO A HEIGHTENED AWARENESS OF POTENTIAL
CONFLICTS OF INTEREST SITUATIONS WHEN INDIVIDUALS ARE INVOLVED IN MAKING
DECISIONS IN THEIR CAPACITY AS BOARD MEMBERS OF ORGANIZATIONS. THERE HAVE
BEEN A NUMBER OF HIGHLY VISIBLE CASES WHEREBY BOARD MEMBERS HAVE ACTED IN
THE BEST INTEREST OF THEMSELVES INSTEAD OF THEIR RESPECTIVE ORGANIZATIONS.
IN THE LAST FEW YEARS THE IRS HAS ALSO BEGUN TO SCRUTINIZE NON-PROFIT
ORGANIZATIONS IN MORE DEPTH FOR MANY REASONS, INCLUDING CONFLICT OF
INTEREST SITUATIONS. AS PART OF THEIR OVERSIGHT PROCEDURES, THE IRS NOW
REQUIRES NON-PROFIT ORGANIZATIONS TO REPORT ANNUALLY AS TO WHETHER THEY
HAVE A COI POLICY. PRESUMABLY, ORGANIZATIONS THAT DO NOT HAVE SUCH A POLICY
WILL BE AT A HIGHER RISK FOR AUDIT BY THE IRS.

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Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

Employer identification number
23-7044121

A COI POLICY IS NOT INTENDED TO DISCOURAGE PARTICIPATION IN AN ORGANIZATION'S ACTIVITIES. RATHER, BY REQUIRING THOSE INVOLVED IN THE DECISION-MAKING PROCESS TO DISCLOSE ACTUAL AND APPARENT CONFLICTS OF INTEREST, A COI POLICY ENCOURAGES TRANSPARENCY AND SAFEGUARDS THE INTEGRITY OF AN ORGANIZATION'S MISSION.

WHEN MAKING RECOMMENDATIONS AND DECISIONS ON BEHALF OF THE ORGANIZATION BOARD MEMBERS MAY NOT USE THEIR RESPECTIVE POSITIONS, INFORMATION THEY POSSESS ABOUT THE ORGANIZATION OR THE PROPERTY OF THE ORGANIZATION, IN A MANNER THAT ALLOWS THEM TO REALIZE A MONETARY OR OTHER MATERIAL BENEFIT FOR THEMSELVES OR FOR THEIR SPOUSES, PARTNERS, MINOR CHILDREN OR THOSE WITH WHOM THEIR INCOME IS DIRECTLY SHARED. ACCORDINGLY, NO SUCH INDIVIDUAL MAY USE HIS OR HER POSITION AT THE ORGANIZATION FOR PERSONAL GAIN OR TO BENEFIT ANOTHER AT THE EXPENSE OF THE ORGANIZATION, ITS MISSION OR ITS REPUTATION.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR HAS A CONTRACT WITH THE EXECUTIVE COUNCIL. THE CONTRACT STATES THE SALARY WILL BE INCREASED BY 4% OR MORE EACH YEAR, AND SHALL NOT BE DECREASED. THE AGREEMENT ALSO STATES THERE WILL BE AN ANNUAL CONTRIBUTION TO A 457(F) PLAN. THE CONTRIBUTION AMOUNT WILL BE DETERMINED WITH THE HELP OF A COMPENSATION CONSULTANT USING THE FORMULA AS WAS USED TO CALCULATE THE 2005 CONTRIBUTION. IF THE ASSOCIATION DOES NOT WISH TO CONTINUE THE PRACTICE OF AN ANNUAL STUDY BY A COMPENSATION CONSULTANT IN A GIVEN YEAR, THE CONTRIBUTION FOR THAT YEAR SHALL BE 4% GREATER THAN THE LARGEST CONTRIBUTION MADE UP TO THAT TIME.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Employer identification number
23-7044121

THE EXECUTIVE COUNCIL PROVIDES A RECOMMENDATION TO THE DELEGATE COMMITTEE REGARDING THE ANNUAL COMPENSATION INCREASES FOR ENTIRE STAFF. THE DELEGATE ASSEMBLY APPROVES THE BUDGET AS PRESENTED BY THE EXECUTIVE COUNCIL. THE ALLOCATION OF THE TOTAL COMPENSATION INCREASE BETWEEN EACH STAFF IS DETERMINED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST AND FINANCIAL STATEMENTS, ARE AVAILABLE TO MEMBERS AND CAN BE ACCESSED ON THE ASSOCIATION'S WEBSITE, UNDER THE SECTION NAMED LEADERSHIP TOOLS.

THE 990 IS AVAILABLE FOR VIEWING BY ANYONE WHO SO CHOOSES ON THE ASSOCIATION'S WEBSITE, UNDER THE SECTION NAMED ABOUT THE ASSOCIATION. IT IS ALSO AVAILABLE FOR REVIEW IN THE OFFICE. A COPY WILL BE MAILED TO ANY INTERESTED PARTY UPON REQUEST.

PART XI, LINES 2B AND 2C: THE ASSOCIATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENT AUDIT OF THE ASSOCIATION AND ITS AFFILIATES. THE FINANCE ADVISORY COMMITTEE (FAC), A SUBGROUP OF THE EXECUTIVE COUNCIL, IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR. THE FAC MEETS WITH THE INDEPENDENT AUDITOR BEFORE AND AFTER THE AUDIT, INCLUDING AN EXECUTIVE SESSION WITH THEM AT THE CONCLUSION OF THE AUDIT. STAFF OF THE ASSOCIATION DO NOT ATTEND THE EXECUTIVE SESSION.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS CHILDREN'S FUND		0.
(2) NASP EDUCATION & RESEARCH TRUST		0.
(3)		
(4)		
(5)		
(6)		



- 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).

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

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

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 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 ORGANIZATION

- The books are in the care of **4340 EAST WEST HIGHWAY, #402 - BETHESDA, MD 20814**
- 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, 2010**

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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 NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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.	8a	\$
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.	8b	\$
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.	8c	\$ 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 **[Signature]** Title **CPA** Date **2/12/10**

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

2008

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2008 or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(6); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

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-subsiidiary controlled group? No.

J The books are in care of JOE JANELA Telephone number 301-657-0270

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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.)

Table with 4 columns: Description, Line Number, Amount. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

COPY

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 **35c** 2,048.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 2,048.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
40b Other credits (see instructions) **40b**
40c General business credit. Attach Form 3800 **40c**
40d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
40e Total credits. Add lines 40a through 40d **40e**
41 Subtract line 40e from line 39 **41** 2,048.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 2,048.
44a Payments: A 2007 overpayment credited to 2008 **44a** 7,008.
44b 2008 estimated tax payments **44b**
44c Tax deposited with Form 8868 **44c**
44d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
44e Backup withholding (see instructions) **44e**
44f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f**
45 Total payments. Add lines 44a through 44f **45** 7,008.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 4,960.
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax 4,960. Refunded **49** 0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ **Yes** **No**
2 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 5 of the instructions for other forms the organization may have to file. _____ **Yes** **No** X
3 Enter the amount of tax-exempt interest received or accrued during the tax year: \$ _____ **Yes** **No**

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

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

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: *[Signature]* Date: 5/17/10 Title: COO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 5/14/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP code: RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036
 Preparer's SSN or PTIN: EIN 52-1511275 Phone no. 202-822-5000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns: (a) From personal property, (b) From real and personal property, 2 Rent received or accrued, 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table for Schedule E with columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table for Schedule E with columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals ... Total dividends-received deductions included in column 8 ... 0. 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Schedule F with columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included, 6 Deductions directly connected.

Table for Schedule F with columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included, 11 Deductions directly connected.

Totals ... Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 21)

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)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	STMT 2 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) CAREER CENTER						
(2) - JOB WEB						
(3) ACTIVITY	42,904.	24,846.	18,058.			
(4)						
Totals	42,904.	24,846.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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) COMMUNIQUE	213,999.	99,320.	114,679.	205,491.	324,918.	114,679.
(2) SPR	680.	1,261.	<581.>			
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	214,679.	100,581.				114,679.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

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

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CASH ONLY	N/A	12,000.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		12,000.	

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
JOB WEB EXPENSES		24,846.	
- SUBTOTAL -	1		24,846.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			24,846.