Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending AUG 31, 2014

Open to Public Inspection

A	For the	2013 calendar year, or tax year beginning SEP $1$ , $2013$ and ending	AUG 31, 2014	
В	Check if	C Name of organization	D Employer identif	ication number
	Check if applicable:	NATIONAL ORGANIZATION OF RESEARCH		
Γ	Address change			
F	Name change	Doing Business As	27-2	2321905
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
F	Termin-	C/O WSDD, LTD., 20 N. WACKER DR. 2250	(612	
F	—lated —lAmende —lretum		G Gross receipts \$	275816.
F	Applica-	CHICAGO, IL 60606	H(a) Is this a group	
-	pending	F Name and address of principal officer: DR. DAVID A. STONE PH.	D. for subordinate	· · · · · · · · · · · · · · · · · · ·
		SAME AS C ABOVE	H(b) Are all subordinates	
1	Tayloyou		1	a list. (see instructions)
		: ► WWW.NORDP.ORG	H(c) Group exemption	
				M State of legal domicile: IL
	0000000000	Summary	ear or ronnation. 2010	w State of legal dominone. 222
	4 D	riefly describe the organization's mission or most significant activities: TO PROVI	DE THE RESOUR	CES TO
Activities & Governance	'   H	ACILITATE UNIVERSITY INDIVIDUAL FACULTY MEM		
nar	2 0	theck this box if the organization discontinued its operations or disposed of n	· · · · · · · · · · · · · · · · · · ·	
ě	2 6			12
ŝ	3 1	lumber of voting members of the governing body (Part VI, line 1a)		12
જ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		1
ţį	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		0
ξ.	6 T	otal number of volunteers (estimate if necessary)		
Ą	/a	otal unrelated business revenue from Part VIII, column (C), line 12		<del></del>
	b N	et unrelated business taxable income from Form 990-T, line 34		<del> </del>
			Prior Year 0 .	Current Year
ne	1	ontributions and grants (Part VIII, line 1h)	202599.	
Revenue		rogram service revenue (Part VIII, line 2g)		
Ŗ	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		275816.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202602.	
	1	rants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
	1	enefits paid to or for members (Part IX, column (A), line 4)		
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	14649.	8459.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
χ̈	b T	otal fundraising expenses (Part IX, column (D), line 25)	150414	200022
ш	1/ O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157414.	209933.
	1	otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)	172063.	218392.
		evenue less expenses. Subtract line 18 from line 12	30539.	57424.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20 T	otal assets (Part X, line 16)	109033.	166457.
# 	21 T	otal liabilities (Part X, line 26)	0.	0.
****	The second second	et assets or fund balances. Subtract line 21 from line 20	109033.	166457.
	777	Signature Block		
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		ny knowledge and belief, it is
true	, correct,	and complete. Declaration of prepater (other than officer) is based on all information of which prep	arer has any knowledge.	
		Cinneture of officer	Date Date	<u> </u>
Sig		Signature of officer OCONE, DIL D.	Date	
Hei	re	DR. DAVID A. STONE PH.D., PRESIDENT		
		Type or print name and title	Date Check	PTIN
		Print/Type preparer's name  Preparer's signature	lu L	<b></b> -' {
Pai		RANK A. DUSEK - TWILL OF THE TER	12/22/14 "self-employ	
		irm's name WEISS, SUGAR, DVORAK & DUSEK, LTD.	Firm's EIN	36-2996439
Use	Only	Firm's address 20 N. WACKER DR., SUITE 2250		101 222 6622
		CHICAGO, IL 60606		12) 332-6622
Mar	v the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

NATIONAL ORGANIZATION OF RESEARCH DEVELOPMENT PROFESSIONALS 27-2321905 Page 2 Form 990 (2013) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE THE RESOURCES TO FACILITATE UNIVERSITY INDIVIDUAL FACULTY MEMBERS, TEAMS OF RESEARCHERS, AND CENTRAL RESEARCH ADMINISTRATIONS IN ATTRACTING EXTRAMURAL RESEARCH FUNDING, CREATING RESEARCH RELATIONSHIPS, AND DEVELOPING AND IMPLEMENTING STRATEGIES THAT Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 195521. including grants of \$ ) (Expenses \$ ANNUAL CONFERENCE AND OTHER PROGRAM SERVICES \_\_\_\_\_ ) (Expenses \$ including grants of \$ ) (Revenue \$ \_\_\_\_\_ ) (Expenses \$ \_\_\_ including grants of \$

4e 332002 10-29-13

Other program services (Describe in Schedule O.)

Total program service expenses

) (Revenue \$

195521.

including grants of \$

	tip Oleckiist of Nequired Scriedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
	If "Yes," complete Schedule A	1	Δ.	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
_	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	E		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	•		<del></del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	*********	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	100000000000000000000000000000000000000	5969555555	
a	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	İ		٠,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	١		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.5		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19 20a	-	X
20a		20b	-	<del>  **</del>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2013)

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Part IV Checklist of Required Schedules (continued) DEVELOPMENT PROFESSIONALS

the same			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			į
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
24a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		Х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-3,		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Ų.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	^-		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note. All Point 350 their are required to contiblete Schedule O		-	/2013\

DEVELOPMENT PROFESSIONALS Form 990 (2013) DEVELOPMENT PROFESSIONALS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		7		
	(gambling) winnings to prize winners?		. 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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	∍O	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		.		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	***************************************	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the organization solicit			
	any contributions that were not tax deductible as charitable contributions?		. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ıtions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v				X
	to file Form 8282?	1 1	7c		_ ^
	If "Yes," indicate the number of Forms 8282 filed during the year	*** ***			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		· —		1
g	If the organization received a contribution of qualified intellectual property, did the organization file F				<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations or other vehicles, and partial source of the contribution of cars, boats, airplanes, or other vehicles, did the organizations.		711		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a		8	100000000000000000000000000000000000000	\$10000000
9	Sponsoring organizations maintaining donor advised funds.	tany time ourning the year:			
	Did the organization make any taxable distributions under section 4966?		9a	100/000000	**********
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	********			
а	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:				
а	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	n 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	130,012,111	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand				<u>-</u> -
				<u> </u>	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	rle O	. 14b	<u> </u>	<u></u>

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who 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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	***********
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
lba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		********	X
	taxable entity during the year?	16a		_ ^
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401	********	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed L	nyoil-1-	اما	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallaQ	io.	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)			
40	· · · · · · · · · · · · · · · · · · ·	d finer	icial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iiiidi	ıvıdl	
20	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🌬	•	
20	DR. PEGGY SUNDEMEYER, ED.DNORDP - (612) 626-7850	don: 💌	-	***************************************
	TRINITY UNIVERSITY, 1 TRINITY PL., SAN ANTONIO, TX 55455			
	THIRT ON A MUDITIFY T THIRTH THE PART CHICATON IN 20400			

## DEVELOPMENT PROFESSIONALS

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

X Check this box if neither the organization	1	orga	niza			пре	nsa		director, or trustee.	
(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)
Name and Title	Average	ído	not c	Pos heck	nore more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	1	compensation	amount of
	week (list any	<b>-</b>		Ī			Ī	from the	from related organizations	other compensation
	hours for	Gill Ci			ľ	, ,		organization	(W-2/1099-MISC)	from the
	related	35 26	thee oil the oi		arsate		(W-2/1099-MISC)	(	organization	
	organizations	First	nal tr		33KO	gro.				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	밀	<u> 8</u>	8	<u>ş</u>	물통	Ϋ́			
ALICIA J. KNOEDLER	1.00								_	_
IMMEDIATE PAST PRESIDENT	1 00	X		Х		ļ.		0.	0.	0.
JEFFREY M. ANDERSON	1.00	١,,							_	_
DIRECTOR	1 00	X	_	_	_			0.	0.	0.
PEGGY SUNDERMEYER	1.00	٠,,		17				0.	0.	0.
TREASURER	1 00	X		Х				V •	0.	V •
ANNE WINDHAM	1.00	X			Ì			0.	0.	0.
DIRECTOR	1.00	^						0.	<b>U.</b>	0.
JACOB E. LEVY	1.00	X	1					0.	0.	0.
DIRECTOR	1.00	Λ				$\vdash$	-		0.	<u> </u>
GRETCHEN KISER	1.00	X						0.	0.	0.
DIRECTOR ANN MCGUIGAN	1.00	1					<del> </del>	· · · · · · · · · · · · · · · · · · ·	0.	
DIRECTOR	1.00	X						0.	0.	0.
RACHEL DRESBECK	1.00	1	-			+-	<del> </del>			
PRESIDENT DEV.&COMM.	100	X		x	İ			0.	0.	0.
MAJORIE PIECHOWSKI	1.00					†	<del>                                     </del>			
SECRETARY		X		X				0.	0.	0.
DAVID A. STONE	1.00	1				ļ				
PRESIDENT		X		X				0.	0.	0.
CHARKIE STONE	1.00	1		Г	1					
DIRECTOR		X						0.	0.	0.
MICHAEL SPIRES	1.00									•
DIRECTOR		X		<u> </u>				0.	0.	0.
		ļ		<u> </u>		$oxed{igspace}$				
			<u> </u>	<u>                                     </u>	<u> </u>	<b> </b>	<u> </u>			
		-								
		↓_	<u> </u>		ļ	4_	ļ			
		-								
		ļ <u>.</u>	┞	<u> </u>	ļ	-	ļ.			
		-				Arrament Parks				
	<u> </u>			L	<u> </u>	1				L

Forn		MENT PROP								27-23	<u> 321</u>	905 Page <b>8</b>
Pai	1 VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	đ Hi	ghe	st C	ompensated Employe	es (continued)		
	<b>(A)</b> Name and title	(B) Average hours per week	(do	(C) Position (do not check more box, unless person officer and a direct				one h an	(D) Reportable compensation from	(E) Reportable compensatio from related	ท	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations
c	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Section A						<b>A A A</b>	0. 0. 0.		0. 0.	0. 0. 0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportab	ie	0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for										,,,,,,	Yes No
4	For any individual listed on line 1a, is the and related organizations greater than \$1											4 X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co											5 X
	etion B. Independent Contractors											
1	Complete this table for your five highest the organization. Report compensation for										ipens	
	(A) Name and busine	ss address	N	ON	E				(B) Description of s	services	C	(C) Compensation
							<u>.</u>					
2	Total number of independent contractors		not li	mite	ed to	tho	se li	stec	d above) who received r	nore than		

Pa	τV	III	Statement of Rever	nue						
			Check if Schedule O conta	ains a res	sponse	or note to any lir				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 6	22222 3	Federated campaigns		1a					
iran Oun			Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1¢					
ia iii	(	đ	Related organizations		1d					
ıs,		e	Government grants (contributi	ions)	1e					
tion in	1	f	All other contributions, gifts, grant	ts, and						
퉏쵯			similar amounts not included above	ve	1f					
d d	•	9	Noncash contributions included in lines	1a-1f: \$						
<u>ة ت</u>		<u>h</u>	Total. Add lines 1a-1f		·····					
			COMPEDENCE			Business Code	158055.	158055.		
Program Service Revenue	2 6		CONFERENCE MEMBERSHIP DUES		<del></del>	541700 541700	80881.	80881.		
ie je			SPONSORSHIPS			541700	35000.			
ΕŞ			REGIONAL EVENTS			541700	1880.	<u> </u>		
Reg			REGIONAL EVENTO	<u> </u>		341700	1000.	1000.		i
Pro		e f	All other program service reve	nue						
			Total. Add lines 2a-2f			<b>&gt;</b>	275816.			
	3	_	Investment income (including							
			other similar amounts)							
	4		Income from investment of tax			_				
	5		Royalties	· <u>·····</u>		<b>&gt;</b>				
				(i) F	eal	(ii) Personal				
	6	а	Gross rents							
	1	b	Less: rental expenses							
			Rental income or (loss)							
			• •							
	7 :	а	Gross amount from sales of	(I) Sec	urities	(ii) Other				
		ı_	assets other than inventory							
		D	Less: cost or other basis and sales expenses	ŀ						
:		_	Gain or (loss)							
			Net gain or (loss)			<b></b>				
6)			Gross income from fundraisin							
ž	-	-	including \$							
eve			contributions reported on line							
Other Revenue			Part IV, line 18							
Ě		b	Less: direct expenses		b					
•		¢	Net income or (loss) from fund	draising e	events	<b>&gt;</b>				
	9	а	Gross income from gaming ad			3				
			Part IV, line 19							
			Less: direct expenses						1	
			Net income or (loss) from garr		ities	. <u></u>				
	10	а	Gross sales of inventory, less		_					
		<b>L</b>	and allowances				1			
			b Less: cost of goods soldb   Net income or (loss) from sales of inventory							
		_	Miscellaneous Revenu		(1101)	Business Code	,			
	11	а	MISSORIANOGO NOVENE							
		b								
		¢								
		d	All other revenue							
		е	Total. Add lines 11a-11d				075016	075016		
33200	12		Total revenue. See instructions.			<b>&gt;</b>	275816.	275816	0.	Form <b>990</b> (2013)
JUZUL	10									rusu <b>330</b> (2013)

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	nse or note to any line ir	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		ų,		
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6152.		6152.	
8	Pension plan accruals and contributions (include	0102.		7.C.U.	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2307.		2307.	
11	Fees for services (non-employees):				
a	Management	15464.	15464.	;	
b	Legal	4045.		4045.	
c	Accounting	900.		900.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) CONFERENCE EXPENSES	145612.	145612.		
a b	BOARD RETREAT	12335	12335.		
C	EXTERNAL ENGAGEMENT	7523.			
d	SOFTWARE AND SUBSCRIPTI	6259.		6259.	
-	All other expenses	17795.		3208.	
25	Total functional expenses. Add lines 1 through 24e	218392.		22871.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		i	1	l

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 166457. 109033. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L ...... 4ssets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 11 Investments · publicly traded securities 12 12 Investments · other securities. See Part IV, line 11 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 109033. 166457 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 30 0. 0. 31 31 Paid in or capital surplus, or land, building, or equipment fund 145937. 88513. 32 32 Retained earnings, endowment, accumulated income, or other funds ......... 166457. 109033. 33 Total net assets or fund balances 33 109033. 166457. 34 Total liabilities and net assets/fund balances ......

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 758</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		183	
3	Revenue less expenses. Subtract line 2 from line 1	3		574	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	090	33.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (8))	10	1	664	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			, . ,	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	**********	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
ģ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

NATIONAL ORGANIZATION OF RESEARCH

Employer identification number

	, .·		MENT PROFESS							<u> 1 – 2 3 2</u>	1905	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	١.				
2	A school des	cribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospi	tal service organization (	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospit	al's nan	ne,
	city, and stat	e:										
5	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(1	)(A)(v).					
7	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general	oublic des	scribed	in
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8	A community	rtrust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	o fees, ar	nd gross i	eceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gros	ss invest	tment
	income and	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June	30, 197	75.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>4).</b>				
11	-		perated exclusively for the		•							or
	more publicly	/ supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	?). See <b>se</b> c	ction 509(a	a){3). Che	eck the bo	ox that	
			organization and compl									
	a L Type	•	·	ype III - Fu	-	-				r-function	•	_
e			at the organization is not									
			han one or more publicl						9(a)(1) or	section 5	09(a)(2).	
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III e				
		rganization, check th										. —
g			organization accepted ar								24	Ι
			lirectly controls, either a								Yes	No
			upported organization?									
		•	n described in (i) above?									<del>                                     </del>
4.			person described in (i)							11g(i	[1]	
h	Provide the t	ollowing information	about the supported or	ganization	(S).							
			l	(iv) to the	organization	(v) Did you	, notify the	(vi) Is	the			
	of supported	(ii) EIN	(III) Type of organization (described on lines 1-9	in col. (i) li			ion in col.	lorganizatio	on in col. I	(vii) Amou	int of mo upport	netary
orga	anization		above or IRC section		document?			(i) organiz U.S	.?	3:	apport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					****							
Total		l control of the cont	4	4	400000000000000000000000000000000000000	100000000000000000000000000000000000000	100000000000000000000000000000000000000	400000000000000000000000000000000000000				

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

Schedule A (Form 990 or 990-EZ) 2013

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	-					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				-		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
. •	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ons)	<b>C</b>		12	
	First five years. If the Form 990 is fo					<u> </u>	
_	organization, check this box and stop						
Sec	ction C. Computation of Publ				·		
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10% or	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						<u> </u>
b	10% -facts-and-circumstances tes	<del>-</del>					
	more, and if the organization meets the						
	organization meets the "facts and cire						▶ □
18	Private foundation. If the organization		-				· -
						dule A /Form 990 o	

# Schedule A (Form 990 or 990-EZ) 2013 DEVELOPMENT PROFESSIONALS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u></u>	quality under the tests listed be	elow, please compl	ete Part II.)				<del></del>	
	ction A. Public Support					1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	0.5000	7 = 500	00604			100604	
	include any "unusual grants.")	26300.	15700.	90634.			132634.	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9652.	61910.	120222.			191784.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge			010056			204410	
	Total. Add lines 1 through 5	35952.	77610.	210856.			324418.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
(	Add lines 7a and 7b						0.	
8	Public support (Subtract line 7c from line 6.)						324418.	
Se	ction B. Total Support							
Cale	ındar year (or fiscal year beginning in) ► 🏻	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	35952.	77610.	210856.			324418.	
10a	dividends, payments received on securities loans, rents, royalties and income from similar sources							
ŧ	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	35952.	77610.	210856.			324418.	
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,	
	check this box and stop here						<b>▶</b>	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2013 (li	ine 8, column (f) div	rided by line 13, c	olumn (f))			100.00 <u>%</u>	
16	Public support percentage from 2012	Schedule A, Part I	II, line 15			16	100.00 %	
Se	ction D. Computation of Inves	stment Income	Percentage					
17	vestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))					17	.00 %	
18							%	
	19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organi	zation	<u> </u>	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization						. /	

### NATIONAL ORGANIZATION OF RESEARCH

Schedule A	(Form 990 or 990-EZ) 2013 DEVELOPMENT	PROFESSIONALS	27-2321905 Page 4
Part IV	(Form 990 or 990-EZ) 2013 DEVELOPMENT Supplemental Information. Provide the ex	planations required by Part II. line	e 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional informati		,
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