

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2015

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPORTS NEUROPSYCHOLOGY SOCIETY, INC.		D Employer identification number 45-3987272
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 150 W. UNIVERSITY BLVD.		E Telephone number (321) 674-7457
	City or town, state or province, country, and ZIP or foreign postal code MELBOURNE, FL 32901		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.sportsneuropsychologysociety.com

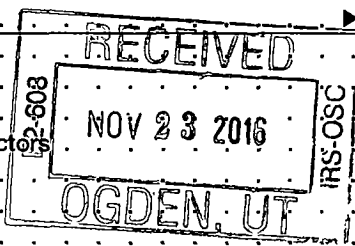
J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **105,010**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	Contributions, gifts, grants, and similar amounts received	1	
		2	Program service revenue including government fees and contracts	2	92,605
		3	Membership dues and assessments	3	12,405
		4	Investment income	4	
		5a	Gross amount from sale of assets other than inventory	5a	
		5b	Less: cost or other basis and sales expenses	5b	
		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		6	Gaming and fundraising events		
		6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
		6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
		6c	Less: direct expenses from gaming and fundraising events	6c	
		6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
		7a	Gross sales of inventory, less returns and allowances	7a	
		7b	Less: cost of goods sold	7b	
		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
		8	Other revenue (describe in Schedule O)	8	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105,010
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	960	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15	102	
	16	Other expenses (describe in Schedule O)	16	83,953	
	17	Total expenses. Add lines 10 through 16	17	85,015	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,995	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,760	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	82,755	



SCANNED 9/26/16

23 9

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of FRANK M. WEBBE Telephone no. (321) 674-7457 Located at 150 W. UNIVERSITY BLVD., MELBOURNE, FL ZIP + 4 32901
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49a			
b	If "Yes," was the related organization a section 527 organization?		
49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000 of compensation from the organization ▶

52 Did the organization complete Schedule A? **Note:** All completed Schedule A

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 knowledge.

Sign Here

Signature of officer

FRANK M. WEBBE, TREASURER *Frank M. Webbe*

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **RICHARD C. JARCHOW, CPA** Preparer's signature: *Richard C. Jarchow*

Firm's name ▶ **RICHARD C. JARCHOW, CPA'S**

Firm's address ▶ **888 SE THIRD AVENUE, SUITE 401, FORT**

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

SPORTS NEUROPSYCHOLOGY SOCIETY, INC.

45-3987272

PART I, LINE 16 - OTHER EXPENSES

CONFERENCE COSTS \$ 82,109

COSTS TO MAINTAIN EDUCATIONAL WEBSITE 1,783

STATE REGISTRATION 61

\$ 83,953

PART II, LINE 26 - TOTAL LIABILITIES

CREDIT CARD PAYABLE \$ 1,353

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADVANCE THE FIELD OF SPORTS NEUROPSYCHOLOGY, TO GENERATE AND DISSEMINATE KNOWLEDGE

REGARDING BRAIN-BEHAVIOR RELATIONSHIPS AS IT APPLIES TO SPORTS, AND TO PROMOTE THE WELFARE

OF ATHLETES AT ALL LEVELS.

LINE 28 - PROMOTE AND DISSEMINATE EDUCATIONAL INFORMATION AND SCIENTIFIC RESEARCH IN

SPORTS NEUROPSYCHOLOGY THROUGH A CONFERENCE WITH 232 ATTENDEES.