

Form 990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ 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.

OMB No. 1545-1150

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning		, 2013, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C NATIONAL ORGANIZATION OF DISORDERS OF THE CORPUS CALLOSUM 18032-C LEMON DRIVE PMB 363 YORBA LINDA, CA 92886-3386	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		D Employer identification number 33-1029337	
I Website: ▶ WWW.NODCC.ORG		E Telephone number 717 747-0063	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Group Exemption Number. ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
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. ▶ \$ 113,466.			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) <input checked="" type="checkbox"/>			
Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>			
REVENUE			
1	Contributions, gifts, grants, and similar amounts received	1	26,811.
2	Program service revenue including government fees and contracts	2	79,312.
3	Membership dues and assessments	3	
4	Investment income	4	13.
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) SEE SCHEDULE O	8	7,330.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	113,466.
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	74,038.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	23,151.
17	Total expenses. Add lines 10 through 16.	17	97,189.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,277.
ASSETS			
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	58,982.
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	75,259.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Form 990-EZ (2013) NATIONAL ORGANIZATION OF DISORDERS

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

(A) Beginning of year	(B) End of year
58,782.	75,259.
200.	
58,982.	75,259.
0.	0.
58,982.	75,259.

- 22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O)
 25 Total assets
 26 Total liabilities (describe in Schedule O)
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

SEE SCHEDULE O

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

28a 4,769.
 (Grants \$) If this amount includes foreign grants, check here ☐

29
 (Grants \$) If this amount includes foreign grants, check here ☐

30
 (Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a) 4,769.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AMANDA HEYSER PRESIDENT & CEO	0	0.	0.	0.
BLAKE SADBERRY DIRECTOR	0	0.	0.	0.
KAREN DINEEN SECRETARY	0	0.	0.	0.
DAVE CURLEE DIRECTOR	0	0.	0.	0.
DAVID GURRY DIRECTOR	0	0.	0.	0.
ELLIOTT SHEER DIRECTOR	0	0.	0.	0.
DANA SNYDER DIRECTOR	0	0.	0.	0.
PAUL GUILBAULT MD DIRECTOR	0	0.	0.	0.
EDDIE PIROMSUK DIRECTOR	0	0.	0.	0.
JAMES NICHOLS TREASURER	0	0.	0.	0.
STEVE RUMBERG DIRECTOR	0	0.	0.	0.
ANGUS COCHRAN DIRECTOR	0	0.	0.	0.
CHAD ELSETH DIRECTOR	0	0.	0.	0.

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

	Yes	No
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.		<input checked="" type="checkbox"/> X
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. Otherwise, explain the change on Schedule O (see instructions).		<input checked="" type="checkbox"/> X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/> X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
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? If 'Yes,' complete Schedule C, Part III.		<input checked="" type="checkbox"/> X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		<input checked="" type="checkbox"/> X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
37b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> X
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?		<input checked="" type="checkbox"/> X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	<input checked="" type="checkbox"/> X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	<input checked="" type="checkbox"/> X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of BARBARA FONSECA Telephone no. 714 813-1393 Located at 18032-C LEMON DRIVE PMB 363 YORBA LINDA CA ZIP + 4 92886-3386		
b 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)? If 'Yes,' enter the name of the foreign country: _____	42b	<input checked="" type="checkbox"/> X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____	42c	<input checked="" type="checkbox"/> X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	<input checked="" type="checkbox"/> X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44b	<input checked="" type="checkbox"/> X
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/> X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/> X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	<input checked="" type="checkbox"/> X

- 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		X

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.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?
- 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.'

	Yes	No
47		X
48		X
49 a		X
49 b		

(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
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000.

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☒ Yes ☐ No

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	Signature of officer		Date	
	AMANDA HEYSER		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	PTIN
	MICHAEL DI PIETRO, CPA	MICHAEL DI PIETRO, CPA	7/02/14	P00941400
	Firm's name	Firm's EIN		
	MICHAEL DI PIETRO CPA	33-0495410		
	Firm's address	Phone no.		
	907 S MYRTLE AVE	(626) 305-7700		
	MONROVIA, CA 91016-3426			

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

☒ Yes ☐ No