

# 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)

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

# 2012

Open to Public Inspection

**A** For the **2012** calendar year, or tax year beginning **MAY 1, 2012** and ending **APR 30, 2013**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>NATIONAL EATING DISORDERS ASSOCIATION</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>165 WEST 46TH STREET, SUITE 402</b><br>City, town, or post office, state, and ZIP code<br><b>NEW YORK, NY 10036</b><br><b>F</b> Name and address of principal officer: <b>LYNN S. GREFE</b><br><b>SAME AS C ABOVE, NEW YORK, NY 10036</b> | <b>D</b> Employer identification number<br><b>13-3444882</b><br><b>E</b> Telephone number<br><b>212-575-6200</b><br><b>G</b> Gross receipts \$ <b>3,029,305.</b><br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <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  |   |   |
| <b>J</b> Website: ▶ <b>WWW.NATIONALEATINGDISORDERS.ORG</b>  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>DE</b>   |

## Part I Summary

|  |   |   |  |
|--|---|---|--|
|  | 1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>                                       |   |  |
| Activities & Governance  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |  |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | <b>21</b>                                |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | <b>21</b>                                |
|  | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | <b>5</b>  | <b>26</b>                                |
|  | 6 Total number of volunteers (estimate if necessary)  | <b>6</b>  | <b>320</b>                               |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>   | <b>0.</b>                                |
|  | b Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>   | <b>0.</b>                                |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br><b>1,850,936.</b>                              | <b>Current Year</b><br><b>2,261,230.</b> |
|  | 9 Program service revenue (Part VIII, line 2g)  | <b>197,927.</b>   | <b>228,854.</b>                          |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>11,087.</b>  | <b>5,547.</b>                            |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>209,872.</b>   | <b>427,352.</b>                          |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>2,269,822.</b>   | <b>2,922,983.</b>                        |
|  | Expenses  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>13,187.</b>                           |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |   | <b>0.</b>   | <b>0.</b>                                |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | <b>956,534.</b>   | <b>1,147,651.</b>                        |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |   | <b>37,892.</b>  | <b>0.</b>                                |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>360,874.</b>        |   |   |  |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | <b>1,163,427.</b>   | <b>1,247,576.</b>                        |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |   | <b>2,171,040.</b>   | <b>2,523,101.</b>                        |
| 19 Revenue less expenses. Subtract line 18 from line 12                              | <b>98,782.</b>  | <b>399,882.</b>   |  |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>1,842,296.</b>               | <b>End of Year</b><br><b>2,163,661.</b>  |
|  | 21 Total liabilities (Part X, line 26)  | <b>243,272.</b>   | <b>164,755.</b>                          |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | <b>1,599,024.</b>   | <b>1,998,906.</b>                        |

## 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.

|                               |   |                                |      |   |                          |
|-------------------------------|---|--------------------------------|------|---|--------------------------|
| <b>Sign Here</b>              | ▶ Signature of officer<br><b>LYNN S. GREFE, PRESIDENT AND CEO</b>                 | Date                           |      |   |                          |
|                               | Type or print name and title  |                                |      |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>FREDERICK H. ROTHMAN</b>                         | Preparer's signature           | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01275277</b> |
|                               | Firm's name ▶ <b>LOEB &amp; TROPER LLP</b>  | Firm's EIN ▶ <b>13-1517563</b> |      |   |                          |
|                               | Firm's address ▶ <b>655 THIRD AVENUE, 12TH FLOOR</b><br><b>NEW YORK, NY 10017</b> | Phone no. (212) 867-4000       |      |   |                          |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE NATIONAL EATING DISORDERS ASSOCIATION (NEDA) SUPPORTS INDIVIDUALS AND FAMILIES AFFECTED BY EATING DISORDERS AND SERVES AS A CATALYST FOR PREVENTION, CURES AND ACCESS TO QUALITY CARE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 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.

4a (Code: ) (Expenses \$ 1,853,244. including grants of \$ 127,874. ) (Revenue \$ 228,854. ) THE NEDA INFORMATION AND REFERRAL HELPLINE AND WEBSITE ARE NATIONWIDE, FREE RESOURCES LINKING SUFFERERS AND THEIR LOVED ONES TO VITAL INFORMATION AND SUPPORT AS WELL AS A REFERRAL DATABASE WITH HUNDREDS OF EATING DISORDERS TREATMENT PROFESSIONALS. NEDA PROVIDED 40 HOURS PER WEEK OF LIVE HELPLINE SERVICES THANKS TO A HELPLINE SUPERVISOR AND DOZENS OF TRAINED VOLUNTEERS.

THE HELPLINE CHARACTERISTICALLY RECEIVES A SIGNIFICANT INCREASE IN CALL VOLUME DURING NATIONAL EATING DISORDERS AWARENESS WEEK (ANNUAL THE LAST WEEK OF FEBRUARY.) THIS PAST YEAR THE HELPLINE EXPERIENCED THE PREDICTED INCREASE IN CALLS BEGINNING IN JANUARY WITH AN EVEN HIGHER PEAK IN NUMBER OF CALLS IN FEBRUARY THAN IN PREVIOUS YEARS. THIS INCREASE OVER

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 1,853,244.

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> 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> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   | <input checked="" type="checkbox"/> |                                     |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>7</b> 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> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |                                     | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>11</b> 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.   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <input checked="" type="checkbox"/> |                                     |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |                                     | <input checked="" type="checkbox"/> |
| <b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |                                     | <input checked="" type="checkbox"/> |
| <b>15</b> 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, Parts II and IV</i> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>16</b> 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, Parts III and IV</i> .....  |                                     | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <input checked="" type="checkbox"/> |                                     |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |                                     |                                     |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | X   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and charitable contributions.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 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 AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 212-575-6200 165 WEST 46TH STREET, SUITE 402, NEW YORK, NY 10036

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

Check if Schedule O contains a response to any question 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 -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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) BOB KOVARIK<br>CHAIR                | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) DEBORAH BELFATTO<br>VICE CHAIR      | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JOHN A. (BUDDY) HOWARD<br>TREASURER | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) WALTER KAYE<br>TREASURER            | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) PHOEBE MEGNA<br>SECRETARY           | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) ROBERTA KATZ<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) RUSSELL MARX<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) KIMBERLI MCCALLUM<br>DIRECTOR       | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) ROBBIE MUNN<br>DIRECTOR             | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) OVIDIO BERMUDEZ<br>DIRECTOR        | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) MARY CURRAN<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) AMY BAKER DENNIS<br>DIRECTOR       | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) DON NIELSON<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) DOROTHY SPRAGUE<br>DIRECTOR        | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) LISA RYAN BURKE<br>DIRECTOR        | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) EVELYN ATTIA<br>DIRECTOR           | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) RIC CLARK<br>DIRECTOR              | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) TAMARA PRYOR<br>DIRECTOR                                  | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) ELIZABETH SARQUIS<br>DIRECTOR                             | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) ALLISON KREIGER WALSH<br>DIRECTOR                         | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) STEVE WONDERLICH<br>DIRECTOR                              | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) LINDA S GREFE<br>CEO/PRES                                 | 40.00  |  |                       | X       |              |                              |        | 186,753.   | 0.  | 14,241.   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 186,753.   | 0.  | 14,241.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 186,753.   | 0.  | 14,241.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|   |  | (A)  | (B)                                | (C)                        | (D)   |  |
|---|--|--|------------------------------------|----------------------------|---|--|
|   |  | Total revenue                                  | Related or exempt function revenue | Unrelated business revenue | 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   | 38,600.                            |                            |   |  |
|   | d Related organizations  | 1d   |                                    |                            |   |  |
|   | e Government grants (contributions)  | 1e   |                                    |                            |   |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 2,222,630.                         |                            |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |  | 87,071.                            |                            |   |  |
|   | h Total. Add lines 1a-1f   |  | 2,261,230.                         |                            |   |  |
|   | Program Service Revenue  | 2 a REGISTRATION FEES                          | Business Code                      |                            |   |  |
|   |  | 611710   | 228,854.                           | 228,854.                   |   |  |
| b   |  |  |                                    |                            |   |  |
| c   |  |  |                                    |                            |   |  |
| d   |  |  |                                    |                            |   |  |
| e   |  |  |                                    |                            |   |  |
| f All other program service revenue                           |  |  |                                    |                            |   |  |
| g Total. Add lines 2a-2f                                      |  | 228,854.                                       |                                    |                            |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other similar amounts)   |  | 5,547.                             |                            | 5,547.  |  |
|   | 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                                 |                                    |                            |   |  |
|   |  | (ii) Other                                     |                                    |                            |   |  |
|   |  | b Less: cost or other basis and sales expenses |                                    |                            |   |  |
|   |  | c Gain or (loss)                               |                                    |                            |   |  |
|   | d Net gain or (loss)   |  |                                    |                            |   |  |
|   | 8 a Gross income from fundraising events (not including \$ 38,600. of contributions reported on line 1c). See Part IV, line 18 | a  | 514,669.                           |                            |   |  |
|   |  | b Less: direct expenses                        | b                                  | 88,767.                    |   |  |
| c Net income or (loss) from fundraising events                |  |  | 425,902.                           |                            | 425,902.  |  |
| 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  | 19,005.  |                                    |                            |   |  |
|   | b Less: cost of goods sold   | b  | 17,555.                            |                            |   |  |
|   | c Net income or (loss) from sales of inventory   |  | 1,450.                             |                            | 1,450.  |  |
| Miscellaneous Revenue   |  | Business Code                                  |                                    |                            |   |  |
| 11 a  |  |  |                                    |                            |   |  |
|   | b  |  |                                    |                            |   |  |
|   | c  |  |                                    |                            |   |  |
|   | d All other revenue  |  |                                    |                            |   |  |
|   | e Total. Add lines 11a-11d   |  |                                    |                            |   |  |
| 12 Total revenue. See instructions.                           |  | 2,922,983.                                     | 228,854.                           | 0.                         | 432,899.  |  |

**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).

Check if Schedule O contains a response to any question in this Part IX

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22   | 127,874.              | 127,874.                        |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 168,154.              | 126,116.                        | 25,223.                                | 16,815.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 831,192.              | 633,335.                        | 94,854.                                | 103,003.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 4,746.                | 3,607.                          | 569.                                   | 570.                        |
| <b>9</b> Other employee benefits   | 60,154.               | 45,717.                         | 7,219.                                 | 7,218.                      |
| <b>10</b> Payroll taxes  | 83,405.               | 63,440.                         | 9,853.                                 | 10,112.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 883.                  |                                 | 883.                                   |                             |
| <b>c</b> Accounting  | 62,258.               |                                 | 62,258.                                |                             |
| <b>d</b> Lobbying  | 76,349.               | 76,349.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 196,294.              | 142,073.                        |  | 54,221.                     |
| <b>12</b> Advertising and promotion  | 55,755.               | 38,960.                         |  | 16,795.                     |
| <b>13</b> Office expenses  | 234,293.              | 165,533.                        | 15,235.                                | 53,525.                     |
| <b>14</b> Information technology   | 141,840.              | 107,798.                        | 17,021.                                | 17,021.                     |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 44,415.               | 34,583.                         | 2,847.                                 | 6,985.                      |
| <b>17</b> Travel   | 51,224.               | 38,520.                         | 1,784.                                 | 10,920.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 235,498.              | 178,978.                        | 28,260.                                | 28,260.                     |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 75,332.               | 57,252.                         | 9,040.                                 | 9,040.                      |
| <b>23</b> Insurance  |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered 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.) |                       |                                 |  |                             |
| <b>a</b> SERVICE FEES  | 52,122.               |                                 | 31,262.                                | 20,860.                     |
| <b>b</b> OTHER EXPENSES  | 19,040.               | 13,109.                         | 402.                                   | 5,529.                      |
| <b>c</b> BAD DEBT EXPENSE  | 2,273.                |                                 | 2,273.                                 |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,523,101.            | 1,853,244.                      | 308,983.                               | 360,874.                    |
| <b>26</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |          |
|---|--|--------------------------|-----------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 25,505.                  | 1         | 25,354.            |          |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,340,502.               | 2         | 1,762,614.         |          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 259,258.                 | 3         | 219,617.           |          |
|   | <b>4</b> Accounts receivable, net .....  | 769.                     | 4         | 0.                 |          |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5         |                    |          |
|   | <b>6</b> 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6         |                    |          |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | 7         |                    |          |
|   | <b>8</b> Inventories for sale or use .....   | 24,505.                  | 8         | 18,451.            |          |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 28,969.                  | 9         | 14,643.            |          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 312,597.      |           |                    |          |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 215,550.      | 162,788.  | <b>10c</b> 97,047. |          |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | 11        | 25,935.            |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | 12        |                    |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13        |                    |          |
|   | <b>14</b> Intangible assets .....  |                          | 14        |                    |          |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | 15        |                    |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 1,842,296.               | <b>16</b> | 2,163,661.         |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 129,172.                 | 17        | 152,690.           |          |
|   | <b>18</b> Grants payable .....   |                          | 18        |                    |          |
|   | <b>19</b> Deferred revenue .....   | 114,100.                 | 19        | 12,065.            |          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20        |                    |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21        |                    |          |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22        |                    |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | 23        |                    |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24        |                    |          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | 25        |                    |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 243,272.  | <b>26</b>          | 164,755. |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |          |
|   | <b>27</b> Unrestricted net assets .....  | 1,427,961.               | 27        | 1,666,675.         |          |
|   | <b>28</b> Temporarily restricted net assets .....  | 171,063.                 | 28        | 332,231.           |          |
|   | <b>29</b> Permanently restricted net assets .....  |                          | 29        |                    |          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |           |                    |          |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 30        |                    |          |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31        |                    |          |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32        |                    |          |
| <b>33</b> Total net assets or fund balances .....                         |  | 1,599,024.               | <b>33</b> | 1,998,906.         |          |
| <b>34</b> Total liabilities and net assets/fund balances .....            |  | 1,842,296.               | <b>34</b> | 2,163,661.         |          |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,922,983. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,523,101. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 399,882.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,599,024. |
| 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 (B)) | 10 | 1,998,906. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | 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?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

|  |   |
|--|---|
| Name of the organization<br><b>NATIONAL EATING DISORDERS ASSOCIATION</b> | Employer identification number<br><b>13-3444882</b> |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1,285,385. | 1,833,023. | 1,880,772. | 1,850,936. | 2,261,230. | 9,111,346. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1,285,385. | 1,833,023. | 1,880,772. | 1,850,936. | 2,261,230. | 9,111,346. |
| <b>5</b> 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) ..... |            |            |            |            |            | 61,844.    |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 9,049,502. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1,285,385. | 1,833,023. | 1,880,772. | 1,850,936. | 2,261,230. | 9,111,346.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 2,973.     | 1,147.     | 1,500.     | 11,087.    | 5,547.     | 22,254.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  | 144,602.   | 23,714.    | 143,624.   | 221,020.   | 425,902.   | 958,862.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 10,092,462.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 454,745.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 89.67 % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 90.14 % |
| <b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

**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 qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> 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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** 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 and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

|  |   |
|--|---|
| Name of organization<br><b>NATIONAL EATING DISORDERS ASSOCIATION</b> | Employer identification number<br><b>13-3444882</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 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 Complete if the organization is exempt under section 501(c)(3).**

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

232041  
01-07-13



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1 a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.  |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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? ..... |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**Yes**     **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 on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)     |
|--|-----|----|---------|
|  | Yes | No | Amount  |
| <b>1</b> 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: |     |    |         |
| <b>a</b> Volunteers? .....   |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | X   |    |         |
| <b>c</b> Media advertisements? .....   |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | X   |    | 76,349. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | X  |         |
| <b>i</b> Other activities? .....   |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 76,349. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year .....   | 2a |  |
| <b>b</b> Carryover from last year .....   | 2b |  |
| <b>c</b> Total .....  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | 3  |  |
| <b>4</b> 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  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | 5  |  |

**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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

NIXEON PEABODY LLP REPRESENTS NEDA IN CONGRESS. MACAULAY & BURTCH, PC

DOES STATE ADVOCACY FOR NEDA. NEDA HAD LOCAL LOBBY DAY AND A BRIEFINGS

TO STATE LEGISLATORS AND THE JOINT COMMISSION OF HEALTH IN VIRGINIA

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**NATIONAL EATING DISORDERS ASSOCIATION**

Employer identification number

**13-3444882**

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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.

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? .....

Yes  No

9 In Part XIII, 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 .....

▶ \$ \_\_\_\_\_

2 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 (ASC 958) 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 acquisition, 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 XIII.
- 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 Escrow and Custodial Arrangements.** Complete if the 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 XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 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   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 312,597.                        | 215,550.                     | 97,047.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 97,047.        |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows 2-11 are blank.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 3,476,316. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 535,778.   |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 17,555.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 553,333.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 2,922,983. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 2,922,983. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 3,076,434. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 535,778.   |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 17,555.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 553,333.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 2,523,101. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 2,523,101. |

**Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**NEDA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSTIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING APRIL 30, 2009 AND SUBSEQUENT REMAIN SUBJECT TO REVIEW BY APPLICABLE TAXING AUTHORITIES.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**COST OF GOODS SOLD**

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD

COST OF GOODS SOLD- \$17,555

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public  
Inspection

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number

13-3444882

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI  
WY



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|----|---|--------------|------------------|--|------------|
|                 |    | NY BENEFIT<br>DINNER  |              | NONE             |  |            |
|                 |    | (event type)  | (event type) | (total number)   |  |            |
| Revenue         | 1  | Gross receipts .....  | 553,269.     |                  |  | 553,269.   |
|                 | 2  | Less: Contributions .....   | 514,669.     |                  |  | 514,669.   |
|                 | 3  | Gross income (line 1 minus line 2) .....                          | 38,600.      |                  |  | 38,600.    |
| Direct Expenses | 4  | Cash prizes .....   |              |                  |  |            |
|                 | 5  | Noncash prizes .....  |              |                  |  |            |
|                 | 6  | Rent/facility costs .....   | 38,767.      |                  |  | 38,767.    |
|                 | 7  | Food and beverages .....  | 50,000.      |                  |  | 50,000.    |
|                 | 8  | Entertainment .....   |              |                  |  |            |
|                 | 9  | Other direct expenses .....                                       |              |                  |  |            |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |                  |  | ( 88,767.) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 ..... |              |                  |  | -50,167.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|-----------------------------|---|---|---|
|                 |   | 1                           | Gross revenue .....   |   |   |
| Direct Expenses | 2   | Cash prizes .....           |   |   |   |
|                 | 3   | Noncash prizes .....        |   |   |   |
|                 | 4   | Rent/facility costs .....   |   |   |   |
|                 | 5   | Other direct expenses ..... |   |   |   |
|                 | 6   | Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....     |                             |   |   | ( _____ )   |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 ..... |                             |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **NATIONAL EATING DISORDERS ASSOCIATION** Employer identification number **13-3444882**

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDA, INC.<br>92 PEARL STREET<br>NEWTON, MA 02458  | 04-3224394     | 501(C)(3)                            | 51,886.                         | 0.                                       |  |   | AWARD                                     |
| UNIVERSITY OF CHICAGO<br>1427 E 60TH STREET<br>CHICAGO, IL 60637                             | 36-2177139     | 501(C)(3)                            | 5,543.                          | 0.                                       |  |   | AWARD                                     |
| UNIVERSITY OF NORTH CAROLINA<br>104 AIRPORT DRIVE<br>CHAPEL HILL, NC 27599                   | 59-1711424     | 501(C)(3)                            | 5,497.                          | 0.                                       |  |   | AWARD                                     |
| MISSOURI EATING DISORDER<br>ASSOCIATION - PO BOX 11344 - ST.<br>LOUIS, MO 63105              | 52-2415360     | 501(C)(3)                            | 16,715.                         | 0.                                       |  |   | AWARD                                     |
| EDRC<br>15891 ALMADEN RD<br>LOS GATOS, CA 95032  | 68-0616393     | 501(C)(3)                            | 20,621.                         | 0.                                       |  |   | AWARD                                     |
| EATING DISORDER NETWORK OF CENTRAL<br>FLORIDA - 1345 CLLAY STREET -<br>WINTER PARK, FL 32789 | 20-4134315     | 501(C)(3)                            | 7,396.                          | 0.                                       |  |   | AWARD                                     |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OPHELIA'S PLACE<br>PO BOX 621<br>LIVERPOOL, NY 13088 | 78-3043020 | 501(C)(3)                     | 16,208.                  | 0.                                |   |  | AWARD                              |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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, Part III, column (b), and any other additional information.

**SCHEDULE I, PART I, LINE 2: NEDA OBTAINS WRITTEN REPORTS FROM THE GRANTEES**  
**OF PERFORMANCE RESULTS**

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**NATIONAL EATING DISORDERS ASSOCIATION**

Employer identification number

**13-3444882**

**Part I Questions Regarding Compensation**

|  | Yes       | No |
|--|-----------|----|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |    |
| <b>b</b> If any of the boxes on line 1a are 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 .....  | <b>1b</b> |    |
| <b>2</b> 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? .....  | <b>2</b>  |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><input checked="" type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |           |    |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment? .....  | <b>4a</b> | X  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....   | <b>4b</b> | X  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....  | <b>4c</b> | X  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |    |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>   |           |    |
| <b>5</b> 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:<br><b>a</b> The organization? .....  | <b>5a</b> | X  |
| <b>b</b> Any related organization? .....   | <b>5b</b> | X  |
| If "Yes" to line 5a or 5b, describe in Part III.   |           |    |
| <b>6</b> 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:<br><b>a</b> The organization? .....  | <b>6a</b> | X  |
| <b>b</b> Any related organization? .....   | <b>6b</b> | X  |
| If "Yes" to line 6a or 6b, describe in Part III.   |           |    |
| <b>7</b> 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 .....  | <b>7</b>  | X  |
| <b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....   | <b>8</b>  | X  |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....  | <b>9</b>  |    |

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                               |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) LINDA S GREFE<br>CEO/PRES | (i)  | 186,753.   | 0.                                  | 0.                                  | 5,277.   | 8,964.                  | 200,994.                        | 0.  |
|                               | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                               | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                               | (ii) |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization **NATIONAL EATING DISORDERS ASSOCIATION** Employer identification number **13-3444882**

| <b>Part I</b> | <b>Types of Property</b>   | <b>(a)<br/>Check if<br/>applicable</b> | <b>(b)<br/>Number of<br/>contributions or<br/>items contributed</b> | <b>(c)<br/>Noncash contribution<br/>amounts reported on<br/>Form 990, Part VIII, line 1g</b> | <b>(d)<br/>Method of determining<br/>noncash contribution amounts</b> |
|---------------|--|--|---|--|---|
| 1             | Art - Works of art .....   |  |   |  |   |
| 2             | Art - Historical treasures .....                                   |  |   |  |   |
| 3             | Art - Fractional interests .....                                   |  |   |  |   |
| 4             | Books and publications .....                                       |  |   |  |   |
| 5             | Clothing and household goods .....                                 |  |   |  |   |
| 6             | Cars and other vehicles .....                                      |  |   |  |   |
| 7             | Boats and planes .....   |  |   |  |   |
| 8             | Intellectual property .....  |  |   |  |   |
| 9             | Securities - Publicly traded .....                                 |  |   |  |   |
| 10            | Securities - Closely held stock .....                              |  |   |  |   |
| 11            | Securities - Partnership, LLC, or<br>trust interests .....         |  |   |  |   |
| 12            | Securities - Miscellaneous .....                                   |  |   |  |   |
| 13            | Qualified conservation contribution -<br>Historic structures ..... |  |   |  |   |
| 14            | Qualified conservation contribution - Other .....                  |  |   |  |   |
| 15            | Real estate - Residential .....                                    |  |   |  |   |
| 16            | Real estate - Commercial .....                                     |  |   |  |   |
| 17            | Real estate - Other .....  |  |   |  |   |
| 18            | Collectibles .....   |  |   |  |   |
| 19            | Food inventory .....   |  |   |  |   |
| 20            | Drugs and medical supplies .....                                   |  |   |  |   |
| 21            | Taxidermy .....  |  |   |  |   |
| 22            | Historical artifacts .....   |  |   |  |   |
| 23            | Scientific specimens .....   |  |   |  |   |
| 24            | Archeological artifacts .....                                      |  |   |  |   |
| 25            | Other ▶ ( <b>FOOD &amp; BEVERA</b> )                               | <b>X</b>                               | <b>1</b>  | <b>84,796.</b>   | <b>SALES PRICE</b>  |
| 26            | Other ▶ ( _____ )  |  |   |  |   |
| 27            | Other ▶ ( _____ )  |  |   |  |   |
| 28            | Other ▶ ( _____ )  |  |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |            | <b>X</b>  |
| b If "Yes," describe the arrangement in Part II.  |            |           |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  |            | <b>X</b>  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |            | <b>X</b>  |
| b If "Yes," describe in Part II.  |            |           |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |            |           |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE  
NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number

13-3444882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTS INDIVIDUALS AND FAMILIES AFFECTED BY EATING DISORDERS, &  
SERVES AS A CATALYST FOR PREVENTION, CURES AND ACCESS TO QUALITY CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PREVIOUS YEARS IS EASILY UNDERSTOOD AS REFLECTING THE RECORD NUMBER OF  
PARTICIPANTS IN THE NED AWARENESS WEEK THIS YEAR. THE WEBSITE PROVIDES  
FREE TO THE PUBLIC OUR TOOLKITS FOR PARENTS AND EDUCATORS. OUR COACHES  
AND ATHLETIC TRAINERS TOOLKITS ARE NOW ONLINE. IN ADDITION, OUR  
WEBSITE LISTS THE MANY EATING DISORDER SPECIALISTS AND TREATMENT  
PROGRAMS FOR THE REFERRALS. THE ANNUAL NEDA CONFERENCE PROVIDES AN  
OPPORTUNITY FOR FAMILY MEMBERS, TREATMENT PROVIDERS, HEALTH EDUCATORS  
AND EATING DISORDERS ACTIVISTS TO CONNECT AND SHARE INFORMATION THAT  
CAN BE TRANSFORMED INTO ACTION. THE 2012 CONFERENCE: "WHAT ABOUT US?  
DIVERSITY AND COMPLEXITY IN EATING DISORDERS." IT WAS ATTENDED BY 600  
PLUS PEOPLE FROM AROUND THE US AND ABROAD.

THIS PAST FISCAL YEAR WE WORKED WITH VOLUNTEERS IN VIRGINIA AND  
ASSISTED WITH THE PASSAGE OF LEGISLATION IN VIRGINIA TO STUDY THE  
PROBLEMS OF EATING DISORDERS AND ALSO WORKED IN THE STATES OF MISSOURI  
AND NEW JERSEY FOR PROGRESS, .

HELD ANNUALLY SINCE 1987, NATIONAL EATING DISORDERS AWARENESS WEEK  
(NED AWARENESS WEEK) IS THE LARGEST COLLABORATIVE EATING DISORDERS  
OUTREACH EFFORT IN THE NATION AND HAS EXPANDED TO MANY COUNTRIES  
THROUGHOUT THE WORLD. THOUSANDS OF COMMUNITY PARTNERS DISTRIBUTE

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

|   |  |
|---|--|
| Name of the organization<br>NATIONAL EATING DISORDERS ASSOCIATION | Employer identification number<br>13-3444882 |
|---|--|

NEDA'S EDUCATIONAL MATERIALS AND COORDINATE OUTREACH ACTIVITIES THAT ATTRACT PUBLIC AND MEDIA ATTENTION TO THE SEVERITY OF EATING DISORDERS, SIGNS AND SYMPTOMS, AND WHERE TO GO FOR HELP AND RESOURCES. IN 2013, THAT CAMPAIGN REACHED NEARLY 70 MILLION PEOPLE THROUGH EVENTS, VOLUNTEER EDUCATION AND ONLINE SOCIAL MEDIA CAMPAIGNS. THE PROMOTIONAL AND PUBLIC RELATIONS EFFORTS THAT GO TOWARD THIS ANNUAL WEEKS RESULT IN MILLIONS OF MEDIA IMPRESSIONS REPRESENTING OUTREACH TO THE GENERAL PUBLIC.

NEDA SERVES AS THE INFORMATION CLEARINGHOUSE FOR THE LATEST AND MOST ACCURATE EATING DISORDERS INFORMATION BY WORKING WITH THE TOP EXPERTS IN THE FIELD TO CREATE AND DISTRIBUTE RESOURCES AND EDUCATIONAL MATERIALS. OUR PARENT, FAMILY & FRIENDS NETWORK IS A FREE RESOURCE THAT PROVIDES SUPPORT TO THOSE WHO HAVE A LOVED ONE STRUGGLING WITH AN EATING DISORDER. THE PFN CONTINUED OUR NEW NEDA NAVIGATORS PROGRAM IN 2012-2013 WITH VOLUNTEERS WHO ARE TRAINED BY EATING DISORDERS PROFESSIONALS AND NEDA STAFF TO BE KNOWLEDGEABLE SOURCE OF INFORMATION, SUPPORT AND GUIDANCE TO THOSE WHO ARE NEW TO THE ILLNESS. WE NOW HAVE 128 ACTIVE NAVIGATORS IN 32 STATES AND 2 CANADIAN PROVINCES. OUR MEDIA WATCHDOG PROGRAM IMPROVES MEDIA MESSAGES ABOUT SIZE, WEIGHT AND BEAUTY. NEDA'S SOLUTIONS THROUGH ADVOCACY AND REFORM (STAR) PROGRAM FIGHTS FOR IMPROVED ACCESS TO THE TREATMENT OF EATING DISORDERS BY EDUCATING THE PUBLIC, LEGISLATORS AND HEALTH CARE PROVIDERS AND BY MOBILIZING MEMBERS, AND FORGING ALLIANCES WITH OTHER GROUPS WHO SHARE OUR VISION. WE ESTABLISHED THE FIRST EVER NATIONAL EATING DISORDERS AWARENESS CAUCUS IN CONGRESS.

FORM 990, PART VI, SECTION B, LINE 11: NEDA PROVIDES A COPY OF THE 990 TO

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

|   |  |
|---|--|
| Name of the organization<br>NATIONAL EATING DISORDERS ASSOCIATION | Employer identification number<br>13-3444882 |
|---|--|

BE FILED WITH THE IRS TO ITS BOARD MEMBERS VIA EMAIL. THE BOARD MEMBERS ARE PROVIDED SUFFICIENT TIME TO REVIEW AND ASK ANY QUESTIONS THEY MAY HAVE. ONCE THE REVIEW OF THE 990 IS PERFORMED BY THE MEMBERS AND ALL THE QUESTIONS HAVE BEEN ANSWERED, THE ORGANIZATION FILES THE 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD DIRECTORS ARE REQUIRED TO REVIEW AND SIGN OFF ON THE DISCLOSURE OF THE CONFLICT OF THE INTEREST POLICY ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICT OF INTEREST ON THE PART OF ANY PERSON IS DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN SUCH INDIVIDUAL PROPOSED TO ENGAGE IN ANY ACTION WHICH RAISES THE POSSIBILITY OF A CONFLICT. ANY POTENTIAL CONFLICT OF INTEREST ON THE PART OF A STAFF MEMBER IS DISCLOSED TO THE CEO, WHO MUST TRANSMIT THIS INFORMATION DIRECTLY TO THE BOARD OF DIRECTORS FOR BOARD DISCUSSION AND ACTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE CURRENT PRESIDENT/CEO WAS ESTABLISHED BY A REPUTABLE NOT-FOR-PROFIT CONSULTANT IN MAY 2003. THE BOARD CHAIR AND EXECUTIVE COMMITTEE OF THE BOARD PERFORM AN ANNUAL REVIEW AND ADJUST SUCH COMPENSATION ACCORDINGLY. THIS WAS LAST PERFORMED IN 2012.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC. INDIVIDUALS CAN FIND THE STATEMENTS ON THE GUIDSTAR OR AVAILABLE UPON REQUEST. THE GOVERNING

|  |   |
|--|---|
| Name of the organization<br><b>NATIONAL EATING DISORDERS ASSOCIATION</b> | Employer identification number<br><b>13-3444882</b> |
|--|---|

DOCUMENTS, CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY AVAILABLE.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

For calendar year 2012, or fiscal year beginning MAY 1, 2012, and ending APR 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**NATIONAL EATING DISORDERS ASSOCIATION**

**13-3444882**

Name and title of officer

**LYNN S. GREFE  
PRESIDENT AND CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |                          |
|---|--|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>2922983</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....      | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LOEB & TROPER LLP to enter my PIN 44882  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13537817563  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**