

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax: NATIONAL EATING DISORDERS ASSOCIATION
Taxpayer identification number: 13-3444882

Name and title of officer or person subject to tax: ELIZABETH THOMPSON INTERIM 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ~~~~~ 1b 3,114,362.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) ~~~~~ 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) ~~~~~ 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) ~~~~~ 4b
5a Form 8868 check here [] b Balance due (Form 8868, line 3c) ~~~~~ 5b
6a Form 990-T check here [] 7a b Total tax (Form 990-T, Part III, line 4) ~~~~~ 6b
Form 4720 check here [] b Total tax (Form 4720, Part III, line 1) ~~~~~ 7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 (settled) 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize GRASSI & CO. CPA'S, P.C. to enter my PIN 08901
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax: [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. 11422308901 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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: GRASSI & CO. CPA'S, P.C. Date: 11/03/21

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

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2020

PREPARED FOR:

NATIONAL EATING DISORDERS ASSOCIATION
1500 BROADWAY NO. 1101
NEW YORK, NY 10036

PREPARED BY:

GRASSI & CO. CPA'S, P.C.
488 MADISON AVENUE, 21ST FLOOR
NEW YORK, NY 10022

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: [HTTPS://MY.NY.GOV/](https://my.ny.gov/)

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

Form 990

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

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: NATIONAL EATING DISORDERS ASSOCIATION
D Employer identification number: 13-3444882
E Telephone number: 212-575-6200
G Gross receipts \$: 3,117,370.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.NATIONALEATINGDISORDERS.ORG
K Form of organization: X Corporation
L Year of formation: 1987
M State of legal domicile: DE

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2-7a Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign: [Signature] Date: 11/12/2021
Here: ELIZABETH THOMPSON, INTERIM CEO
Type or print name and title
Paid: DAVID ROTTKAMP, DAVID ROTTKAMP, 11/03/21, P01303468
Preparer Use Only: GRASSI & CO. CPAs, P.C., 488 MADISON AVENUE, 21ST FLOOR, NEW YORK, NY 10022, EIN 11-3266576, Phone 212-661-6166

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:
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 \$ 406,001. including grants of \$) (Revenue \$)
OUR HELPLINE SUPPORTS INDIVIDUALS AFFECTED BY EATING DISORDERS AND THEIR LOVED ONES FIND THE TOOLS AND RESOURCES THEY NEED TO GET HELP. IN 2020, OUR HELPLINE FIELDERD OVER 38,000 REQUESTS AND SURVEY RESPONDENTS WERE HIGHLY SATISFIED.

4b (Code:) (Expenses \$ 295,089. including grants of \$) (Revenue \$)
OUR NEDA WALKS PROGRAM TAKES PLACE IN MORE THAN 95 CITIES NATIONWIDE. THESE COMMUNITY-BUILDING EVENTS PROVIDE SUPPORT TO ALL THOSE AFFECTED BY EATING DISORDERS. IN 2020, WALKS WERE CONVERTED TO ONLINE EVENTS DUE TO GATHERING RESTRICTIONS AND PRECAUTIONS SURROUNDING THE COVID-19 PANDEMIC. OVER 5,000 PEOPLE PARTICIPATED IN THE 2020 WALKS PROGRAM.

4c (Code:) (Expenses \$ 307,421. including grants of \$) (Revenue \$)
DIGITAL AND SOCIAL MEDIA SUPPORT: OUR WEBSITE IS ONE OF THE TOP RESOURCES FOR EATING DISORDERS INFORMATION, WITH OVER 5.5 MILLION UNIQUE VISITORS ANNUALLY. OUR SCREENING TOOL, DEVELOPED BY TOP EATING DISORDER RESEARCHERS, HAD OVER 178,000 SUBMISSIONS IN 2020. IT'S A POWERFUL FIRST STEP TOWARDS IDENTIFICATION FOR MANY. OUR NATIONAL EATING DISORDERS AWARENESS WEEK IS AN IMPORTANT PUBLIC EDUCATION CAMPAIGN ABOUT EATING DISORDERS. IN 2020, THE WEEK DREW 83.3 MILLION MEDIA IMPRESSIONS (FOR NEDAWEEK).

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,101,968. including grants of \$ 235,000.) (Revenue \$)

4e Total program service expenses | 3,110,479.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* ~~~~~

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		9
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational activities.

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 on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 12, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

¥ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAIRE MYSKO CHIEF EXECUTIVE OFFICER (END 10/20)	40.00			X				270,408.	0.	4,375.
(2) CHEVESE TURNER CHIEF POLICY AND STRATEGY OFFICER (E	40.00			X				162,642.	0.	2,763.
(3) CHRISTINE NOVAK MICKA CHIEF DEVELOPMENT OFFICER	40.00			X				139,085.	0.	0.
(4) GEOFFREY CRADDOCK CHAIR	2.00	X		X				0.	0.	0.
(5) GLENN SHANNON VICE CHAIR	2.00	X		X				0.	0.	0.
(6) ROBERT COVEN TREASURER	2.00	X		X				0.	0.	0.
(7) EVELYN ATTIA, MD DIRECTOR	2.00	X						0.	0.	0.
(8) FRANK BISIGNANO DIRECTOR	2.00	X						0.	0.	0.
(9) RICHARD CLARK DIRECTOR	2.00	X						0.	0.	0.
(10) JULIE FINKELSTEIN DIRECTOR	2.00	X						0.	0.	0.
(11) ILENE V. FISHMAN, LCSW DIRECTOR	2.00	X						0.	0.	0.
(12) HEATHER HOWER, MSW, LICSW, ACSW DIRECTOR	2.00	X						0.	0.	0.
(13) DAN LEPAGE DIRECTOR	2.00	X						0.	0.	0.
(14) TAMARA PRYOR DIRECTOR	2.00	X						0.	0.	0.
(15) STEVE WONDERLICH DIRECTOR	2.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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 | 3

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 4 columns: (A) Name and business address, (B) Description of services, (C) Compensation, and (D) NONE. Includes a total row at the bottom.

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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~						
	b	Membership dues ~~~~~						
	c	Fundraising events ~~~~~						
	d	Related organizations ~~~~~						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f	3,107,560.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 151,144.				
	h	Total. Add lines 1a-1f		3,107,560.				
	Program Service Revenue	2 a	_____					
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue ~~~~~						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		2,056.		2,056.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents ~~~~~	6a	(i) Real				
				(ii) Personal				
				6b	Less: rental expenses ~			
				6c	Rental income or (loss)			
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
				7b	Less: cost or other basis and sales expenses ~~~~			
				7c	Gain or (loss) ~~~~~			
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a					
				8b	Less: direct expenses ~~~~~			
c				Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a						
			9b	Less: direct expenses ~~~~~				
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a		7,754.				
			10b	Less: cost of goods sold ~~~~~	3,008.			
			c	Net income or (loss) from sales of inventory	4,746.		4,746.	
Miscellaneous Revenue	11 a	_____						
	b	_____						
	c	_____						
	d	All other revenue ~~~~~						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		3,114,362.	0.	0.	6,802.		

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 or note to any line in this Part IX

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	235,000.	235,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~~				
4 Benefits paid to or for members ~~~~~~				
5 Compensation of current officers, directors, trustees, and key employees ~~~~~~	579,273.	443,646.	61,304.	74,323.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~~				
7 Other salaries and wages ~~~~~~	1,352,244.	1,035,639.	143,107.	173,498.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~~~~~~	234,411.	179,528.	24,807.	30,076.
10 Payroll taxes ~~~~~~	200,315.	153,415.	21,199.	25,701.
11 Fees for services (nonemployees):				
a Management ~~~~~~				
b Legal ~~~~~~				
c Accounting ~~~~~~	103,936.		103,936.	
d Lobbying ~~~~~~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~~~~~~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	527,076.	369,211.	90,662.	67,203.
12 Advertising and promotion ~~~~~~	10,460.	7,019.		3,441.
13 Office expenses ~~~~~~	53,467.	18,517.	4,023.	30,927.
14 Information technology ~~~~~~	222,904.	170,715.	23,590.	28,599.
15 Royalties ~~~~~~	385,679.	295,379.	40,816.	49,484.
16 Occupancy ~~~~~~	34,014.	24,438.	3,225.	6,351.
17 Travel ~~~~~~				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~	12,833.	12,734.		99.
19 Conferences, conventions, and meetings ~~~~				
20 Interest ~~~~~~				
21 Payments to affiliates ~~~~~~	20,021.	15,333.	2,119.	2,569.
22 Depreciation, depletion, and amortization ~~~~				
23 Insurance ~~~~~~				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	201,751.	81,299.		120,452.
a EVENT RENTALS AND CATER FEES	56,988.	23,753.	12,304.	20,931.
b OTHER	42,151.	18,603.	15,138.	8,410.
c BAD DEBT	26,250.	26,250.		
d				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,298,773.	3,110,479.	546,230.	642,064.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,673,166.	1	633,141.
	2	Savings and temporary cash investments	672,476.	2	1,064,638.
	3	Pledges and grants receivable, net	385,617.	3	417,887.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,445.	8	2,437.
	9	Prepaid expenses and deferred charges	269,340.	9	206,799.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	142,358.		
	10b	Less: accumulated depreciation	42,300.	10c	100,058.
	11	Investments - publicly traded securities	10,069.	11	49,785.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,118,555.	16	2,474,745.	
Liabilities	17	Accounts payable and accrued expenses	162,952.	17	331,533.
	18	Grants payable	100,000.	18	99,817.
	19	Deferred revenue	24,121.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	381,360.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	121,575.	25	136,539.
	26	Total liabilities. Add lines 17 through 25	408,648.	26	949,249.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,493,175.	27	1,358,764.
	28	Net assets with donor restrictions	216,732.	28	166,732.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,709,907.	32	1,525,496.
33	Total liabilities and net assets/fund balances	3,118,555.	33	2,474,745.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,114,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,298,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,184,411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,709,907.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,525,496.

Part XII Financial Statements and Reporting

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

		X	
		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

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 12, 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 (Form 990 or 990-EZ).)
 - 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 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.)
 - 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~	1901418.	3824477.	4298723.	5891354.	3107560.	19023532.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~	1901418.	3824477.	4298723.	5891354.	3107560.	19023532.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~~~~~~						2186453.
6 Public support. Subtract line 5 from line 4.						16837079.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 ~~~~~~	1901418.	3824477.	4298723.	5891354.	3107560.	19023532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	15,929.	6,129.	2,183.	1,604.	2,056.	27,901.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
11 Total support. Add lines 7 through 10						19051433.
12 Gross receipts from related activities, etc. (see instructions) ~~~~~~					12	347,484.
13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ~~~~~~	14	88.38 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 ~~~~~~	15	88.67 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~~		X
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization ~~~~~~		
17a 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~~		
b 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~~		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 ~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~~						
c Add lines 10a and 10b ~~~~~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ~~~~~	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 ~~~~~	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a) (1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c) (4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a) (2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c) (2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c) (3) and 509(a) (1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c) (3) (C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a) (1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. *Complete line 2 below.*

b The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

	Yes	No
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number

13-3444882

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947 (a) (1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947 (a) (1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>AMERICAN EAGLE OUTFITTERS</u> <u>77 HOT METAL ST</u> <u>PITTSBURGH, PA 15203-2382</u>	\$ <u>267,369.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<u>FACEBOOK</u> <u>1 HACKER WAY</u> <u>MENLO PARK, CA 94025</u>	\$ <u>257,170.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<u>FRANK BISIGNANO</u> <u>20 JARED CT</u> <u>WATCHUNG, NJ 07069-6458</u>	\$ <u>228,692.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<u>GEOFFREY CRADDOCK</u> <u>5 FAN PIER BLVD., UNIT 2012</u> <u>BOSTON, MA 02210-2569</u>	\$ <u>93,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<u>CBRE</u> <u>200 PARK AVE FL 19</u> <u>NEW YORK, NY 10166-1899</u>	\$ <u>72,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor control and private benefits.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
 - 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" on 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 Term endowment | _____ %
- The percentages on 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		81,590.	23,003.	58,587.
e Other		60,768.	19,297.	41,471.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				100,058.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely held equity interests ~~~~~		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	136,539.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. 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 FASB 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,392,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	275,320.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	3,008.	
	e Add lines 2a through 2d	2e		278,328.
3	Subtract line 2e from line 1		3	3,114,362.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,114,362.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,577,101.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	275,320.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	3,008.	
	e Add lines 2a through 2d	2e		278,328.
3	Subtract line 2e from line 1		3	4,298,773.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,298,773.

Part XIII Supplemental Information.

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 POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

NEDA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NEDA BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 3,008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 3,008.

Part XIII Supplemental Information (continued)

Blank area with horizontal lines for supplemental information.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for the latest information.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE - LA JOLLA, CO 92093-0953	95-6006144	501 (C) (3)	100,000.	0.			FHF - NEW DIRECTIONS IN VIRTUAL AND ONLINE TEMPERAMENT BASED TREATMENTS FOR EATING
PROJECT HEAL: HELP TO EAT, ACCEPT AND LIVE - P.O. BOX 140520 - LAKEWOOD, CO 80214	26-2614278	501 (C) (3)	100,000.	0.			FHF - BTA STUDY FOR INDIVIDUALS WITH EATING DISORDERS
BE NOURISHED LLC 3719 N WILLIAMS AVE PORTLAND, OR 97227	46-0886387	503 (C) (3)	17,750.	0.			BUILDING RESEARCH CAPACITY FOR STUDYING BODY TRUST
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501 (C) (3)	17,250.	0.			BUILDING RESEARCH CAPACITY FOR STUDYING BODY TRUST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | **4.**

3 Enter total number of other organizations listed in the line 1 table ~~~~~ | **0.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NEDA SIGNS A CONTRACT WITH GRANTEEES THAT REQUIRE PERIODIC PROGRESS REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FHF - NEW DIRECTIONS IN VIRTUAL AND

ONLINE TEMPERAMENT BASED TREATMENTS FOR EATING DISORDERS BY WALTER H.

KAYE, MD

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2020

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number
13-3444882

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or charter travel		
Travel for companions		
Tax indemnification and gross-up payments		
Discretionary spending account		
Housing allowance or residence for personal use		
Payments for business use of personal residence		
Health or social club dues or initiation fees		
Personal services (such as maid, chauffeur, chef)		
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 ~~~~~	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~	2	
3 Indicate which, if any, of the following the 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment? ~~~~~	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? ~~~~~	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? ~~~~~	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization? ~~~~~	5a	X
b Any related organization? ~~~~~	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization? ~~~~~	6a	X
b Any related organization? ~~~~~	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ~~~~~	7	X
8 Were any amounts reported on 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 ~~~~~	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAIRE MYSKO CHIEF EXECUTIVE OFFICER (END 10/20)	(i)	160,417.	0.	109,991.	4,375.	0.	274,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHEVESE TURNER CHIEF POLICY AND STRATEGY OFFICER (E	(i)	92,083.	0.	70,559.	2,763.	0.	165,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINE NOVAK MICKA CHIEF DEVELOPMENT OFFICER	(i)	130,000.	9,085.	0.	0.	0.	139,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

CEO COMPENSATION WAS DETERMINED THROUGH A THIRD-PARTY HUMAN RESOURCES CONSULTANT AND A COMPENSATION COMMITTEE OF THE NEDA BOARD OF DIRECTORS.

PART I, LINE 4A:

CLAIRE MYSKO RECEIVED A SEVERANCE OF \$96,250. CHEVESE TURNER RECEIVED A SEVERANCE OF \$65,004.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

- J** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- J** Attach to Form 990.
- J** Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	3	151,144.	
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	Other J ()			
26	Other J ()			
27	Other J ()			
28	Other J ()			

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

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

Part II

Supplemental Information. 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.

Multiple horizontal lines for supplemental information.

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.

Go to www.irs.gov/Form990 for the latest information.
Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

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:

NATIONAL EATING DISORDERS ASSOCIATION (NEDA) SUPPORTS FAMILIES AFFECTED
BY EATING DISORDERS, AND SERVES AS A CATALYST FOR PREVENTION, CURES AND
ACCESS TO QUALITY CARE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM ACTIVITIES INCLUDE OUR RESEARCH GRANT PROGRAM, CONFERENCE
PROGRAMS, PUBLIC POLICY AND ADVOCACY ACTIVITIES, EARLY INTERVENTION
PROGRAMS, AND AD HOC ENGAGEMENTS THAT SUPPORT INDIVIDUALS AND FAMILIES
AFFECTED BY EATING DISORDERS AND TO SERVE AS A CATALYST FOR PREVENTION,
CURES AND ACCESS TO QUALITY CARE.

EXPENSES \$ 2,101,968. INCLUDING GRANTS OF \$ 235,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

NEDA PROVIDED A COPY OF THE 990 TO BE FILED WITH THE IRS TO ITS BOARD
MEMBERS VIA EMAIL. THE BOARD MEMEBERS WERE PROVIDED SUFFICIENT TIME TO
REVIEW AND ASKED ANY QUESTIONS THEY HAD AFTER THE REVIEW OF THE 990 WAS
PERFORMED BY THE MEMBERS AND ALL THE QUESTIONS WERE ANSWERED. THE
ORGANIZATION FILED 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

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number

13-3444882

POSSIBILITY OF A CONFLICT ANY BOARD MEMBER WITH A CONFLICT OF INTEREST DOES

NOT PARTICIPATE IN THE DISCUSSION OF THE AREA IN WHICH THERE IS 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 15:

NEDA ENGAGED A THIRD-PARTY HR CONSULTING FIRM TO REVIEW THE CEO

COMPENSATION. THE BOARD OF DIRECTORS REVIEWED OUR CEO COMPENSATION

AGREEMENT BEFORE OFFERING IT TO THE CEO.

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,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 GUIDESTAR COM OR AVAILABLE UPON

REQUEST THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE NOT

PUBLICLY AVAILABLE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES	369,211.
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MANAGEMENT AND GENERAL EXPENSES	90,662.
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FUNDRAISING EXPENSES	67,203.
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TOTAL EXPENSES	527,076.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	527,076.
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Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number

13-3444882

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

NATIONAL EATING DISORDERS ASSOCIATION
FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NATIONAL EATING DISORDERS ASSOCIATION

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INDEPENDENT AUDITORS' REPORT

To The Board of Directors
National Eating Disorders Association
New York, New York

We have audited the accompanying financial statements of National Eating Disorders Association, which comprise the statements of financial position at December 31, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Eating Disorders Association at December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Grassi & Co., CPAs, P.C.
GRASSI & CO., CPAs, P.C.

New York, New York
June 29, 2021

NATIONAL EATING DISORDERS ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 1,697,779	\$ 2,345,642
Investments, at fair value	49,785	10,069
Contributions receivable	417,887	385,617
Inventory	2,437	5,445
Prepaid expenses and other assets	206,799	269,340
Property and equipment, net	<u>100,058</u>	<u>102,442</u>
TOTAL ASSETS	\$ 2,474,745	\$ 3,118,555
<u>LIABILITIES AND NET ASSETS</u>		
Liabilities:		
Accounts payable and accrued expenses	\$ 174,146	\$ 126,551
Accrued payroll and related liabilities	157,387	36,401
Grants payable	99,817	100,000
Refundable advance	381,360	-
Deferred revenue	-	24,121
Deferred rent	<u>136,539</u>	<u>121,575</u>
TOTAL LIABILITIES	<u>949,249</u>	<u>408,648</u>
COMMITMENTS AND CONTINGENCIES		
Net assets:		
Without donor restrictions:		
Operating	358,764	1,493,175
Board designated	<u>1,000,000</u>	<u>1,000,000</u>
Total without donor restrictions	1,358,764	2,493,175
With donor restrictions:		
Purpose restrictions	<u>166,732</u>	<u>216,732</u>
TOTAL NET ASSETS	<u>1,525,496</u>	<u>2,709,907</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,474,745</u>	<u>\$ 3,118,555</u>

The accompanying notes are an integral part of these financial statements.

NATIONAL EATING DISORDERS ASSOCIATION
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Operating Revenues and Other Support:						
Contributions and grants (includes in-kind contributions of \$275,320 and \$77,964, respectively)	\$ 3,382,880	\$ -	\$ 3,382,880	\$ 4,686,714	\$ 206,340	\$ 4,893,054
Sale of merchandise	7,754	-	7,754	1,898	-	1,898
Interest and dividends	2,056	-	2,056	1,604	-	1,604
Special events revenues	-	-	-	1,155,800	-	1,155,800
Less: Direct costs of special events	-	-	-	(165,682)	-	(165,682)
Net assets released from restrictions	<u>50,000</u>	<u>(50,000)</u>	<u>-</u>	<u>24,925</u>	<u>(24,925)</u>	<u>-</u>
 Total Operating Revenues and Other Support	 <u>3,442,690</u>	 <u>(50,000)</u>	 <u>3,392,690</u>	 <u>5,705,259</u>	 <u>181,415</u>	 <u>5,886,674</u>
 Operating Expenses:						
Program services:						
Education and support services	3,302,896	-	3,302,896	2,825,427	-	2,825,427
Supporting services:						
Management and general	591,007	-	591,007	527,386	-	527,386
Fundraising	<u>683,198</u>	<u>-</u>	<u>683,198</u>	<u>999,250</u>	<u>-</u>	<u>999,250</u>
 Total Operating Expenses	 <u>4,577,101</u>	 <u>-</u>	 <u>4,577,101</u>	 <u>4,352,063</u>	 <u>-</u>	 <u>4,352,063</u>
 Change in net assets	 (1,134,411)	 (50,000)	 (1,184,411)	 1,353,196	 181,415	 1,534,611
 Net assets, beginning of year	 <u>2,493,175</u>	 <u>216,732</u>	 <u>2,709,907</u>	 <u>1,139,979</u>	 <u>35,317</u>	 <u>1,175,296</u>
 Net assets, end of year	 <u>\$ 1,358,764</u>	 <u>\$ 166,732</u>	 <u>\$ 1,525,496</u>	 <u>\$ 2,493,175</u>	 <u>\$ 216,732</u>	 <u>\$ 2,709,907</u>

The accompanying notes are an integral part of these financial statements.

NATIONAL EATING DISORDERS ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2020

	Program Services	Supporting Services		Total
		Management and General	Fundraising	
Salaries	\$ 1,473,818	\$ 203,655	\$ 246,905	\$ 1,924,378
Payroll taxes and employee benefits	338,410	46,762	56,693	441,865
Awards and grants	235,000	-	-	235,000
Conferences, conventions and meetings	12,734	-	99	12,833
Information technology	170,715	23,590	28,599	222,904
Depreciation	15,333	2,118	2,569	20,020
Advertising/media	17,084	-	8,376	25,460
Postage and shipping	4,477	2,686	19,545	26,708
Printing, publishing and copying	5,063	-	10,459	15,522
Professional fees	551,563	239,375	100,394	891,332
Occupancy	295,379	40,816	49,484	385,679
Supplies	3,465	575	-	4,040
Telephone and internet	5,512	762	923	7,197
Travel	24,438	3,226	6,351	34,015
Event rentals and catering	81,299	-	120,452	201,751
Cost of goods sold	-	-	3,008	3,008
Fees	23,753	12,304	20,931	56,988
Bad debt	26,250	-	-	26,250
Other expenses	18,603	15,138	8,410	42,151
Total expenses reported by function on the statement of activities	<u>\$ 3,302,896</u>	<u>\$ 591,007</u>	<u>\$ 683,198</u>	<u>\$ 4,577,101</u>

The accompanying notes are an integral part of these financial statements.

NATIONAL EATING DISORDERS ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2019

	Program Services	Supporting Services			Total
		Management and General	Fundraising	Direct Costs of Special Events	
Salaries	\$ 1,226,896	\$ 200,592	\$ 345,204	\$ -	\$ 1,772,692
Payroll taxes and employee benefits	281,883	57,899	79,311	-	419,093
Awards and grants	170,000	-	-	-	170,000
Conferences, conventions and meetings	26,109	8,654	15,242	-	50,005
Information technology	144,535	23,631	40,666	-	208,832
Depreciation	11,908	1,947	3,351	-	17,206
Advertising/media	1,848	855	13,203	-	15,906
Postage and shipping	3,721	9,313	26,720	-	39,754
Printing, publishing and copying	8,024	1,388	18,307	-	27,719
Professional fees	408,105	119,476	54,478	-	582,059
Occupancy	258,802	42,313	72,818	-	373,933
Supplies	6,751	10,188	32,579	-	49,518
Telephone and internet	6,966	1,139	1,960	-	10,065
Travel	49,319	14,827	45,084	-	109,230
Event rentals and catering	167,277	-	177,680	165,682	510,639
Cost of goods sold	-	-	750	-	750
Fees	6,452	20,899	57,132	-	84,483
Other expenses	46,831	14,265	14,765	-	75,861
Total expenses	2,825,427	527,386	999,250	165,682	4,517,745
Less expenses deducted directly from revenues:					
Direct cost of special events	-	-	-	(165,682)	(165,682)
Total expenses reported by function on the statement of activities	\$ 2,825,427	\$ 527,386	\$ 999,250	\$ -	\$ 4,352,063

The accompanying notes are an integral part of these financial statements.

NATIONAL EATING DISORDERS ASSOCIATION
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (1,184,411)	\$ 1,534,611
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Bad debt	26,250	-
Depreciation	20,020	17,206
Deferred rent	14,964	121,575
Donated investments	(110,615)	(10,069)
Changes in assets (increase) decrease:		
Contributions receivable	(58,520)	189,884
Inventory	3,008	1,071
Prepaid expenses and other assets	62,541	11,661
Changes in liabilities increase (decrease):		
Accounts payable and accrued expenses	47,595	78,617
Accrued payroll and related liabilities	120,986	1,708
Grants payable	(183)	(262,500)
Deferred revenue	<u>(24,121)</u>	<u>(42,914)</u>
NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	<u>(1,082,486)</u>	<u>1,640,850</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	(17,636)	(110,718)
Proceeds from sales of investments	<u>70,899</u>	<u>-</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	<u>53,263</u>	<u>(110,718)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from refundable advance	<u>381,360</u>	<u>-</u>
NET CASH PROVIDED BY FINANCING ACTIVITIES	<u>381,360</u>	<u>-</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(647,863)	1,530,132
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>2,345,642</u>	<u>815,510</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u><u>\$ 1,697,779</u></u>	<u><u>\$ 2,345,642</u></u>

The accompanying notes are an integral part of these financial statements.

NATIONAL EATING DISORDERS ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 1 - Nature and Purpose of Organization

National Eating Disorders Association (“NEDA”) is dedicated to supporting those affected by eating disorders and being a catalyst for prevention, cures and access to quality care. NEDA is a not-for-profit organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. NEDA is supported primarily by contributions and grants.

In addition to its ongoing programs, NEDA has expanded its volunteer program, initiated an online screening tool and provides click to chat for support. The NEDA Helpline program has also grown to require full-time staff support. NEDA now has 15 Network Members, regional and local 501(c)(3)s with similar missions.

NEDA has a robust strategic plan over the next five years where NEDA will work on the following goals:

- Make essential prevention, education, support and recovery services accessible to all people affected by eating disorders in every zip code across the United States.
- Build public awareness about eating disorders and body positivity, in order to destigmatize those affected and make it easier to live in recovery.
- Catalyze and disseminate impactful research on eating disorders prevention, innovative treatment, and, ultimately, cures.
- Build organizational capacity to allow NEDA to meet impact goals.

Through the guidance of this plan, NEDA will work to enhance its existing programs, including The Body Project, its website, educational materials, online screening tool, the Helpline, grant making, advocacy and strategic partnerships. It will also look to launch new programs and evolve others, such as its National Conference.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NATIONAL EATING DISORDERS ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. To increase the comparability of fair value measurements, a framework for measuring fair value is used which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, are described as follows:

Level 1 - Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 - Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs reflecting the company's own assumptions, consistent with reasonably available assumptions made by other market participants. These valuations require significant judgment.

Refer to Note 4 for assets measured at fair value at December 31, 2020 and 2019 in accordance with FASB ASC Topic 820.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with initial maturities when acquired of three months or less.

Allowance for Doubtful Accounts

NEDA determines whether an allowance for uncollectibles should be provided for accounts and contributions receivable. Such estimates are based on management's assessment of the aged basis of the receivables, current economic conditions and historical information. Contributions receivable are written off against the allowance for doubtful accounts when all reasonable collection efforts have been exhausted. Interest is not charged on outstanding receivables. NEDA has determined that there is no need for an allowance for doubtful accounts at December 31, 2020 and 2019.

NATIONAL EATING DISORDERS ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Contribution and Grants Revenue

Contributions and grants are provided to NEDA either with or without donor restrictions. Revenues and net assets are separately reported to reflect the nature of those gifts - with or without donor restrictions. The value recorded for each contribution or grant is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts and grants, with or without restrictions</i>	
Gifts and grants that depend on NEDA overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met
<i>Unconditional gifts and grants, with or without restrictions</i>	
Received at date of gift - cash and other assets	Fair value
Received at date of gift - property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level yield method.

When a donor-stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period are recorded as revenue with donor restrictions and then released from restriction.

NATIONAL EATING DISORDERS ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Property and Equipment

Property and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. NEDA capitalizes property and equipment acquisitions over \$1,500, as well as expenditures that increase the lives of existing assets.

When items of property and equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in revenue.

Depreciation of property and equipment is provided utilizing the straight-line method over the estimated useful lives of the respective assets as follows:

Furniture and fixtures	7 years
Computer and equipment	5 years

Grants Payable

Grant distributions authorized but unpaid at year-end are reported as liabilities.

Net Assets

Net assets without donor restrictions include funds having no restrictions as to use or purpose imposed by donors. Included in net assets without donor restrictions is \$1,000,000 of funds designated by NEDA's Board of Directors for future program growth and funding of deficits. Net assets with donor restrictions include purpose restricted net assets whose use has been restricted by donors to a specific time period or purpose.

Functional Reporting

The costs of providing NEDA's services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses such as salaries, payroll taxes and employee benefits are reported on a time and effort basis. Expenses such as awards and grants, and event rentals and catering are directly charged to program expenses. Expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques such as square footage and time and effort.

In-Kind Contributions

Contributions of donated noncash assets are recorded at their fair values in the period received. Contributions of services are recognized if the services create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donations. In-kind contributions are recognized in the accompanying statement of activities and are recorded at their fair value on the date of contributions.

NATIONAL EATING DISORDERS ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Operating Leases

Operating lease expense has been recorded on the straight-line basis over the term of the lease. Deferred rent has been recorded for the difference between the fixed payment and rent expense.

Accounting for Uncertainty in Income Taxes

NEDA has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

NEDA is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. NEDA believes it is no longer subject to income tax examinations for years prior to 2017.

New Accounting Pronouncements

ASU No. 2020-07

In September 2020, the FASB issued Accounting Standards Update (“ASU”) No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The ASU increases transparency and provides financial clarity with the reporting of noncash contributions, known as gifts-in-kind. The guidance in this ASU provides for new presentation and disclosure requirements regarding contributed nonfinancial assets, including additional disclosure requirements for recognized contributed services. It requires not-for-profit entities to present contributed nonfinancial assets separately in the statement of activities apart from contributions of cash or other financial assets.

The amendments of ASU No. 2020-07 are effective for annual reporting periods beginning after June 15, 2021, and interim periods within annual periods beginning after June 15, 2022. Early application is permitted for all entities.

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Note 2 - Summary of Significant Accounting Policies (cont'd.)

New Accounting Pronouncements (cont'd.)

ASU No. 2016-02

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. This ASU is the result of a joint project of the FASB and the International Accounting Standards Board (“IASB”) to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements for U.S. GAAP and International Financial Reporting Standards (“IFRS”). The guidance in this ASU affects any entity that enters into a lease (as that term is defined in this ASU), with some specified scope exemptions. The guidance in this ASU will supersede FASB ASC Topic 840, *Leases*.

The ASU provides that lessees should recognize lease assets and lease liabilities on the balance sheet for leases previously classified as operating leases that exceed 12 months, including leases existing prior to the effective date of this ASU. It also calls for enhanced leasing arrangement disclosures.

For nonpublic entities, the amendments of ASU No. 2016-02 are effective for annual reporting periods beginning after December 15, 2021, and interim periods within annual periods beginning after December 15, 2022, based on the decision in ASU No. 2020-05 to defer the implementation dates. Early application is permitted for all entities.

NEDA has not yet determined if these ASUs will have a material effect on its financial statements.

Note 3 - Concentration of Credit Risk

NEDA maintains cash balances in several financial institutions, which balances are insured by the Federal Deposit Insurance Corporation (“FDIC”) for up to \$250,000 per institution. At December 31, 2020 and from time to time during the years ended December 31, 2020 and 2019, NEDA’s balances exceeded these limits.

Note 4 - Fair Value Measurement

Investments in equities are valued using market prices on active markets. Level 1 instrument valuations are obtained from real-time quotes for transactions in active exchange markets involving identical assets.

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Note 4 - Fair Value Measurement (cont'd.)

The following table presents NEDA's investments that are measured at fair value on a recurring basis at December 31, 2020 and 2019:

	<u>Investments at Fair Value at December 31, 2020</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities	<u>\$ 49,785</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,785</u>

	<u>Investments at Fair Value at December 31, 2019</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities	<u>\$ 10,069</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,069</u>

Note 5 - Property and Equipment

Property and equipment, net, consist of the following:

	<u>2020</u>	<u>2019</u>
Computer and equipment	\$ 81,590	\$ 63,954
Furniture and fixtures	<u>60,768</u>	<u>60,768</u>
	142,358	124,722
Less: Accumulated depreciation	<u>42,300</u>	<u>22,280</u>
	<u>\$ 100,058</u>	<u>\$ 102,442</u>

Depreciation expense related to fixed assets amounted to \$20,020 and \$17,206 for the years ended December 31, 2020 and 2019, respectively.

Note 6 - Retirement Plan

NEDA has established a SIMPLE Individual Retirement Plan for its employees. All employees who are 21 years of age or older and have worked at least six months are eligible to participate in the plan. Upon becoming eligible, an employee can choose whether or not to contribute up to the IRS maximum earned income to the plan.

NEDA matches up to three percent of an employee's compensation. NEDA contributed \$33,399 and \$25,164 for the years ended December 31, 2020 and 2019, respectively.

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Note 7 - h-Kind Contributions

NEDA received donated legal services valued at \$260,000 and \$40,000 during the years ended December 31, 2020 and 2019, respectively. NEDA also received other donated services and supplies of \$15,320 and \$37,964 during the years ended December 31, 2020 and 2019, respectively. Such amounts are recorded at their estimated fair values determined on the date of contribution and are reported as revenue and expense in the statements of activities.

Note 8 - Purpose Restricted Net Assets

Purpose restricted net assets are available for the following purposes:

	<u>2020</u>	<u>2019</u>
Education and prevention initiatives	\$ 156,340	\$ 206,340
Tendler Memorial Fund	<u>10,392</u>	<u>10,392</u>
	<u>\$ 166,732</u>	<u>\$ 216,732</u>

Purpose restricted net assets were released from restrictions by incurring expenses satisfying the following:

	<u>2020</u>	<u>2019</u>
TheBodyProject	\$ -	\$ 15,000
Education and prevention initiatives	50,000	-
Tendler Memorial Fund	<u>-</u>	<u>9,925</u>
	<u>\$ 50,000</u>	<u>\$ 24,925</u>

Note 9 - Line of Credit

NEDA maintains a line of credit agreement with a financial institution. Pursuant to the agreement, NEDA may borrow up to \$200,000 under the line. Interest on the line of credit is the prime rate (3.25% and 4.75% at December 31, 2020 and 2019, respectively) plus 2.76% per annum. The line of credit is secured by a certificate of deposit in the amount of \$100,000 and a general lien on NEDA's assets.

Under the terms of the agreement, there is no explicit expiration date. There were no outstanding borrowings under the line of credit at December 31, 2020 and 2019.