IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning

OMB No. 1545-0047

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. Taxpayer identification number

NATIONAL EATING DISORDERS ASSOCIATION

13-3444882

Name and title of officer or person subject to tax ELIZABETH THOMPSON INTERIM CEO

Name of exempt organization or person subject to tax

Part I
Type of Return and Return Information
(Whole DollarsOnly

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 Form990-PF checkhere	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	
Dort II Dealanation and	Ciarret and A. Albertia et al. Communication of Communica		

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) 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 (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X Lauthorize GRASSI & CO. CPA'S. P.C.

08901

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.

Certification and Authentication Part III

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

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/

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

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

Open to Public Inspection

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.

Α	For the	e 2020 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identi	fication number
	Addre chang	NATIONAL EATING DISORDERS ASSOCIATION			
	Name chang			13-34448	882
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1500 BROADWAY	Room/suite 1101	E Telephone number 212-575-	
	return termin ated			G Gross receipts\$	3,117,370.
	Amen return	led NEW YORK, NY 10036		H(a) Is this a group	
	Applic tion	F Name and address of principal officer:		for subordinate	$_{ m es?}$ $\sim\sim$ Yes X No
	pendi	° SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
<u></u>	Tax-ex	empt status: X 501(c)(3) 501(c) () § (insert no.) 4947(a)(1) o	or 527		a list. See instructions
		ite: WWW.NATIONALEATINGDISORDERS.ORG		H(c) Group exempt	· · · · · · · · · · · · · · · · · · ·
		organization: X Corporation Trust Association Other	L Year	of formation: 1987	M State of legal domicile: DE
Р	art I	Summary	COLLEDI		
(1 پا	Briefly describe the organization's mission or most significant activities: SEE	<u>SCHEDU</u>	ILE O	
	2 2	Check this box I if the organization discontinued its operations or do	ienosad of	more than 25% of i	te not accore
2	2	Number of voting members of the governing body (Part VI, line 1a)	$\sim\sim\sim\sim\sim\sim$		1 1 2
č	5 4	Number of voting members of the governing body (Part VI, 11ne 1a) Number of independent voting members of the governing body (Part VI, 1ine 1b)	~~~~~	~~~~~	12
٥	გ	2/2/2	~~~~~	~~~~~	26
	<u>N</u> 0	Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary)	~~~~~		270
() (i+i; (i+0)	6	2/2/2/2/2/2/2	~~~~	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
<		Total unrelated business revenue from Part VIII, column (C), line 12			0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7k	
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	~~~	5,891,354 0	<u> </u>
9	שׁ	Program service revenue (Part VIII, line 2g)	~~~		_
Ó	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	1,604	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	~~~	-62,034	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,830,924	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	~~	170,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	~~~	0.	
9	ก 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	~~~	2,191,785	
Š	15 16a b	Professional fundraising fees (Part IX, column (A), line 11e)	~~~	0.	. 0.
2	b b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
Ц	[⊔] 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,934,528.	
	18	Total expenses. Addlines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	~~~	4,296,313.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,534,611.	-1,184,411.
sor	Ses		Ве	ginning of Current Year	End of Year
set	2 20	Total assets (Part X, line 16)	~~	3,118,555	
tAs	salances 20 21	Totalliabilities (Part X, line 26)	~~	408,648	
_ <u>=</u>	∄ 22	Net assets or fund balances. Subtract line 21 from line 20		2,709,907.	1,525,496.
P	art II	Signature Block			
Un	derpen	alties of perjuyy, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of n	ny knowledge and belief, it is
tru	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information	of which pre	parer has any knowled	ge.
				11/1	2/2021
Sig	gn	Signature of officer		Date 1171	
He	re	_ ELIZABETH THOMPSON, INTERIM CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa	iid	DAVID ROTTKAMP DAVID ROTTKAMP	1	1/03/21 self-empl	oyed P01303468
Pr	eparer	Firm's name GRASSI & CO. CPA'S, P.C.		Firm's EIN	Q 11-3266576
	e Only				7
	-	Firm's address 9488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022		Phone n	_{o.} 212-661-6166
May	the IR	Sdiscuss this return with the preparer shown above? See instructions			X _{Yes No}

SIG

	NATIONAL FATING DISORDERS ASSOCIATION 12 2444002
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
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 \$
	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 FIELDED 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.

4d Other program services (Describe on Schedule O.)

2,101,968. including grants of \$

235,000.) (Revenue \$

4e Total program service expenses

3,110,479.

Form**990** (2020)

Part IV Checklist of Required Schedules

		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the erganization maintain collections of works of art, historical treasures, or other similar assets? If "Ves." complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		Х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		X	
	Part VI	11a	^	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~~	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		_	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~~	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional $^{\sim\sim\sim\sim\sim}$	13		X
13	Is the organization a school described in section 170(b) (1) (A) (ii)? If "Yes," complete Schedule E \sim	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? \sim			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
	complete Schedule G, Part III	20a		$\frac{x}{x}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H \sim	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $\sim\sim\sim\sim\sim\sim\sim\sim\sim$			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
032003	12-23-20	Form	990 ((2020)

NATIONAL EATING DISORDERS ASSOCIATION

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Form 990 (2020) ${\tt domestic\ government\ on\ Part\ IX,\ column\ (A),\ line\ 1?} \textit{ If\ "Yes," complete\ Schedule\ I,\ Parts\ I\ and\ II}$

Form 990 (2020) 032003 12-23-20

Did the organization report are chan \$5,000 of greats or other resistance to or for obsertic individuals on Part IX, column (6), time 2 if "Yes," complete Schedule I. Parts and if "One or the organization answer "ies" to Pert VIII, Section A, line 3, 4, or 3 short composation of the organization's current and former officers, directors, trustees, key replayees, and highest compensated employees? If "Yes," complete Schedule I. Part II and the organization have a tax-recempt bond issue of the nontational gradient and an animal of nore than \$100,000 as of the 10th deep report of the year. It was a session of feet the organization and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization as one that if the proceeds of tax exempt bonds of the organization as exercised to the interpret of the organization as exercised to that it is a special period of the exempt of the organization as exercised and the organization as any that it is disputified person that it is a special period to the organization as any that it is a special period in the organization is an exercised to the organization as any that it is a special period in the organization as any that it is a special period in the organization period any analysis of the organization period as grant or other assistance to any current of former officer, director, trustee, key employee, creation of founders, substantial contributors? If "Y		990 (2020) NATIONAL EATING DISORDERS ASSOCIATION 13-3444 rt IV Checklist of Required Schedules (continued)			age
part IX, colum (3), line 27 M*vex* complete Schedule / Part I and III it the organization assers* "in the bart 11, best ind., it is 24, in 6, about compensation of the organization's current and former officers, directors, trustees, key embloyees, and highest compensated embloyees? If "Yes," complete Schedule J I bit the organization have a lax-except head issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after becomies? 32, 2000? If "Yes," answer lines 280 through 244 and complete Schedule J W*No.* go to line 285e 10 lid the organization invest any proceeds of tax-except bonds beyond a temporary period exception? 24a	22	Did the expenigation report more than \$5,000 of greats are other equipteres to an few demostic individuals on		Yes	No
Bid the organization assert Yes" to Part VII. Section A. Hee 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees (Pres, Complete Schedule J Bid the organization have a tax-except bond is see with an outstanding principal acount of acree than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If Tho, 'go to line 25a' Did the organization mixtain an excrew account other than a refunding excrew at any time during the year to defease any tax except bonds? 24d Did the organization mixtain an excrew account other than a refunding excrew at any time during the year to defease any tax except bonds? 24d Did the organization acts as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax except bonds? 24d Did the organization acts as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax except bonds? 24d Did the organization acts as an 'on behalf of issuer for bonds outstanding at any time during the year to defease any tax except bonds? 25d Did the organization acts as an 'on behalf of issuer for bonds outstanding at any time during the year? 25d Did the organization accounts on sever that it emped in an excress benefit transaction when sever the present of the present in the also passed in a prior year, and that the transaction has not been reported on any of the organizations in players and a prior year, and that the transaction has not been reported on any of the organization of payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes, 'complete Schedule I, Part II' 25d Did the organization provide a pract or other assistance to any current or former officer, director, trustes, k			22		Х
and forms officers, directors, trustees, kee employees, and highest compensated employees? #F'ves, 'complete Schedule J 1 10 to 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? #F'ves, 'answer lines 240 through 240 and complete Schedule K 170%, 'go to line 25es 24a 24b 25b 26b 27b 27	3				
23 X Did the corporalization have a tax exempt bond issue with an outstanding principal account of more than \$100,000 as of the last, they of the year, that was issued after December 31, 2002? # "Res," answer/lines 24b through 24d and complete Schedule K. H. "No." go to line 25a					
Last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Schedule K. If "No." go to line 25a Did the organization invest any praceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c Did the organization maintain an excree account other than a refunding excree at any time during the year to defease any tax-exempt bonds? 25c Did the organization and soft of "issuer for bonds outstanding at any time during the year to defease as Section 501c(p)(3),501c(p)(3),501c(p)(3),501c(p)(3),501c(p)(3),501c(p)(3),501c(p)(3) and 501c(p)(2) angularizations. Did the organization aware that it engaged in an excess here if it 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 900 or 900-727 If "Yes," complete Schedule L. Part I 25a X the organization aware that it engaged in an excess here if it transaction with a disqualified person in a prior year, and that the transaction with one may of the organization's prior Forms 900 or 900-727 If "Yes," complete Schedule L. Part II 25b X the organization provide a grant or other assistance to any current or founder, substantial contributor, or 336 controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II' Yes and the organization and party to a business transaction with one of the following parties (see Schedule L. Part II' Yes and the organization and party to a business transaction with one of the following parties (see Schedule L. Part II' Yes," complete Schedule L. Part IV' A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV' A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV' A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV' A family member of any individual described in line 28a? If "Yes," c		Schedule J ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	23	Х	
Schedule K. If 'No,' go to line 25a Did the organization invest any proceeds of tar exempt bonds beyond a temporary period exception? Did the organization maintain an exerce account other than a refunding exerce at any time during the year to defense any tax-exempt bonds? Did the organization maintain an exerce account other than a refunding exerce at any time during the year? 24d Did the organization act as an "on behalf of 'issuer for bonds outstanding at any time during the year? 24d 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? If 'Yes,' complete Schedule L. Part I' 15a be organization ever 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 levens 990 or 990 LC? If 'Yes,' complete Schedule L. Part I' Did the organization proof 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 calculation, or 338 controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part II' Bid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor or grant selection countities ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L. Part II' Sate organization aparty to absiness transaction via the off holioving parties (see Schedule L. Part II' instructions, for applicable filing thresholds, conditions, and exceptions): 14 cerear or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L. Part II' 25a A family assessed by the part of the part of the part of the part of the pa	1a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Did the organization invest any proceeds of tax exempt bonds beyond a temporary period execution? 240 250 261 262 263 264 265 266 276 276 276 276 276 276		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Did the organization invest any proceeds of tax exempt bonds beyond a temporary period execution? 240 250 261 262 263 264 265 266 276 276 276 276 276 276		Schedule K. If "No," go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		X
a Section SOI(c)(3), SOI(c)(4), and SOI(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I" 25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim$	24b		
a Section SOI(c)(3), SOI(c)(4), and SOI(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I" 25a	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bid the organization engage in an excess henefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L, Part I "Dis the organization aware that it engaged in an excess henefit 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-E72 If "Yes," complete Schedule L, Part I "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? If "Yes," complete Schedule L, Part I "Post complete Schedule L, Part I "Post complete Schedule L, Part I "Post for a part to a business transaction with one of the following parties (see Schedule L, Part I I" Pres," complete Schedule R, Part I, III Pres, "complete Schedule		any tax-exempt bonds?	24C		
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 a Did the organization have a controlled entity within the meaning of section 512 (b) (13)? 35a		Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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a Did the organization have a controlled entity within the meaning of section 512 (b) (13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512 (b) (13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V A Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Art 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 A Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1	b				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			36		_^
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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 Note the number reported in Box 3 of Form 1096. Enter -0- if not applicable has been been been supported in line 1a. Enter -0- if not applicable has been supported in line 1a. Enter -0- if not app			38	x	
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \(\text{-016} \)	1 -	Enter the number recented in Box 2 of Form 1006. Enter 0, if not an 15-11, ~~~~~~~~~ 1a 9		703	. 40
	16	Enter the number reported in box 5 of Form 1090, Enter -0- if not applicable	4		
2216 one of Courts action company when packap when the fatter for the forteast of payments of ventures and tehest cast gaining		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

1c

(gambling) winnings to prize winners?

Form	990 (2020) NATIONAL EATING DISORDERS ASSOCIATION		13-34448	382	P	age 6
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	s, 2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruc		~~~~~~) ~~~~~~	2b ∼	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	~~~	~~~~~	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	~	~~~~~	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or o	other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)? ~~~~~	4a		X
b	If "Yes," enter the name of the foreign country ${\sf J}$		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	1 Acc	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	~~~	~~~~~	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction'	? ~~~~~	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	~~~	~~~~~~	5c		
6a	Ooes the organization have annual gross receipts that are normally greater than \$100,000, and did the org	aniza	tion solicit			.,
	any contributions that were not tax deductible as charitable contributions? \sim	~~~	~~~~~	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such cont	ribut	ions or gifts			
	were not tax deductible?	$\sim \sim \sim$	~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pı	ovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\sim\sim$	~~~	~~~~~	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired			
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c_		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		~~~~~	7e		Х
e			~~~~~			X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.			_7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file!		-	7g 7b		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are contributed as a contribution of cars, boats, airplanes, or other vehicles, did the organizations are contributed as a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and the cars of cars, and the cars, and the cars of car			_7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year?	α by τ ~~~	ne ~~~~~	8		
9	Sponsoring organizations maintaining donor advised funds.			-0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	~~~	~~~~~	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	~~~	~~~~~	9b		
10	Section 501(c)(7) organizations. Enter:					
	, , , ,	10a				
b	•	10b				
11	Section 501(c)(12) organizations. Enter:	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insuranceissuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? $\sim\sim\sim\sim\sim\sim\sim$	~~~	~~~~~	13a		
	$\textbf{Note:} \ \textbf{See} \ \ the instructions for additional information the organization must report on Scheduled and the organization of the organi$	e 0.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
		13b				
	Enter the amount of reserves on hand	13c ~~~	~~~~~	4.		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	•	~~~~~~	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as a second section 4960 tax on payment (s) of more than \$1,000,000 in remunerations are represented as	ation ~~~	or ~~~~~	4.5		Х
	excess parachute payment(s) during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	e? ~~~~~	16		X
10	If "Yes," complete Form 4720, Schedule 0.	THCOIL		10		

Χ

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					Х
Sec	tion A. Governing Body and Management					_
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year $\sim\sim\sim\sim\sim$	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent $\sim\sim\sim\sim\sim$	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip wi	th any other			
	officer, director, trustee, or key employee?	~~~	~~~~~	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	~~~	~~~~~~	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed? ~~~~	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	asset	s? ~~~~~~	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect					
	more members of the governing body?	~~~	~~~~~	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem	bers,	stockholders, or			
	persons other than the governing body?	~~~	~~~~~~	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	vear b	by the following:			
а	The governing body?	~~~		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	~~~	~~~~~~	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	not b	e reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue (Code.)	•		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	~~~	~~~~~~~~	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chap	oters.	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	~~~	~~~~~~	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $^{\sim\sim\sim\sim\sim\sim}$	~~~	~~~~~~~	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to d	conflicts? ~~~~~	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done	~~~	~~~~~~	12c	Х	
13	Did the organization have a written whistleblower policy?	~~~	~~~~~~~	13	Х	
14	$\label{thm:policy:continuous} Did the organization have a written document retention and destruction policy? \\ \sim\sim\sim\sim\sim\sim\sim$	~~~	~~~~~~~	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official	~~~		15a	Х	
b	Other officers or key employees of the organization	~~~	~~~~~~	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	ır arı	rangement with a			
	taxable entity during the year?	~~~	~~~~~	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	itspa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed JSEE SCHEDULE (0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		(Section 501(c)(3)s	only) a	vai1al	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Ownwebsite Another'swebsite X Upon request Other (explair	on S	Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	ct of	interest policy, and f	inanci	al	
	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 boo	ks an	d records			
	ELIZABETH THOMPSON - (212) 575-6200					
	1500 BROADWAY, STE 1101, NEW YORK, NY 10036					

032006 12-23-20

Form 990 (2020)

Form 990 (2020)

032006 12-23-20 Form 990 (2020)

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 relate	dor	ganiz	zati	on c	ompe	nsa	ted any current officer.	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than		Reportable	Reportable	Estimated
	hours per					is both r/trust		compensation	compensation	amount of
	week (list any	ctor						from the	fromrelated organizations	other compensation
	hours for	or director			1	pe		organization	(W-2/1099-MISC)	from the
	related	trustee	ruste)eu sa		(W-2/1099-MISC)		organization
	organizations	ual fr.	ional 1		ploye	t com				and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CLAIRE MYSKO	40.00									
CHIEF EXECUTIVE OFFICER (END 10/20)				Х	<u></u>			270,408.	0.	4,375.
(2) CHEVESE TURNER	40.00				1				_	
CHIEF POLICY AND STRATEGY OFFICER (E	40.00			Х	<u> </u>			162,642.	0.	2,763.
(3) CHRISTINE NOVAK MICKA CHIEF DEVELOPMENT OFFICER	40.00			х				139,085.	О.	0
(4) GEOFFREY CRADDOCK	2.00			^	\vdash			139,065.	0.	0.
CHAIR	2.00	Х		x	1			0.	0.	0.
(5) GLENN SHANNON	2.00								_	
VICE CHAIR		Х		X	1			0.	0.	Ο.
(6) ROBERT COVEN	2.00									
TREASURER		Х		Х	<u></u>			0.	0.	0.
(7) EVELYN ATTIA, MD	2.00				1					
DIRECTOR (C) FRANK PICIONANO	2.00	Х			\vdash			0.	0.	0.
(8) FRANK BISIGNANO DIRECTOR	2.00	Х						0.	О.	0.
(9) RICHARD CLARK	2.00				_			0.	0.	0.
DIRECTOR		Х			1			0.	0.	Ο.
(10) JULIE FINKELSTEIN	2.00									
DIRECTOR		Х			<u></u>			0.	0.	0.
(11) ILENE V. FISHMAN, LCSW	2.00							_	_	_
DIRECTOR	2.00	X			<u> </u>			0.	0.	0.
(12) HEATHER HOWER, MSW, LICSW, ACSW DIRECTOR	2.00	X						О.	0	0
(13) DAN LEPAGE	2.00	^			\vdash	-		0.	0.	0.
DIRECTOR	2.00	X			1			0.	0.	0.
(14) TAMARA PRYOR	2.00	-							0.	
DIRECTOR		Х			l			0.	0.	Ο.
(15) STEVE WONDERLICH	2.00									
DIRECTOR		Х		Щ	<u> </u>			0.	0.	0.
					<u> </u>					
					İ					
	I.	1		ш			_	l.		

032007 12-23-20 Form **990** (2020)

(A) Name and title	(B) Average hours per	(do r	P not ch	(C Posit eck m	tion nore that	n one	e n	(D) Reportable compensation	(E) Reportable compensatio			(F) timated ount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		ugreer compensated employee	Former	from the organization (W-2/1099-MISC)	fromrelate organization (W-2/1099-MI	ıs	comp fr orga and	ensation com the anization related nizations
1 b Subtotal c Total from continuation sheets to Part \			~~	~~ ~~	~~~	~ ~	-	572,135. 0.		0.	7	7,138. 0.
d Total (add lines 1b and 1c)						<u>'</u>		572,135.		0.		7,138.
d Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization	not limited to	those	list	ted a	above) who	rec		000 of reportable			3
Total number of individuals (including but a compensation from the organization Did the organization list any former office	er, director, t	ruste	ee, k	кеу е	emplo	yee, «	or l	ceived more than \$100, C	nployee on			Yes No
2 Total number of individuals (including but a compensation from the organization 3 Did the organization list any former office line la? If "Yes," complete Schedule J for 4 For any individual listed on line la, is the	er, director, t such individual e sum of reporta	ruste ~~~	ee, k	key e	emplo ~~~	yee, o	or h	highest compensated er	mployee on ~~~~		3	Yes No
2 Total number of individuals (including but a compensation from the organization 3 Did the organization list any former office line la? If "Yes," complete Schedule J for 4 For any individual listed on line la, is the and related organizations greater than \$ 5 Did any person listed on line la receive or a second content of the second content of	er, director, t such individual e sum of reports 150,000? If "You accrue compensa	ruste	ee, k ~~~ comp	cey e censa ensa olete	emplo ~~~ ation e Sch	yee, o	or hother	highest compensated en	nployee on he organization	~~	3 4	3 Yes No X
2 Total number of individuals (including but a compensation from the organization 3 Did the organization list any former office line la? If "Yes," complete Schedule J for 4 For any individual listed on line la, is the and related organizations greater than \$	er, director, t such individual e sum of reports 150,000? If "You accrue compensa	ruste	ee, k ~~~ comp	cey e censa ensa olete	emplo ~~~ ation e Sch	yee, o	or hother	highest compensated en	nployee on he organization	~~	3	Yes No
2 Total number of individuals (including but a compensation from the organization 3 Did the organization list any former office line la? If "Yes," complete Schedule J for 4 For any individual listed on line la, is the and related organizations greater than \$ 5 Did any person listed on line la receive or a rendered to the organization? If "Yes," or	er, director, t such individual e sum of reporta 150,000? If "Yo accrue compensa complete Sched	ruste able c es,"c ation dule	ee, k ~~~ comp comp from	ensa plete many r suc	emplo ~~~ ation e Sch unre ch pe	and coedule	or hoothed	highest compensated er convergence of the compensation from the compensation from the compensation or individual control or individ	nployee on he organization lual for services \$100,000 of comp	~~	3 4 5	3 Yes No X X X
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Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any	line in this Part VIII			
				(A) Total revenue	(B) Related or exempt functionrevenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	b d d e f	A Federated campaigns Membership dues ~~~~~~ Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	,144.	3,107,560.			
Program Service	d e f		ness Code				
	3 4 5	Investmentincome (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proceed Royalties	eds	2,056.			2,056.
	b	a Gross rents ~~~~ (i) Real (ii) b Less: rental expenses ~ (b) c Rental income or (loss) d Net rental income or (loss)	Personal				
evenue	b	assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	i) Other				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	9 a	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7,754. 8,008.	4,746.			4,746.
Miscellaneous	11 a	Busin	ness Code	, ==			
Ais	12	All other revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		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).

	(1)	/D\	(C)	(D)
not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21	235,000.	235,000.		
Grants and other assistance to domestic				
*				
- · · · · · · · · · · · · · · · · · · ·	579,273.	443,646.	61,304.	74,323
·				
	1,352,244.	1,035,639.	143,107.	173,498
. , . , . ,				30,076
	200,315.	153,415.	21,199.	25,701
	103,936.		103,936.	
		252 244	22.55	
,			90,662.	67,203
			4.000	3,441
			-	30,927
	222,904.	1/0,/15.	23,590.	28,599
	205 670	205 270	40.016	40.404
	-			49,484
	34,014.	24,438.	3,225.	6,351
	12.022	12 724		00
	12,833.	12,/34.		99
Interest ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Payments to affiliates ~~~~~~~~	20.021	15 222	2 110	2,569
Depreciation, depletion, and amortization ~~	20,021.	13,333.	۷,119.	۷,509
Insurance				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	201,751.	81,299.		120,452
	56,988.	23,753.	12,304.	20,931
	42,151.	18,603.	15,138.	8,410
RAD DERT	26,250.	26,250.		
otal functional expenses. Add lines 1 through 24e	4,298,773.	3,110,479.	546,230.	642,064
Joint costs. Complete this line only if the organization				
, , ,	ı	1		
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (Iffline 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) EVENT RENTALS AND CATER FEES OTHER	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payrol1 taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See PartIV, line 17 Investment management fees Other. (Iffline 11g amount exceeds 10% offline 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royal ties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% offline 25, column (A) amount, list line 24e expenses on Schedule O.) EVENT RENTALS AND CATER FEES OTHER BAD DEBT All other expenses	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payrol1 taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (Iffine 11g amount exceeds 10% of fine 25. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses ltenize expenses on schedule O.) EVENT RENTALS AND CATER FEES OTHER BAD DEBT All other expenses	Carnet and other assistance to donestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to donestic governments. See Part IV, line 21 Grants and other assistance to donestic governments. See Part IV, line 21 Grants and other assistance to donestic governments and foreign individuals. See Part IV, lines 15 and 16 Benefit is paid to or for members (Compensation of current orficers, directors, trustees, and key employees (Compensation of current orficers, directors, trustees, and key employees (Compensation of current orficers, directors, trustees, and key employees (Compensation of current orficers, directors, trustees, and key employees (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers, directors, trustees, and key employees) (Compensation of current orficers) (

Form**990** (2020)

	1990 (i rt X	Balance Sheet	ט טוס	ORDERS ASSOCI	ATION	13	3444882 Page 13
Го	III	Check if Schedule O contains a response or	noto to c	any line in this Dont V			
		Check II Schedule O contains a response or	note to a	my fille ill tills Part A	(A) Beginning of year		(B) End of year
	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 $\sim\sim$	~~~~	~~~~~~~	385,617.	3	417,887.
	4	Accounts receivable, net	~~~~	~~~~~~		4	
	5	Loans and other receivables from any current trustee, key employee, creator or founder, su					
		controlled entity or family member of any of th	nese pers	ons ~~~~~~		5	
	6	Loans and other receivables from other disq	ualified	persons (as defined			
		under section 4958(f)(1)), and persons described	insectio	on 4958 (c) (3) (B) ~~		6	
S	7	Notes and loans receivable, net $^{\sim\sim\sim\sim\sim}$	~~~~	~~~~~~~		7	
Assets	8	Inventories for sale or use ~~~~~~~~	~~~~	~~~~~~	5,445.	8	2,437.
As	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	10a	142,358.			
	b	Less: accumulated depreciation ~~~~~	10b	42,300.	102,442.	10c	100,058.
	11	Investments - publicly traded securities ~~	~~~~	~~~~~~	10,069.	11	49,785.
	12	Investments - other securities. See Part IV, lir	ne 11 $\sim \sim$	~~~~~~		12	
	13	Investments - program-related. See Part IV, 1:	ine 11 $^{\sim}$	~~~~~~		13	
	14	Intangible assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	~~~~~~		14	
	15	Other assets. See Part IV, line11 ~~~~~	~~~~~~		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	3,118,555.	16	2,474,745.
	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	e Part IV	of Schedule D ~~~~		21	
Liabilities	22	Loans and other payables to any current or fo trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties ~~~~~~		24	381,360.
	25	Other liabilities (including federal income t	ax, payab	oles to related third			
		parties, and other liabilities not included on I of Schedule D	lines 17-2	24). Complete Part X	121,575.	25	136,539.
	26	Total liabilities. Add lines 17 through 25			408,648.	26	949,249.
10		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions $^{\sim\sim}$	~~~~	~~~~~~~	2,493,175.	27	1,358,764.
Ва	28	Net assets with donor restrictions $\sim\sim\sim\sim$	~~~~	~~~~~~~	216,732.	28	166,732.
pur		Organizations that do not follow FASB AS	SC 958,	check here			
Ę		and complete lines 29 through 33.					
s OI	29	Capital stock or trust principal, or current fu	nds ~~~	~~~~~~		29	
set	30	Paid-in or capital surplus, or land, building, or	r equipme	nt fund ~~~~~~		30	
As	31	Retained earnings, endowment, accumulated in	ncome, or	other funds ~~~~		31	
Net Assets or Fund Balances	32	Total net assets or fund balances $\sim\sim\sim$	~~~~	~~~~~~	2,709,907.	32	1,525,496.
_	33	Total liabilities and net assets/fund balance	es		3,118,555.	33	2,474,745.

Form 990 (2020)

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		3,11		
2 Total expenses (must equal Part IX, column (A), line 25)	2		4,29		
3 Revenue less expenses. Subtract line 2 from line 1	3		L ,1 84		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		2,70	9,9	07.
5 Net unrealized gains (losses) on investments	5				
6 Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6				
Investment expenses	7				
period adjustments	8				
9 Other changes in net assets or fund balances (explain on Schedule 0)	9				Ο.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
column (B))	10	:	1,52	5,4	96.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					Χ
ATOM A CONCRETE CONTRACTOR OF THE CONTRACTOR OF				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain in So	hedule ().			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	~~~~	~~~	2a		Χ
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or revie	wed on a				
separate basis, consolidated basis, or both:	wed on a				
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?	~~~~	~~~	2b	Χ	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	to booi				
consolidated basis, or both:	ite basi:	,,			
X Separate basis Consolidated basis Both consolidated and separate basis					
	1 1				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit ~~~~	, ~~~~	2c	Х	
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 S					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			3a		Х
Act and OMB Circular A-133?			- 54		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired aud	it	3b		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits			SD		

Form 990 (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL EATING DISORDERS ASSOCIATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Employer identification number 13-3444882

The org	ganization is not a private fo	undation because it	is: (For lines 1 through	gh 12, che	ck only or	e box.)	
1	A church, convention of chur	ches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	A school described in Se	ection 170(b)(1)(A)(i	ii). (Attach Schedule E	(Form 990	or 990-	EZ).)	
3	A hospital or a cooperat	ive hospital servic	ce organization describ	ed in sec	tion 170(b)(1)(A)(iii).	
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	din sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:					. , , , , ,	
5	An organization operated f	or the benefit of a c	college or university ow	ned or oper	ated by a g	governmental unit descri	ibed in
	section 170(b)(1)(A)(iv). (Con	mplete Part II.)					
6	A federal, state, or local		ernmental unit describe	in section	n 170(b)(1)(A)(v).	
₇ X	An organization that norma						general public described
	section 170(b)(1)(A)(vi). (Com		1		Ü		
8	A community trust describe		1)(A)(vi). (Complete Part	11.)			
9	An agricultural research or	` ' '	,, ,, ,		d in conju	nction with a land-grant	college
	or university or a non-land-						
	university:						-
10	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, and	gross receipts from
	activities related to its e	xempt functions, sub	ject to certain exception	ns; and (2)	no more tha	an 33 1/3% of its support	from gross investment
	income and unrelated busine	-	-				-
	See section 509(a)(2). (Comp.	lete Part III.)			-		
11	An organization organized a	nd operated exclusiv	ely to test for public sa	fety. See	section 50)9(a)(4).	
12	An organization organized a	nd operated exclusiv	rely for the benefit of, t	o perform t	he functio	ons of, or to carry out the	e purposes of one or
	more publicly supported or	rganizations describ	oed in section 509(a)(1) o	r section 5	509(a)(2).	See section 509(a)(3). Che	ck the box in
	lines 12a through 12d that o	describes the type of	supporting organization	and compl	ete lines l	12e, 12f, and 12g.	
а	Type I. A supporting organi	ization operated, sup	pervised, or controlled b	y its suppo	orted organ	ization(s), typically by	giving
	the supported organizati	ion(s) the power to	regularly appoint or el	ect a majo	ority of t	he directors or trustee	s of the supporting
	organization. You must	complete Part IV, Se	ections A and B.				
b	Type II. A supporting organ	ization supervised o	or controlled in connecti	on with its	supported	organization(s), by hav	ing
	control or management o	of the supporting org	anization vested in the s	same perso	ns that co	ntrol or manage the supp	ported
	organization(s). You mu	ust complete Part I\	V, SectionsA and C.				
С	Type III functionally integra	ated. A supporting of	rganization operated in	connectio	n with, an	d functionally integrate	ed with,
	its supported organizati	ion(s) (see instruct	tions). You must complete	te Part IV, S	Sections A,	D, and E.	
d	Type III non-functionally in	tegrated. A supporti	ing organization operate	ed in conne	ection witl	n its supported organiza	tion(s)
	that is not functionally in	ntegrated. Theorgani	izationgenerallymustsat	isfyadist	ributionr	equirement and an attenti	veness
	requirement (see instruc	ctions). You must c	omplete Part IV, Sections	A and D,	and Part V	<i>'</i> .	
е	Check this box if the orga	nization received a	written determination f	from the IF	RS that it i	s a Type I, Type II, Type	· III
	functionally integrated,	or Type III non-fu	nctionally integrated s	upporting	organizat	ion.	
f E	Enter the number of supported	d organizations ^	~~~~~~~~~~	~~~~	~~~~	~~~~~~~	
g P	Provide the following information	* *	1	(iv) Is the ora	anization listed	T	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	organization		above (seeinstructions))	Yes	No	support (see matructions)	support (see instructions)
			1	-	-		
Total							

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				T		
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	1001410	2024477	4200722	5001051	2407560	100005
include any "unusual grants.") $~\sim$	1901418.	3824477.	4298723.	5891354.	310/560.	19023532.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf $\sim \sim \sim \sim$						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $~\sim$						
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 activitie	s. etc. (see instru	ictions) ~~~~	~~~~~~	~~~~~	12	347,484.
13 First 5 years. If the Form 990 is for the			fourth, or fifth ta	ax vear as a section	501 (c) (3)	
organization, check this box and stop	_	,,,	,	,	(-, (-,	1
Section C. Computation of Publ		ercentage				<u> </u>
14 Public support percentage for 2020 (1:			column (f)) ~~~	~~~~~~	14	88.38 %
15 Public support percentage from 2019		2.2.0	~~~~~~~	~~~~~~	15	88.67 %
16a 33 1/3% support test - 2020. If the or	rganization did n	ot 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 suppo	rted organization	~~~~~~	~~~~~~	_~~~~	~~~ X
b 33 1/3% support test - 2019. If the or	rganization did n	ot check a box or	line 13 or 16a.	and line 15 is 3	3 1/3% or more.	check this box
and stop here . The organization quali	_			~~~~~~		
17a 10% -facts-and-circumstances test -				line 13. 16a. o	r 16b. and line	' 14 is 10% or mor
and if the organization meets the fa	_					
			•			
	_			_	6h or 17a and	line 15 is 10% o
	_					
				•	0.0.0.0	tne ~~~~
-						. I
10 Filvate foundation. If the organizat	TOIL UTU HOT CHECK 8	a box on the 15, 10	oa, 100, 17a, 0117			
meets the facts-and-circumstances test b 10% -facts-and-circumstances test - more, and if the organization meets organization meets the facts-and-cir	st. The organizatio 2019. If the orga the facts-and-cir	on qualifies as a pub anization did no cumstances test,	licly supported or, t check a box on check this box and	ganization ~~ l line 13, 16a, 1 d stop here . Explai	6b, or 17a, and n in Part VI how	line 15 is
18 Private foundation. If the organizat	ion did not check a	a box on line 13, 16	6a, 16b, 17a, or 17			
				Sche	edule A (Form 990	or 990-EZ) 202

(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 alify under the tests listed below, please complete Part II.)

Gualify under the tests listed by Section A. Public Support	elow, please comp	lete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and		(1) = 11.	(1) = 120	(=, = = = =	(-,	()
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513 ~~~~~						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \sim						
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		T	T	I	T	
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.)	. ,. ,	C: 1 11:	1 6 41 63	C.1.	501()(2)	
14 First 5 years. If the Form 990 is for the check this box and stop here	organization s	iirst, secona, thi	ra, iourth, or iii	ith tax year as a	section 501(c)(3)	organization,
Section C. Computation of Public	c Support Pe	ercentage				<u> </u>
15 Public support percentage for 2020 (lin			column (f)) ~~~	~~~~~	15	%
16 Public support percentage from 2019 S			COTUMN (1))		16	%
Section D. Computation of Inves			;			
17 Investment income percentage for 2020		_		~~~~~~	17	%
18 Investment income percentage from 20			~~~~~~	~~~~~~	18	%
19a 33 1/3% support tests - 2020. If the or			x on line 14, and	l line 15 is more	than 33 1/3%, ar	nd line 17 is not
more than 33 1/3%, check this box and	_				0.0.0.0.0.0.0.0	~~~~
b 33 1/3% support tests - 2019. If the or	•					3 1/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		•				i

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 $and \ B. \ If you checked box 12b, \ Part \ I, \ complete \ Sections \ A \ and \ C. \ If you checked \ box 12c, \ Part \ I, \ complete \ Sections \ A \ and \ C.$ 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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a) (1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	$\label{lem:deciding} \mbox{Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign}$			
	supported organization? 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.	4b		
С	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)? 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)	4 -		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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	5a		
	was accomplished (such as by amendment to the organizing document).	Ja		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 50		
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? If "Yes," provide detail in	6		
	Part VI.			
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	7		
•	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
9а	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	9a		
L	in section 509(a) (1) or (2))? If "Yes," provide detail in Part VI.			
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9с		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
ıua	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	10a		
h	supporting organizations)? If "Yes," answer line 10b below.			
ω	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.)	10b		

Га	TTV Supporting Organizations (continueu)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	Apersonwhodirectly or indirectly controls, either alone or together with persons described in lines 11b and	11-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
<u></u>	detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations		Vaa	NI-
			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? 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.	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1 W	ere 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)? 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).	1		
Sec	tion 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	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1CI	heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	$\label{lem:distantially} Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the distance of $			
	the supported organization(s) to which the organization was responsive? 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	2a		
	that these activities constituted substantially all of its activities.	Za		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 NATIONAL EATING DISORDERS ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ıa	7 7 7 7 11			
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organization	s must comp	lete Sections A through I	<u>. </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) CurrentYear (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			
Ů	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		
	Adjusted Net income (Subtract Times 3, 0, and 1 from Time 4)	0		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) CurrentYear (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
	ion 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			
O	DISHIPULADIS AHIOUHL SUBTRACT THE STROMETHE 4. UITTESS SUBTECT TO			•

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

Schedule A (Form 990 or 990-EZ) 2020

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2020 NATIONAL EATING DISORDERS ASSOCIATION 13-3444882 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

ıu	Type in North another an integrated 665(a)(o) capporting criga	mzadons (contin	иси)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizat	tions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	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: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) 2020

b Applied to 2020 distributable amount

Part VI. See instructions.

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

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, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2020 NATIONAL EATING L	DISORDERS ASSOCIATION	13-3444882 Page 8
Part VI	Supplemental Information. Provide the explanations r Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9d, 1ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5	equired by Part II, line 10; Part II, line 10; Rart II, line 10; 11a, 11b, and 11c; Part IV, Section B, lines ines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	7a or 17b; Part III, line 12; land 2; Part IV, Section C, , Section B, line le; Part V,
	(See instructions.)	· · · · · · · ·	
-			

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

Employer identification number

NATIONAL EATING DISORDERS ASSOCIATION

13-3444882

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

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

 $4947\left(a\right)\left(1\right)$ nonexempt charitable trust $\ \textbf{not}\ \text{treated}\ \text{as a private foundation}$

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



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).

 $_{
m LHA}$ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

NATIONAL EATING DISORDERS ASSOCIATION

13-3444882

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	3111002
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN EAGLE OUTFITTERS 77 HOT METAL ST PITTSBURGH, PA 15203-2382	\$ <u>267,369.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	<u>\$</u> 257,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FRANK BISIGNANO 20 JARED CT WATCHUNG, NJ 07069-6458	<u>\$ 228,692.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GEOFFREY CRADDOCK 5 FAN PIER BLVD., UNIT 2012 BOSTON, MA 02210-2569	\$ <u>93,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CBRE 200 PARK AVE FL 19 NEW YORK, NY 10166-1899	<u>\$ 72,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL EATING DISORDERS ASSOCIATION

13-3444882

Part II Nonca	ash Property (see instructions). Use duplicate copies of Par	t 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

NATION	NAL EATING DISORDERS ASS	OCIATION		13-3444882
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if addit	ons to organizations described i through (e) and the following line charitable, etc., contributions of \$1,0	entry. For organizations	or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No.	422			(1) 2
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, ar	nd ZIP + 4	Relationsh	ip 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	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer o		ip of transferor to transferee
	riansieree's name, audiess, al	M 211 1 T	Neiduolisti	p or dansion to dansionee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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/Form 990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number 13-3444882

Pa	rt I	Organizations Maintaining Donor Advised Fเ	unds or Other Similar Funds or A	Accounts.	. Complete if the	
		organization answered "Yes" on Form 990, Part IV, li	ne 6.			
			(a) Donor advisedfunds	(b) I	Funds and other accounts	3
1	Tota	al number at end of year				
2		regate value of contributions to (during year) ~~~~				
3		regate value of grants from (during year)				
4		regate value at end of year				
5		the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi-	sed funds		
		theorganization's property, subject to the organization			~~~~~~ Yes	No
6		the organization informall grantees, donors, and donor adv				
		charitable purposes and not for the benefit of the donor or				
	imp	ermissible private benefit?			Yes	No
Pa	rt II	Conservation Easements. Complete if the organize	zation answered "Yes" on Form 990, Par	t IV, line	7.	
1	Purp	ose(s) of conservation easements held by the organization	(check all that apply).			
		Preservation of land for public use (for example, recreati	ion or education) Preservation o	f a historic	cally important land area	
		Protection of natural habitat	Preservation o	f a certifie	ed historic structure	
		Preservation of open space				
2	Comp	lete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	m of a conse	rvation easement on the las	t
	day	of the tax year.			Held at the End of the Tax	x Year
а	Tota	al number of conservation easements ~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 2		
b	Tota	1 acreage restricted by conservation easements $\sim \sim \sim \sim$	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		
С	Numl	per of conservation easements on a certified historic str	ructure included in (a) $\sim\sim\sim\sim\sim\sim\sim$	~~~~ 2	С	
d	Numb	er of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic struct	ure		
	list	ed in the National Register	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ 2	d	
3	Numl	per of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organizati	on during the tax	
	year					
4	Numl	per of states where property subject to conservation ease	ementislocated	-		
5		the organization have a written policy regarding the period				
		ations, and enforcement of the conservation easements				No
6	Staf	f and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	nservation e	easements during the year	
	ı					
7		ant of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	ents during the year	
	\$					
8		each conservation easement reported on line 2(d) above sat	tisfy the requirements of section 170(h) \sim	(4) (B) (i) ∼∼∼∼∼	~~~~~ ,,	
_						No
9		art XIII, describe how the organization reports conserv				
		nce sheet, and include, if applicable, the text of the footno	te to the organization silnancial stater	ments that de	escribes the	
Pa	<u>orga</u> rt III	nization's accounting for conservation easements. Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Si	milar Assets.	
		Complete if the organization answered "Yes" on Form				
12	If th	e organization elected, as permitted under FASB ASC 958,		and halance	chaet works	
iu		et, historical treasures, or other similar assets held for pub	-			
		ice, provide in Part XIII the text of the footnote to its fin			ce of public	
h		e organization elected, as permitted under FASB ASC 958,			et works of	
D		historical treasures, or other similar assets held for public	-			
		ide the following amounts relating to these items:	oanisition, cadoation, of resourch in rai o	meranee or p	abile service,	
	•	Revenue included on Form 990, Part VIII, line 1	.~~~~~~~~~~~~~	~~~	\$	
	` '	Assets included in Form 990, Part X	~~~~~~~~~~~~~~~	~~~	\$ \$	
2	` '	e organization received or heldworks of art, historical treas	sures, orothersimilarassets for financia	ا algain. prov	ride	
_		following amounts required to be reported under FASB ASC 9		0, prov		
а		nue included on Form 990, Part VIII, line 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	\$	
		ets included in Form 990, Part X		I	\$	
-						

Par	t III Organizations Maintaining Coll	ections of Art,	Histor	ical Trea	sures, or (Other S	<u>imilar <i>P</i></u>	Assets (d	continued)	
3	Using the organization's acquisition, accession \ensuremath{S}	n, and other records	, check a	any of the fo	llowing that	make sign	ificant us	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or excl	nange progra	am				
b	Scholarly research	е	01	ther						
С	$Preservation for future {\tt generations}$									
4	Provide a description of the organization's col	lections and explai	n how the	ey further t	he organizati	ion's exem	pt purpos	e in Part X	III.	
5	During the year, did the organization solicit or					other simi	ilar asset	S		
Dor	to be sold to raise funds rather than to be main								Yes	No
Pai	t IV Escrow and Custodial Arrangem	=	f the or	ganization	answered "Ye	es" on For	m 990, Pa	rt IV, lir	ie 9, or	
	reported an amount on Form 990, Part X,									
1a]	Is the organization an agent, trustee, custodi	an or other interm $\sim\sim\sim\sim\sim\sim\sim$					s not inc $\sim\sim\sim\sim$.~.		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part X	III and complete	the fol	llowing tab	ole:				Amount	
							1c		Amount	
C	Beginning balance	~~~~~~~	~~~~	~~~~~	~~~~~	~~~~	1d			
	d Additions during the year						1e			
	e Distributions during the year f Ending balance									
	Ending balance Oid the organization include an amount on Form 99	O Port V line 21	for ocor	ow on oueto	liol account 1	liobilitud	, ~~	~~~	Yes	No
	If "Yes." explain the arrangement in Part XIII. C						•		165	140
	t V Endowment Funds. Complete if the						0.			
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back (d)Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance ~~~~~									
b	Contributions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships ~~~~~~~									
е	Other expenditures for facilities and programs									
	· ~									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balan	ce (line	e 1g, colum	n (a)) held a	as:				
а	Boarddesignatedorquasi-endowment		%							
b	Permanent endowment	%								
С	Termendowment %									
•	The percentages on lines 2a, 2b, and 2c s	*		1 11		1.0 .1				
за	Are there endowment funds not in the possessio	n of the organizati	on that	are neid and	a aaministere	ed for the	organiza	it10n		s No
	by:	.~~~~~~~	~~~~	~~~~~	~~~~~	~~~~	~~~~	~~		SINO
	(i) Unrelated organizations (ii) Related organizations	~~~~~~~	~~~~	.~~~~	~~~~~	~~~~	~~~~	~~	3a(i) 3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiz	vations listed as r	eaui red	on Schedule	R? ~~~~	~~~~	~~~~	~~~~	3b	
,			_		. к.				35	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipmer		dowment	funds.						
ı uı	Complete if the organization answered		Dont T	V line 11e	Soo Form Of)() Dont '	V 1ino 1	Λ		
									(al) D1	1
	Description of property	(a) Cost or o		` '	or other (other)	` '	cumulated reciation		(d) Book va	Tue
1.	Land ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	pasts (Threstill	(110)	na313	(JUHUI)	чер				
1a b	Land Buildings									
	Leasehold improvements ~~~~~~~~									
d	Equipment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			8	1,590.		23,0	03.	58,	587.
	Other				0,768.		19,29			471.
	Add lines la through le. (Column (d) must e	egual Form 990, Pa	rt X. colu		_		-	1		058.

Schedule D (Form 990) 2020

NATIONAL EATING DISORDERS	S ASSOCIATION	13-3444882	Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n 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 en	d-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" o			1 6 1 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-oi-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.			
Circi Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, 1	ine 11e or 11f. See Form 990, Part X, lir	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			126 F20
(2) DEFERRED RENT			136,539.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	7. OF)	1	136,539.
Total. (Column (b) must equal Form 990, Part X, col. (B) li	116 20.)		130,339.

Schedule D (Form 990) 2020

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		V2/2/2/2/2/2/2/		2 202 600
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	275,320.		
b Donated services and use of facilities	2b 2c	275,520.		
c Recoveries of prior year grants	2d	3,008.		
d Other (Describe in Part XIII.)	~~~~~	<u> </u>	2e	278,328.
e Add lines 2a through 2d 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			
	~~~~~	~~~~	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	3,114,362.
Part XII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses pe	r Ret	urn.
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:	1 1	275 220		
a Donated services and use of facilities	~ 2a	275,320.		
b Prior year adjustments	2b			
c Other losses	2c 2d	3,008.		
d Other (Describe in Part XIII.)		~~~~~	20	278,328.
e Add lines Za through Zd	~~~~~	~~~~~	2e 3	4,298,773.
<ul> <li>3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</li></ul>				.,
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	t IV, lines 1ba	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 and $\frac{1}{2}$	tional inform	nation.		
PART X, LINE 2:				
TAKE A, LINE 2.				
NEDA HAS DETERMINED THAT THERE ARE NO MATERIAL U	UNCERTA	IN TAX POSIT	ION	S
THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FI	NANCIAL	STATEMENTS	<b>5.</b>	
NEDA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURI	ISDICTIO	ONS; HOWEVE	ER, T	HERE
ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS	IN PRO	GRESS. NED	A BE	ELIEVES IT
IC NO LONGED CURRECT TO INCOME TAY EYAMINATION	IC FOR	VEADC DDI	<b>AD</b> 7	ro 2017
IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION	IS FUR	C TEARS PRIC	JK	0 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
- COST OF GOODS SOLD				3,008.
032054 12-01-20			Sched	lule D (Form 990) 2020

ScheduleD (Form990) 2020	NATIONAL EATING DISORDERS ASSOCIATION	13-3444882 Page 5
ScheduleD (Form990) 2020 Part XIII Supplemental Info	ormation (continued)	
<u> </u>	onnauon (conunueu)	
-		

Schedule D (Form 990) 2020

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020

Open to Public Inspection

Employer identification number

Name of the organization

# NATIONAL EATING DISORDERS ASSOCIATION 13-3444882 General Information on Grants and Assistance

<ul> <li>Does the organization maintain records to criteria used to award the grants</li> <li>Describe in Part IV the organization's presented.</li> </ul>	or assistance?	~~~~~~~~	~~~~~~~	~~~~~~	ty for the grants or as	sistance, and the selection	tion Yes No
Part II Grants and Other Assistance to Do					ion 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 i	s needed.	Т	1	1
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) an	nd government organ	izations listed in the	line I table ~~	~~~~~	~~~~~~	.~~~~~	~~~   4.

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

0.

(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
rt IV Supplemental Information. Provide the informat	ion required in Part I,	line 2; Part III,	column (b); and any	other additional information	
RT I, LINE 2:					
DA SIGNS A CONTRACT WITH GRANTE	EES THAT REQU	IRE PERIODI	C PROGRESS R	REPORTS.	
RT II, LINE 1, COLUMN (H):					
ME OF ORGANIZATION OR GOVERNME	NT:				
GENTS OF THE UNIVERSITY OF CALIF					
) PURPOSE OF GRANT OR ASSISTANCE		DIDECTIONS	TNI VIDTIIAI AI	ND	
LINE TEMPERAMENT BASED TREATME	IN IS FOR EATIN	G DISOKDER	SBY WALIER	. н.	

032102 11-02-20

## SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Compensation Information

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

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

### NATIONAL EATING DISORDERS ASSOCIATION

Employer identification number 13-3444882

Pa	Part I Questions Regarding Compensation				
			Yes	No	
1a	a 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 la. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for p	personal use			
	Travelforcompanions Paymentsforbusinessuseofpersona	alresidence			
	Taxindemnification and gross-uppayments Health or social club dues or initia	tion fees			
	Discretionary spending account Personal services (such as maid, cha	uffeur, chef)			
b	o If any of the boxes on line la are checked, did the organization follow a written policy regarding pa	yment 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 direc	etors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organ	ization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee X Written employment contract				
	X Independent compensation consultant Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensat	ion committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line la, with respect to the filing				
	organization or a related organization:		ļ.,		
а	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	
С	Participate in or receive payment from an equity-based compensation arrangement?	~~~~~~ <u>4c</u>		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in F	art 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 compet	nsation			
	contingent on the revenues of:			\ \	
а	a The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~ 5a	-	X	
b	Any related organization?	<u>5b</u>		_ 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 compet	nsation			
	contingent on the net earnings of:				
а	a The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~ 6a	-	X	
b	Any related organization?	6b			
	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 pay	ments		_	
	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 subje	ect to the		X	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	~~~~~~ 8		^	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

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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.

	(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B) (i)-(D)	in column(B) reportedasdeferred on prior Form 990
(1) CLAIRE MYSKO (i)	160,417.	0.	109,991.	4,375.	0.	274,783.	0.
CHIEF EXECUTIVE OFFICER (END 10/20) (ii)	O.	0.	, O.	O.	0.	O.	0.
(2) CHEVESE TURNER (i)	92,083.	0.	70,559.	2,763.	0.	165,405.	0.
CHIEF POLICY AND STRATEGY OFFICER (E (ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINE NOVAK MICKA (i)	130,000.	9,085.	0.	0.	0.	139,085.	0.
CHIEF DEVELOPMENT OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i)							
(ii)							
(i)							
(i) (ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(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 THOUGH 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

Department of the Treasury Internal Revenue Service

 ${f J}$  Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

J Attach to Form 990.

 $\overline{\mathsf{J}}$  Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization NATIONAL EATING DISORDERS ASSOCIATION 13-3444882 Part I Types of Property (b) (a) (c) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable  ${\tt noncash}\, contribution\, {\tt amounts}$ Form 990, Part VIII, line 1g items contributed Art - Works of art  $\sim\sim\sim\sim\sim\sim\sim\sim$ 1 Art - Historical treasures  $^\sim$ 2 Art-Fractional interests 3 Books and publications  $^{\sim\sim\sim\sim}$ 4 5 Clothing and household goods 6 Cars and other vehicles  $^{\sim}$ Boats and planes  $^{\sim\sim\sim\sim}$ 7 Intellectual property ~~~ 8 151,144. Securities - Publicly traded ( 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests ~~~~~~ Securities - Miscellaneous  $\sim$ 12 Qualified conservation contribution -13 Historic structures ~~~~~~ Qualified conservation contribution - Other 14 Real estate - Residential  $\sim\sim\sim\sim\sim\sim\sim\sim$ 15 Real estate - Commercial  $^{\sim\sim\sim\sim\sim}$ 16 Real estate - Other ~~~~ 17 Collectibles 18 Food inventory  $\sim\sim\sim\sim$ 19 20 Drugs and medical supplies Taxidermy ~~~~~ 21 Historical artifacts  $^{\sim\sim}$ 22 Scientific specimens  $\sim\sim\sim$ 23 Archeological artifacts 24 25 Other J 26 Other J 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 X 30a exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Χ 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? ~~ b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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 ME	EMBER IS							
DISCLOSED TO THE CEO, WHO MUST TRANSMIT THIS INFORMATION DIR	ECTLY 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	0							
COMPENSATION. THE BOARD OF DIRECTORS REVIEWED OUR CEO COMPENS	SATION							
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,W	/A,WI,WY							
FORM 990, PART VI, SECTION C, LINE 19:								
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO	O THE PUBLIC							
INDIVIDUALS CAN FIND THE STATEMENTS ON GUIDESTAR COM OR AVAIL	LABLE UPON							
REQUEST THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICE	CY ARE NOT							
PUBLICLY AVAILABLE.								
FORM 990, PART IX, LINE 11G, OTHER FEES:								
OTHER FEES:								
PROGRAM SERVICE EXPENSES	369,211.							
MANAGEMENT AND GENERAL EXPENSES	90,662.							
FUNDRAISING EXPENSES	67,203.							
TOTAL EXPENSES	527,076.							
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	527,076.							

Schedule O (Form 990 or 990-EZ) 2020	Page 2
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

### **CONTENTS**

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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.

New York, New York June 29, 2021

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

		2 <u>020</u>	2 <u>019</u>		
A <u>SSETS</u>					
Cash and cash equivalents Investments, at fair value Contributions receivable Inventory Prepaid expenses and other assets Property and equipment, net	\$	1,697,779 49,785 417,887 2,437 206,799 100,058	\$	2,345,642 10,069 385,617 5,445 269,340 102,442	
TOTAL ASSETS	\$	2,474,745	\$	3,118,555	
L <u>IABILITIES AND NET ASSE</u>	<u>TS</u>				
Liabilities:					
Accounts payable and accrued expenses Accrued payroll and related liabilities Grants payable Refundable advance Deferred revenue Deferred rent	\$	174,146 157,387 99,817 381,360 - 136,539	\$	126,551 36,401 100,000 - 24,121 121,575	
TOTAL LIABILITIES		949,249		408,648	
COMMITMENTS AND CONTINGENCIES					
Net assets: Without donor restrictions: Operating Board designated Total without donor restrictions		358,764 1,000,000 1,358,764		1,493,175 1,000,000 2,493,175	
With donor restrictions: Purpose restrictions		166,732		216,732	
TOTAL NET ASSETS		1,525,496		2,709,907	
TOTAL LIABILITIES AND NET ASSETS	\$	2,474,745	\$	3,118,555	

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

	2020						2019					
	Wit	hout Donor	With	Donor			Wi	thoutDonor	W	ith Donor/		
	R	<u>testrictions</u>	Rest	rictions	Total		R	estrictions	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		50,000		(50,000)	-			24,925		(24,925)		
Total Operating Revenues and Other Support		3,442,690		(50,000)		3,392,690		5,705,259		181,415	5,886,674	
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		683,198				683,198		999,250			999,250	
Total Operating Expenses		4,577,101				4,577,101		4,352,063			4,352,063	
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		2,493,175		216,732		2,709,907		1,139,979		35,317	1,175,296	
Net assets, end of year	_\$	1,358,764	<u>\$</u>	166,732	\$	1,525,496	\$	2,493,175	\$	216,732	\$ 2,709,907	

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

	Supporting Services							
	Program Services		Mana	agement				
			and General		Fundraising			Total
Salaries	\$	1,473,818	\$	203,655	\$	246,905	\$	1,924,378
Payroll taxes and employee benefits	Ψ	338,410	Ψ	46,762	Ψ	56,693	Ψ	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		· <u>-</u>		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		12,004		20,001		26,250
Other expenses		18,603		15,138		8,410		42,151
Other expenses		10,003		15,130		0,410		42,131
Total expenses reported by function on								
the statement of activities	\$	3,302,896	\$	591,007	\$	683,198	\$	4,577,101

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

		<u>-</u>	Supporting Services							
	Program		Man	agement			Direc	Direct Costs of		
	S	ervices	and	d General	Fur	ndraising	Spe	cial Events		Total
0.1.:	Φ.	4.000.000		000 500		0.45.00.4			_	4 770 000
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		-		<u>-</u>		-		(165,682)		(165,682)
Total expenses reported by function on										
the statement of activities	_\$_	2,825,427	\$	527,386	\$	999,250	\$		\$	4,352,063

#### 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	 (24,121)		(42,914)
NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	 (1,082,486)	_	1,640,850
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property and equipment	(17,636)		(110,718)
Proceeds from sales of investments	70,899		-
Treeseas mem saise of investments	 7 0,000		
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	 53,263	_	(110,718)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Proceeds from refundable advance	 381,360		
NET CASH PROVIDED BY FINANCING ACTIVITIES	381,360		
NET GAGITI NOVIDED DI FINANCINO ACTIVITIES	 301,300		<del></del>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(647,863)		1,530,132
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	 2,345,642		815,510
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 1,697,779	9	2,345,642

#### 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.

#### 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.

#### 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

Conditional gifts and grants, with or without restrictions

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.e.*, the donor-imposed barrier is met

Unconditional gifts and grants, with or without restrictions

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.

#### 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
Computer and equipment

7 years 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.

#### 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.

#### 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.

#### 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:

	hvestments at Fair Value at December 31, 2020									
Equities	Level 1	Level 2	Level 3	Total						
	\$ 49,785	\$ -	\$ -	\$ 49,785						
	hvest	ments at Fair Value	ir Value at December 31, 2019							
	Level 1	Level 2	Level 3	Total						
Equities	<u>\$ 10,069</u>	\$ -	\$ -	\$ 10,069						

#### Note 5 - Property and Equipment

Property and equipment, net, consist of the following:

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

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.

#### 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:

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

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

	2020	2 <u>019</u>
The Body Project Education and prevention initiatives Tendler Memorial Fund	\$ - 50,000 -	\$ 15,000 - 9.925
rendier Wernerland	\$ 50,000	\$ 24,925

#### 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.