990EF		2018		
		(Keep for your records)		
Name(s) as shown on return National Acupu	ncture Detoxific	cation Association		<b>EIN number</b> 13-3336622
The following will be trans	mitted to the IRS.	🔀 990 🗌 8868 🗌 Amend	ed 🗌 FinCEN 1	14
The following state returns	s will be transmitted:			
			_	
The following returns have	been suppressed or are not el	ligible and will NOT be transmitted.		
EF Notes				

Form	99	90	Betur	OMB No. 1545-0047						
	•••			n of Organization Ex	-			2018		
				c), 527, or 4947(a)(1) of the Inter	· · ·	•	ns)			
		the Treasury		nter social security numbers or	•	•		Open to Public		
-		ue Service		www.irs.gov/Form990 for instru				Inspection		
-			lar year, or tax year begin	-	, 2018, and en	-	1	, 20		
		applicable:		ional Acupuncture Det	OXIFICATION ASSOCI	Lation	_	nployer identification no.		
Ē	ddress o		Doing business as	w if well is not delivered to street address)		Deem/avite		-3336622		
	ame cha iitial retu	•	PO Box 1066	ox if mail is not delivered to street address)		Room/suite		lephone number 38) 765-6232		
		rn/terminated		e, country, and ZIP or foreign postal code				ross receipts		
F	mended		Laramie, WY 82				\$	189,632		
F		n pending	F Name and address of principa		ov Stuvt	H(a) Is this a group retu				
			Same as C abov			H(b) Are all subordi				
I Ta	ax-exem	pt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527			see instructions)		
J W	/ebsite:		acudetox.com			H(c) Group exemp	tion numbe	er 🕨		
K F	orm of o	rganization: 🛛	Corporation Trust Ass	sociation 🗌 Other 🕨	L Year of formation: 1	985 M State of	legal domi	icile: <b>NY</b>		
Par	tl	Summar	у.							
	1	Briefly descri	ibe the organization's miss	ion or most significant activities:	NADA trains, edu	ucates, and a	advoca	ates for		
e				ar acupuncture for be						
Governance		health,	and disaster & en	notional trauma. We w	ork to improve ac	cess, polici	es an	d practices,		
'err				with Western health m						
20	2			discontinued its operations or di	•	1	- 1			
	3			<b>J</b>			3	8		
ties	4		-	s of the governing body (Part VI,			4	8		
Activities &	5			n calendar year 2018 (Part V, line	,		5 6	7		
Ac	6		r of volunteers (estimate if	Part VIII, column (C), line 12			0 7a	50		
			d business taxable income				7a 7b	0		
		Net unrelated	u business laxable income	10111 F01111 990-1, III1e 30 •		Prior Year	10	O Current Year		
	8	Contributions	s and grants (Part VIII_line	1h)		204,6	39	189,084		
e	9		-	e 2g) •••••		204,0	,,,,,,	105,004		
Revenue	10									
Rey	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				<u> </u>		
	12			must equal Part VIII, column (A),		204,7	12	189,632		
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)				0		
	14	Benefits paid	d to or for members (Part D	K, column (A), line 4)				0		
Ś	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), li	nes 5-10) • • • • • •	87,5	548	84,222		
use	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)				0		
Expenses	b		sing expenses (Part IX, col		0					
ш	17	•	ses (Part IX, column (A), li	. ,		104,2		83,086		
	18	-		equal Part IX, column (A), line 25		191,7		167,308		
	19	Revenue les	s expenses. Subtract line	18 from line 12		12,9		22,324		
Net Assets or Fund Balances	20	Total acceta	(Part X, line 16)			Beginning of Current Ye		End of Year		
Ssei	20		,			121,6		138,137		
let /	22		( , ,	line 21 from line 20		<u> </u>		27,614 110,523		
Par			ire Block			50,5	,,0	110, 525		
Unde	r penalti	es of perjury, I de	clare that I have examined this ret	urn, including accompanying schedules an		knowledge and belief, it i	S			
true,	correct, a	and complete. De	claration of preparer (other than o	fficer) is based on all information of which p	preparer has any knowledge.					
		Deni	se Romano							
Sigr	וו	Signatur	re of officer				Date			
Here	e	Deni	se Romano, treasu	ırer						
			print name and title							
_		Print/Type pre	eparer's name	Preparer's signature	Date	Check X	if PTIN			
Paic			ick Schmidt	Frederick Schmidt	self-employed	00513528				
-	barer	Firm's name Accounting Cycle Firm's EIN								
Use	Only	Firm's addres	ress <b>b</b> 1613 Harvard St NW Apt 305 Phone no.							
				con DC 20009-3712			-489-			
				own above? (see instructions)						
⊢or F	aperv	vork Reductio	on Act Notice, see the se	parate instructions.				Form <b>990</b> (2018)		

OMB No. 1545-0047

	1990 (2018) National Acupuncture Detoxification Association	13-3336622	Page <b>2</b>
Pa	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:		
	NADA trains, educates, and advocates for wellness through auricular acupunct	ure for	
	behavioral health, including addictions, mental health, and disaster & emoti	onal trauma	. We
	work to improve access, policies and practices, and integrate treatment with	Western he	alth
	modalities.		
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 🛛	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 🛛	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	l by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 99,274 including grants of \$ ) (Revenue	\$ 168	,155)
	Membership Services - education and communication with members, certification		
4b	(Code: ) (Expenses \$ 25,026 including grants of \$ ) (Revenue	\$	)
	Educate and advocate on behalf of members, through web site, printing and pu		/
	Educate and advocate on benair of members, through web site, printing and pt	DIICation.	
4c	(Code: ) (Expenses \$ 19,989 including grants of \$ ) (Revenue	\$ 10	, 358)
	Hold conferences with speakers to train professionals to use acupuncture to		
	alchohol dependency.	creat aray	ana
	alchonol dependency.		
	Other program convises (Describe in Schoolule O)		
4d	Other program services (Describe in Schedule O.)	<b>22</b> )	
4-		98)	
4e	Total program service expenses  162,000		

Form 990 (2	2018)	National	Acupuncture	Detoxification	Association
Part IV	Checklist of	Required	Schedules		

			Yes	No
1	Is the arganization described in section $501/a/(2)$ or $4047/a/(1)$ (other than a private foundation)? If "Vec."		res	NO
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	v	
~	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		Х
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		X
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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, Part VI	11a		Х
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? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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		Х
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? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • •	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · ·	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • •	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • • • • • • • • • • • • • • • • •	21		Х

Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		V
<b>•</b> •	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? <i>If "Yes." complete Schedule R. Part I</i>	33		v
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		XX
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		<u></u>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

#### Form 990 (2018) National Acupuncture Detoxification Association

13-3336622

Page 4

Form	990 (2018) National Acupuncture Detoxification Association 13-33366	22	F	age 5
Pa	rt 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 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	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 services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
ũ	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		- 23
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2018) National Acupuncture Detoxification Association 13-3336		F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			• X
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 1a 8			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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 similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>New York</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NADA Office (888)765-6232, 217 South First Street Ste 2, Laramie, WY 82070			

Form 990 (201	8) National Acupuncture Detoxification Association	13-3336622	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employe	es, and						
	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								
	<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	Ū				(C)					
(A)	(B)	(do r	not ch	Pos	sition	han one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, offic	box, unless person is both an officer and a director/trustee)		Reportable Reportable compensation compensation from from related the organizations		Estimated amount of other compensation			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Elizabeth_Libby_Stuyt President	5.00_	Х		Х				0	0	0
(2) Katurah Bryant training co-chair	5.00_	Х						0	0	0
(3) David Eisen training co-chair	2.00_	Х						0	0	0
(4) Denise Romano Treasurer	5.00_	Х		Х				0	0	0
(5) Nate Hurse vice president	2.00_	Х						0	0	0
(6) Rommell Washington At Large Director	5.00_	Х		Х				0	0	0
(7) Yvette Miller Member at Large	2.00	Х						0	0	0
(8) Carolyn Mandrusiak Secretary	2.00_	Х						0	0	0
(9) Betsy Prager board member, Canadian RT Rep	500_	Х						0	0	0
(10)Robert Storer US Training Rep	<u>4.00</u>	Х						0	0	0
(11)										
(12)										
(13)										
(14)										

	90 (2018) National Acupunctu									13-333	6622	F	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H			Comp	ensa	ated Employees (c	continued)			
	(A) Name and title			unless	(C) Position check more than one less person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation fron related		(F) stimated mount of other	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensati from the ganizatio nd relate ganizatio	on d
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total			• •	• •	• •							
C	Total from continuation sheets to Part VII, Section		•••	• •	•••	• •	• • •						
	Total (add lines 1b and 1c)								0		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste		ve) v	vno	rece	eivea n	lore	than \$100,000 of		0		
•						. la : a						Yes	No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>			-		-		-			3		Х
4	For any individual listed on line 1a, is the sum of rep										-		21
	organization and related organizations greater than						•						
5	individual										4		Х
Ū	for services rendered to the organization? If "Yes," of			-			-				5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compen-	-											
	year. (A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
									+				

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

Form 99				e Detoxifica	tion Associa	tion	13-33366	22 Page 9
Part	VIII	Statement of Reven	ue					_
		Check if Schedule O contair	ns a response or r	note to any line in thi				<b>L</b>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u></u>	1a	Federated campaigns • • •	1a					
rant	b			161,768				
Amc Amc	c	Fundraising events • • • •	1c					
Gifts lar /	d	Related organizations	1d					
ns, ( Simi	е	Government grants (contributi	ons) • • 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gi	rants,					
0 tribi		and similar amounts not includ	ded above 1f	27,316	-			
and	g	Noncash contributions include						
	h	Total. Add lines 1a-1f		<u></u> ►	189,084			
e				Business Code				
Program Service Revenue	2a							
e Re	b							
rvic	c d							
n Se	d							
grar	-	All other program service rever						
Pro		Total. Add lines 2a-2f						
	1	Investment income (including d						
	ľ	and other similar amounts)			548	548		
	4	Income from investment of tax-	exempt bond proc	ceeds · · · Þ				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
		Less: rental expenses • • • •						
		Rental income or (loss) · · ·						
	d	Net rental income or (loss) .	<u></u>	<u></u> ►				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		· <u>· · · · · · · ▶</u>				
Other Revenue	8a	Gross income from fundraising						
eve		events (not including \$						
ų ŭ		of contributions reported on line	,					
the		See Part IV, line 18 • • • •			-			
0		Less: direct expenses • • •						
		Net income or (loss) from funder Gross income from gaming act	-					
	54	See Part IV, line 19						
	ь	Less: direct expenses			-			
		Net income or (loss) from gami						
		Gross sales of inventory, less						
	104	returns and allowances	a					
	b	Less: cost of goods sold ••	b					
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d •						
	12	Total revenue. See instructions	s	🕨	189,632	548	0	0

# Form 990 (2018) National Acupuncture Detoxification Association Part IX Statement of Functional Expenses

Page	1	0
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	Check if Schedule O contains a response or note to a	any line in this Part IX	<u> </u>	<u></u>	<u></u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,509	49,509		
5	Compensation not included above, to disqualified	49,309	49,309		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29 495	29 495		
3	Pension plan accruals and contributions (include	28,495	28,495		
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
, 0	Payroll taxes	6 010	6 010		
	F	6,218	6,218		
1	Fees for services (non-employees):         Management				
a h		<b>C C 1</b>	<i>cc</i> 1		
b	Accounting	661	661		
с С		4,732	4,732		
d	Lobbying				
e 1	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	7,338	7,338		
2	Advertising and promotion				
3	Office expenses	26,811	25,344	1,467	
4	Information technology	11,127	11,127		
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6		8,640	7,640	1,000	
7	Travel	1,785	1,785		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	15,571	14,978	593	
0					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	2,248		2,248	
ł	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	bank and credit card fees	4,161	4,161		
b	Other	14	14		
С	Rounding error	(2)	(2)		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e .	167,308	162,000	5,308	
6	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	60	4	63
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	3,435	8	1,596
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D • • • • 10a			
b	Less: accumulated depreciation • • • • • • • • • • • • • • • • • • •		10c	
11	Investments - publicly traded securities	15,009	11	30,132
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	5,840	15	5,840
16	Total assets. Add lines 1 through 15 (must equal line 34)         · · · · · · · · · · · · · · · · · · ·	121,624	16	138,137
17	Accounts payable and accrued expenses	460	17	2,937
18	Grants payable		18	
19	Deferred revenue	28,153	19	21,475
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2,633	25	3,202
26	Total liabilities. Add lines 17 through 25	31,246	26	27,614
	Organizations that follow SFAS 117 (ASC 958), check here <b>&gt;</b> X and			
	complete lines 27 through 29, and lines 33 and 34.			
27		75,369	27	80,391
28	Temporarily restricted net assets	15,009	28	30,132
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here  and  and  and  and  and  and  and  and			
	complete lines 30 through 34.		00	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	90,378	33	110,523
34	Total liabilities and net assets/fund balances	121,624	34	138,137

#### Form 990 (2018) National Acupuncture Detoxification Association **Balance Sheet**

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

13-3336622

1

2

~

32,827

64,453

(A)

Beginning of year

. .

(B)

End of year

51,019

49,487

Form 990 (2018)

Savings and temporary cash investments .....

Cash - non-interest-bearing

Part X

1

2

Assets

Liabilities

Form	1990 (2018) National Acupuncture Detoxification Association 1	3-333	6622	F	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				• 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1		189,	632
2	Total expenses (must equal Part IX, column (A), line 25)	2		167,	308
3	Revenue less expenses. Subtract line 2 from line 1	3		22,	324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90,	378
5	Net unrealized gains (losses) on investments	5		(2,	178)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(1)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		110,	523
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				• X
			_	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🗌 Accrual 🛛 Other hybrid				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	<b>a</b> X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • •	2	0	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	2	2 X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3	3	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_	0 000	

EEA

Form 990 (2018)

SCHEDU	ILE A
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## **Public Charity Status and Public Support**

OMB No. 1545-0047

SCHEDULE A			l I	Public Charity Status and Public Support nization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					OMB No. 1545-0047		
									2018		
•		90 or 990-EZ)	, <b>3</b> .		ch to Form 990 or Forr	Open to Public					
Department of the Treasury Internal Revenue Service					v/Form990 for instructi		ne latest ir	nformation.	Inspection		
					Employer identifica	tion number					
Nat	ion	al Acupunc	ture Detoxific	ation Associ	ation			13-333662	2		
	irt I				ganizations must c	omplete	this part				
The	orga				1 through 12, check onl	-		,			
1	ň				ches described in sectio						
2	П				chedule E (Form 990 or	• • •	///(-/-				
3	П				described in section 170		ii).				
4	П	•		•	with a hospital described			(A)(iii). Enter the			
			e, city, and state:					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	Π	•	·	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in			
-		-	(1)(A)(iv). (Complete F	-							
6	Π				it described in section 1	70(b)(1)(A)	(v).				
7	П		•	•	of its support from a gov		• •	n the general public			
		•	ection 170(b)(1)(A)(vi).								
8	Π		rust described in section								
9	П	•			n 170(b)(1)(A)(ix) opera	ted in conit	unction with	n a land-grant college			
		0	•		ee instructions). Enter the			<b>e e</b>			
		university:	0	5 5 (	,	,		0			
10	Х	· _	n that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gross			
		•	•	( )	ubject to certain exception						
		•		•	siness taxable income (le						
		•			ction 509(a)(2). (Comple		,				
11	Π		•		st for public safety. See		,				
12	П	•	•	•	ne benefit of, to perform			carry out the purposes			
		•	•		d in section 509(a)(1) or						
					e type of supporting orga				2q.		
	а		-		ed, or controlled by its su				5		
					appoint or elect a majori		-				
			organization. You mus		•••	<b>,</b>					
	b				trolled in connection with	its suppor	ted organiz	ation(s), by having			
				•	n vested in the same pe		•	.,			
			on(s). You must comp								
	с		• • •		nization operated in conn	ection with	. and funct	onally integrated with.			
					must complete Part IV,						
	d	_			organization operated in				)		
		- //			enerally must satisfy a di			• •	/		
			, ,	<b>o o</b>	Part IV, Sections A and		•				
	е			-	determination from the IF			Type II. Type III			
			-		egrated supporting orga		, <b>1</b> ,	<b>)</b>			
	f		per of supported organi	-							
	g		owing information abou		ganization(s).						
	(i	i) Name of supported	-	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ũ		(described on lines 1-10	listed in you	ur governing	support (see	other support (see		
					above (see instructions))	docum	ient?	instructions)	instructions)		
						Yes	No				
(A)											
(P)											
(B)											
<u> </u>											
(C)											
<u> </u>											
(D)											
<u>(F)</u>											
(E)						1	1				

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

Total

Sched	ule A (Form 990 or 990-EZ) 2018 Nati	onal Acupund	cture Detoxi	fication Ass	ociation	13-3336622		
Par								
	(Complete only if you check						/ under	
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	( <b>b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3 · · · · ·							
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) •••••							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7 8	Amounts from line 4							
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 .							
12	Gross receipts from related activities, etc. (s	ee instructions)				12		
13	First five years. If the Form 990 is for the or						. —	
<u></u>	organization, check this box and stop here						▶∐	
	tion C. Computation of Public Su Public support percentage for 2018 (line 6, c			5))		14	0/	
14 15	Public support percentage for 2018 (line 6, c	.,	•				%	
16a	<b>33 1/3% support test - 2018.</b> If the organiza						/0	
104	box and <b>stop here.</b> The organization qualifie						🕨 🗖	
b	<b>33</b> 1/3% support test - 2017. If the organization							
-	this box and <b>stop here.</b> The organization qua						• 🗖	
17a	10%-facts-and-circumstances test - 2018.						. ப	
	10% or more, and if the organization meets the "fact:	he "facts-and-circu	umstances" test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain ir	ı		
	organization		-				🕨 🗌	
b	<b>10%-facts-and-circumstances test - 2017.</b> 15 is 10% or more, and if the organization m	-				e	_	
	Explain in Part VI how the organization meet				-	ly		
	supported organization						· · · 🕨 🗌	
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see			
	instructions		<u></u>	<u></u>		<u></u>	··· ► []	

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 Nati	onal Acupunc	ture Detoxif	fication Ass	ociation	13-3336622	Page 3
Pa	rt III Support Schedule for Org						
	(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 c	ualify under the	e tests listed be	elow, please co	omplete Part II.	)	
Sec	ction A. Public Support				•	,	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(4)	(4) = = = =	(0) = 0 + 0	(4) = 0 11	(0) = 0 + 0	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	113,123	128,708	144,803	137,354	161,768	685,756
2	Gross receipts from admissions, merchandise	,	,	,		,	· · · · · ·
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	49,763	24,258	37,202	32,372	8,157	151,752
2	•	157705		077202	02/0/2	0/20/	
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •	16,177	6,170	10,223	9,350	5,655	47,575
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge	3,564	7,792	6,421	6,514	4,613	28,904
6	Total. Add lines 1 through 5         • • • • • • • • •	182,627	166,928	198,649	185,590	180,193	913,987
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
<b>L</b>							
D	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 • •						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ							913,987
Sec	ction B. Total Support						, , , , , , , , , , , , , , , , , , , ,
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	182,627	166,928	198,649	185,590		913,987
10-		,	,	,		,	· · · · ·
TUa	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	22	7	17	74	548	668
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	22	7	17	74	548	668
			,		/ 1	540	
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.) • • • • • • • • • • • • • • • • • • •	182,649	166,935	198,666		180,741	914,655
14	First five years. If the Form 990 is for the org						
600	organization, check this box and stop here ction C. Computation of Public Su						· · · · 🕨 📋
	•						
15	Public support percentage for 2018 (line 8, co					15	99.93 %
<u>16</u>	Public support percentage from 2017 Schedu					16	94.43 %
	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 Sc	hedule A, Part III, li	ne 17 • • • • • •	• • • • • • • • • •		18	0.00 %
19a	33 1/3% support tests - 2018. If the organization	ation did not check i	the box on line 14,	and line 15 is more	than 33 1/3%, and	l line	_
	17 is not more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qualif	ies as a publicly su	pported organizatio	on ••••••	•••• ⊠
b	33 1/3% support tests - 2017. If the organization	ation did not check	a box on line 14 or	line 19a, and line 1	6 is more than 33 <sup>-</sup>	1/3%, and	
	line 18 is not more than 33 1/3%, check this k						🕨 🗌
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	check this box and	see instructions		· · · · ► 🔲

Parl	e A (Form 990 or 990-EZ) 2018 National Acupuncture Detoxification Association 13-33366 t IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ons A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplet	е	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
ect	ion A. All Supporting Organizations	,		
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) 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 <b>Part VI</b> 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)			
A -	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	Α -		
L	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	46		
~	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
5a	<i>purposes.</i> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
~	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
3	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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
Эa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	ule A (Form 990 or 990-EZ) 2018 National Acupuncture Detoxification Association 13-3336622 t IV Supporting Organizations (continued)		Р	age <b>5</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		V.	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported	4		
	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			
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.		- 1	
h				

- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) 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 these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **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.

2a

2b

3a

Yes

No

	ule A (Form 990 or 990-EZ) 2018 National Acupuncture Detoxification As: rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	soci	ation 13-333	6622	Page <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part \	/I) <b>See</b>
•	instructions. All other Type III non-functionally integrated supporting organization				
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Cur	rent Year tional)
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			
	Portion of operating expenses paid or incurred for production or				
	llection of gross income or for management, conservation, or				
	aintenance of property held for production of income (see instructions)	6			
	Other expenses (see instructions)	7		+	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		+	
Sec	tion B - Minimum Asset Amount	_	(A) Prior Year	```	rent Year tional)
1	Aggregate fair market value of all non-exempt-use assets (see				,
ins	structions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other				
	ictors (explain in detail in <b>Part VI</b> ):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	· · · ·	3		_	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_	
6	Multiply line 5 by .035.	6			
7		7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Currer	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	• • • • •	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to				
en	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	intec	grated Type III supportin	g organizat	ion (see
	instructions).				,

Schedule A (Form 990 or 990-EZ) 2018

Sched	Ile A (Form 990 or 990-EZ) 2018 National Acupuncture Det tV Type III Non-Functionally Integrated 509(a)			36622 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets	11 0		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
-	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
Ŭ	(provide details in <b>Part VI</b> ). See instructions.	io organization to roopon		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
— <u>''</u>	Carryover from 2013 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from			
4				
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2016 Excess from 2017			
	Excess from 2018			
EEA			Sched	ule A (Form 990 or 990-EZ) 2018

Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
i unt tr	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	mes 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)

(Form 990) <ul> <li>Complete if the complete if the organization answered "Yes" on Form 990.</li> <li>Part IV, line 5, 4, 9, 10, 11, 15, 11, 12, 10, 120.</li> <li>Co to uww.irr.gov/Form900 tr instructions and the latest information.</li> <li>Dependent of the Tearon</li> <li>Conservation Building in the complete if the organization answered "Yes" on Form 990.</li> <li>Part IV, line 6, 10, 90, Part IV, line 6.</li> <li>Complete if the organization answered "Yes" on Form 990. Part IV, line 6.</li> <li>Complete if the organization answered "Yes" on Form 990. Part IV, line 6.</li> <li>Complete if the organization answered "Yes" on Form 990. Part IV, line 6.</li> <li>Complete if the organization answered "Yes" on Form 990. Part IV, line 6.</li> <li>Complete if the organization and does an door addees in writing that the assets held in door addeed funds are the organization inform all does and door addees in writing that the assets held in door addeed funds are the organization answered "Yes" on Form 990. Part IV, line 7.</li> <li>Part Conservation Example:</li> <li>Conservation Example:</li> <li>Preservation of an of to be benefit to door addeed in a phylic in the organization answered "Yes" on Form 990. Part IV, line 7.</li> <li>Conservation Example:</li> <li>Preservation of a scritter in block of the organization (addeed at that apply).</li> <li>Preservation of a construction assements bid by the organization (addeed at that apply).</li> <li>Preservation of a scritter in block of the accel in block of the accel in block of the accel in the scritter in the accel in th</li></ul>	SCH	IEDULE D	Suppler	nental Financial Statements		OMB No. 1545-0047
Partial organization sectors in the sector of the sector	(Foi	m 990)				2018
the set of the sequences of the set of the sequences of the set of the sequences of t			Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.	2010
Teme of the againstation         Display of a complete if the organization maker of Yes' on Form 990, Part IV, line 6.           1         Total number at end of year         (a) Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.           2         Aggregate value of control form all denors and done advices in writing that the assets held in doner adviced the accounts.         (a) Control detection           3         Aggregate value of control form all denors and doner advices in writing that the assets held in doner adviced the account of the organization inform all denors and doner advices in writing that the assets held in doner adviced the organization inform all grantes, doners, and doner advices or in writing that grant turds can be used only for charable purposes and not for the benefit of the doner of advices or for any other purposes           0         Demote the advices in writing that grant turds can be used only for charable purposes and not for the benefit of the doner of advices or for any other purpose           0         Demote the advices in writing that grant turds can be used only for charable purposes and not for the benefit of the doner advices or for any other purpose           0         Demote the advices at the organization held a qualified conservation cancer advice at the advice the target at the advice transmitter of the advices of the organization in the advices in the organization for advices or for advice or for advice or for advice at the advice transmitter organization advices or the advice transmitter advices at the advice transmitter organization advices or for a part total (transmitter advice).           0         Purpose(to) of advices the advices advice transm	Depart	ment of the Treasury		Attach to Form 990.		Open to Public
National Acupuncture Detoxification Association       13-3336622         Part       Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.       (b) Finds and ther occurs         2 Aggregate value of contributions to (during year)       (a) Beroradinative       (b) Finds and ther occurs         3 Aggregate value of contributions to (during year)       (c) Beroradinative of the organization form all donors advisors in writing that the assets held in donor advisor       (b) Finds and ther occurs         4 Aggregate value at end of year       (c) Beroradinative organization form all donors advisors in writing that grant funds can bue used       (b) Finds and ther ocganization form all donors advisors in writing that grant funds can bue used       (b) Finds and ther occurs         9 Did the organization findem all donors advisors on Form 990, Part IV, line 7.       (b) Conservation Easements Med by the organization (check all that app).       (b) Finds and there are the organization (beds all that app).       (b) Finds and the organization held a qualified conservation of a historically important land area       (c) Easements         2 Complete in the last dup of the tax year.       2 a       2 a       (c) and acceage restricted by conservation easements in advisor structure included in (c) acquired after 72506, and norton a historically important land area       (c) accurstand acceage restricted by conservation easements in advisor structure included in (c) acquired after 72506, and norton a historically conservation easements in advisor st			Go to www.irs.gov/F	orm990 for instructions and the latest informa		
PartIL       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization asswered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year		•			1 . ,	
Complete if the organization answered "Ves" on Form 990, Part IV, line 6.         1       Total number at end of year         2       Aggregate value of contributions to (during year)         3       Aggregate value of contributions to (during year)         4       Aggregate value of contributions to (during year)         4       Aggregate value of ends throm (during year)         4       Aggregate value of ends throm (during year)         4       Aggregate value of end of year         9       Did the organization inform all donors advices in writing that grant funds can be used only for charlable purposes and not to the benefit of the donor or donor advices, or for any other purpose conferring imperissible private benefit?         Particular Conservation Easements.       Ves       No         Complete if the organization inform all donor advices of the organization (check all that popt).       Preservation of a historically important land area imported to the organization held a qualified conservation or a check all that popt).       Preservation of a check all that area imported to organization assements in a critical conservation easements.       2a         2       Complete inte organization assements in advice and easements in a conservation conservation easements in a critical theorem assements.       2a         3       Total number of conservation easements in advice and easements in advice and easements in advice and easements in advice and easements in advice andvice andvice and easevation easements in advice and easements in						36622
I       Total number at end of year       (a) Door advect turds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)          3       Aggregate value of antihom (during year)          4       Aggregate value at end of year          5       Did the organization inform all donors and donor advisors in writing that grant funds can be used only for churdbelp proposes and not for the bond or advisors in writing that grant funds can be used only for churdbelp proposes and not for the bond or advisor or any other purpose contenting impermissible private benefit?        Yes       No         Part II       Complete if the organization inbits of the organization (answered "Yes" on Form 990, Part IV, line 7.        Propose(s) of conservation easements held by the organization (check all that apply).         Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Propose(s) of conservation easements held by the organization (check all that apply).         Propresention of a historic atruth habitat       Proservation of a conservation easements held by the organization (check all that apply).         Complete inte 2a through 2d if the organization held a qualified conservation conservation easements	Fa		-		ounts.	
1 Total number at end of year		Complete	in the organization answered Te		(b) Eurode ar	ad other accounts
2 Aggregate value of contributions to (during year)	1	Total number at en	d of year		(b) Funds an	
3 Agrogate value of grants from (during year)			•			
5       Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?       Yes       Ne         0       Did the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit due donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes       Ne         Part III       Conservation Easements.       Yes       Ne       Ne         Part III       Conservation easements held by the organization (check all that apply).       Preservation of land for public use (e.g., recreation or education)       Preservation of a conservation       Preservation of a conservation         Preservation of open space       2       Complete line 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Preservation of a conservation         2       Complete line 2a through 2d if the axyear.       Preservation of conservation easements       Preservation of conservation easements         4       Number of conservation easements       Preservation of a modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states written pokicy regarding the periodic monitoring, inspection, and enforcing conservation easements included in (c) acquired after 7/25/06, and not on a historically importan land area       Preservation Preservation	3					
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<ul> <li>6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit of the donor or advisor in the dat apply.</li> <li>Preservation of a donor base conferring impermissible private benefit of the organization field a qualified conservation contribution in the form of a conservation area in the last day of the tax year.</li> <li>Complete in the advisor of the ax year.</li> <li>Total number of conservation easements and a qualified conservation contribution in the form of a conservation easements and in (a) acquired after 7/25/06, and not on a historic structure lead in the National Register</li></ul>	5	Did the organizatio	n inform all donors and donor advisors	in writing that the assets held in donor advised		
event for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private benefit? Part II Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7. Purpose() do conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a cartified historic structure Preservation of a conservation assements held a qualified conservation contribution in the form of a conservation a Total anceage restricted by conservation easements held a qualified conservation contribution in the form of a conservation a Total anceage restricted by conservation easements b Total acreage restricted by conservation easements b Number of conservation easements included in (a) c a Total number of conservation easements included in (a) b Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is and the vary regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements included in loid of violations, and enforcing conservation easements during the year is \$ b Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements in loids? complete if the organization neasements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and states where approperty subject to conservation easements in its revenue and expense statement, and balance sheet, and include, it applicable, the text of the loon to report in the revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publi		funds are the organ	nization's property, subject to the organ	nization's exclusive legal control?		Yes 🗌 No
conterring impermissible private benefit?       Yes in No         Part III       Conservation Easements.       Yes in No         Complete (if the organization answered "Yes" on Form 990, Part IV, line 7.       Propose(s) of conservation easements held by the organization (check all that apply).       Preservation of a dor public use (e.g., recreation or education)       Preservation of a dor public use (e.g., recreation or education)       Preservation of a certified historic structure         Protection of natural habitat       Preservation of a dor dor on assements       Preservation of a conservation         easement on the last day of the tax year:       Integration easements       Image: Conservation easements         a Total number of conservation easements       Image: Conservation easements       Image: Conservation easements         b Total acreage restricted by conservation easements       Image: Conservation easements       Image: Conservation easements         c Number of conservation easements       Image: Conservation easements       Image: Conservation easements       Image: Conservation easements         4       Number of states where property subject to conservation easements is located       Image: Conservation easements       Image: Conservation easements         6       Statif and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       Image: Conservation easements         7       Amount of expenses incurred in monito	6	Did the organizatio	n inform all grantees, donors, and don	or advisors in writing that grant funds can be used	b	
Part II       Complete if the organization naswered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a hot or public use (e.g., recreation or education)       Preservation of a hot or public use (e.g., recreation or education)         Protection of natural habitat       Preservation of a certified historic structure         Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assements on the last day of the tax year.         a Total number of conservation easements       Ze         D Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       Zd         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year '>						
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1 Purpose(s) of conservation essements held by the organization (check all that apply).         Preservation of and tor public use (e.g., recreation or education)         Preservation of open space         Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         easement on the last day of the tax year.         a Total number of conservation easements         b Total acreage restricted by conservation easements         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         4 Number of states where property subject to conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register         4 Number of states where property subject to conservation easement is located         >         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         *         8 Does each conservation easement is holds?         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         *         8	De					···· Yes No
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Protection of natural habitat					ally important land	area
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historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	с	-	•	structure included in (a)	2c	
3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d	Number of conserv	vation easements included in (c) acqui	red after 7/25/06, and not on a		
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<ul> <li>4 Number of states where property subject to conservation easement is located ▶</li></ul>	3	Number of conserv	vation easements modified, transferred	I, released, extinguished, or terminated by the org	anization during the	e
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<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	4					
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	5	-				
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>		-				
<ul> <li>▶\$</li></ul>	6	Staff and volunteer	hours devoted to monitoring, inspecti	ng, handling of violations, and enforcing conserva	tion easements du	ing the year
<ul> <li>▶\$</li></ul>	7	• •				h
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iv) the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> &lt;</ul>	'		es incurred in monitoring, inspecting, r	and ling of violations, and emorcing conservation e	easements during t	ne year
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>	8		vation easement reported on line 2(d)	above satisfy the requirements of section $170(h)$	4)(B)(i)	
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iv) Assets or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>	U		,		, , , , , ,	🗆 Yes 🗌 No
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets included on held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>	9	( )	( ')(=)()			
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<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>		organization's acco	ounting for conservation easements.	-		
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<ul> <li>public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>	1a	If the organization e	elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue statement	and balance sheet	
<ul> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		works of art, histori	ical treasures, or other similar assets I	neld for public exhibition, education, or research in	n furtherance of	
<ul> <li>works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>						
<ul> <li>public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul>	b	-				
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>			·		furtherance of	
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul>						•
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the						\$
	~					\$
Topowing amounts required to be reported linder SEAS 116 (ASC 958) relating to these items:	2	•		-	in, provide the	
	-				<b>.</b>	¢
b Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·						

	le D (Form 990) 2018 National Acupu							13-33				age 2
Pa	t III Organizations Maintaining	Colle	ctions of A	rt, Histo	rical Tre	easures,	or Oth	er Similar A	ssets	s (con	tinue	d)
3	Using the organization's acquisition, accession,	and of	ther records, ch	neck any o	f the follow	ing that are	a significa	ant use of its				
	collection items (check all that apply):											
а	Public exhibition		d 🗌 Loai	n or excha	nge progra	ams						
b	Scholarly research		_		0 1 0							
c	Preservation for future generations											
4	Provide a description of the organization's colle	ctions	and explain how	w they furt	her the ora	anization's o	vemnt ni	irnose in Part				
-	XIII.	010113		w they full	ier the org		xempt pt	ipose in r art				
5			denotions of or	+ biotorioo	1	ar athar ain	ilor					
5	During the year, did the organization solicit or re										· [	
De	assets to be sold to raise funds rather than to b			of the orga	nization's c	collection?	• •		• • •	Ľ	es	No
Pa	t IV Escrow and Custodial Arran									ан <b>Г</b> .		
	Complete if the organization a	nswe	ered res or	Forms	990, Par	t iv, line 9	, or rep	oneo an an	iouni	ONFO	1111	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodian											
	included on Form 990, Part X?									Y	es	No
b	If "Yes," explain the arrangement in Part XIII an	d comp	olete the followi	ng table:								
									Amour	nt		
с	Beginning balance						10	;				
d	Additions during the year						10	ł				
е							16	•				
f	Ending balance											
2a	Did the organization include an amount on Forr									. 🗆 v	69	No
b	If "Yes," explain the arrangement in Part XIII. C						•					╡┈╸
Pa				allon nas	been provi				<u>···</u>	<u>···</u>	<u> </u>	
I U	Complete if the organization a	newo	red "Ves" or	n Form (	00 Par	t IV lino 1	0					
				1		1		( n =	.			
4.		(a)	Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years b	ack	(e) Four	years b	ack
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 current	t year e	end balance (lir	ne 1g, colu	mn (a)) he	ld as:						
а	Board designated or quasi-endowment			•	. ,,							
b	Permanent endowment > %											
с	Temporarily restricted endowment		%									
•	The percentages on lines 2a, 2b, and 2c should	1 equal										
3a	Are there endowment funds not in the possessi	•		that are h	old and ad	ministorod fo	or the					
ou	organization by:		ne organization							1	Yes	No
										20(1)	163	110
	(i) unrelated organizations	• • •							••	3a(i)		
	(ii) related organizations	• • •							••	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				le R? ••		• • • •		••	3b		
4	Describe in Part XIII the intended uses of the o			ent funds.								
Pa	t VI Land, Buildings, and Equipr			-				<b>F</b> 000	<b>_</b> .			
	Complete if the organization a	nswe	ered "Yes" or	n Form 9	990, Par	t IV, line 1	1a. Se	e ⊦orm 990,	Part	X, line	<u>) 10.</u>	
	Description of property		(a) Cost or othe (investme			or other basis other)		Accumulated epreciation		( <b>d</b> ) Bool	value	
1a	Land			-	Ì							
b	Buildings											
	-	• • •							+			
C L	Leasehold improvements	• • •										
d	Equipment	• • •							_			
<u>e</u>	Other					\ \		L.				
	Add lines 1a through 1e. (Column (d) must equ	ual For	m 990, Part X, (	column (B	), line 10c.)	)						
EEA									Sche	dule D (F	orm 990	J) 2018

Schedule D (Form	990) 2018 National Acupus	ncture Detoxificatio	on Association 13-33	336622 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art 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 valua Cost or end-of-year marke	
(1) Financial	derivatives • • • • • • • • • • • • • • • • • • •			
<ul><li>(2) Closely-he</li><li>(3) Other</li></ul>	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		•	
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990	), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	a "Yes" on Form 990, Pa	art IV, line 11d. See Form 990	J, Part X, line 15.
(4)		escription		(b) Book value
	ity Deposit on Office Lease			800
(2) Prepa	1d Rent			5,040
(3) (4)				
(4)				
(6)				
(7)				
(8)				
(9)				
-	n (b) must equal Form 990, Part X, col. (B) line 15.,	)		5,840
Part X	Other Liabilities. Complete if the organization answere		art IV/ line 11e or 11f See Fe	
	line 25.			111 990, 1 att X,
1.	(a) Description of liability	(b) Book value	_	
	ncome taxes			
	ll Liabilities	3,201	·	
	ing Error	1	·	
(4)			_	
(5)			_	
(6)			_	
(7)				
(8)				
(9)			_	
	nust equal Form 990, Part X, col. (B) line 25.) ► uncertain tax positions. In Part XIII, provide the tex	3,202		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . . .

		.3-3336622	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses • • • • • • • • • • • • • • • • • •		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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
2018
Open to Public
Inspection
Employer identification number

Name of the organization

13-3336622

#### 01. Members or stockholder classes and rights (Part VI, line 6)

National Acupuncture Detoxification Association

NADA is a membershp based organization. Some members are registered trainers. The

registered trainers elect two board members. All other board members are appointed by the

board.

#### 02. Governing body meeting documentation (Part VI, line 8a)

Contemporaneous records of board meetings are kept by the board secretary, and at the

national office.

#### 03. Form 990 governing body review (Part VI, line 11)

A copy of the 990 with all schedules is provided to the board of directors for their

review before being signed by the treasurer.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

Documents are made available to the public upon request.

#### 05. "Other" or change in accounting method (Part XII, line 1)

Although NADA in general follows cash-basis accounting, the "hybrid method" box is checked

this year. The primary reason is that NADA began issuing 2- and 3- year memberships and

membership renewals. Additionally, some conference registrations are prepaid in the year

prior to the conference that the registrant is attending. Staff and the accountant believe

that deferring pre-paid revenue to the year earned gives the board and the public a better

understanding of membership activities and conference attendance. Additionally, certain

large expenditures are made with a one or two month lag, and it was felt that recording

those expenditures in the month expended rather than the month paid gives the board,

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
National Acupuncture Detoxification Association	13-3336622
staff, the members, and the public a better understanding of operations.	

### 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Rounding Error one dollar

EEA

		•
Form	8879-EC	J

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning , and ending OMB No. 1545-1878

2018

Department of the Treasury Internal Revenue Service Name of exempt organization

Name and title of officer

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

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

National Acupuncture Detoxification Association

13-3336622

Denise Romano, treasurer

Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on	
the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here 🕨 🗴 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	189,632
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c)	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only

X I authorize <u>Accounting Cycle</u> ERO firm name	to enter my PIN <u>13333</u> as my signature Enter five numbers, but do not enter all zeros
· · · ·	rn. If I have indicated within this return that a copy of the return is part of the IRS Fed/State program, I also authorize the aforementioned creen.
	signature on the organization's tax year 2018 electronically filed return. n is being filed with a state agency(ies) regulating charities as part of rn's disclosure consent screen.
Officer's signature	a BUK (AC Date ► 05-08-2019
Part III Certification and Authentication Sara Bur	sac (May 15, 2019)
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	432132 49258 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signal indicated above. I confirm that I am submitting this return in accord Information for Authorized IRS <i>e-file</i> Providers for Business Return	lance with the requirements of Pub. 4163, Modernized e-File (MeF)
ERO's signature Frederick Schmidt	Date ► Date ►

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

For Paperwork Reduction Act Notice, see instructions.

	Statement of Program Service Accomplishmen	ts 2018 PG01
Name(s) as shown on return		Your Social Security Number
National Acu	upuncture Detoxification Association	13-3336622
	Form 990-Part III(a) Statement of Service Accomplishment	Statement #4
Grants and a	vice Expenses \$10 allocations included in above expense \$0	0403 885
Explanation		
Newsletter for		

	_	Service Accomplishments	2018 PG01
Name(s) as shown on return		on Accoriation	Your Social Security Number
National AC	cupuncture Detoxificati	on Association	13-3336622
	Form 990-P Statement of Serv	art III(b) ice Accomplishment	Statement #4
Grants and	rvice Code rvice Expenses allocations included i rvices Revenue	<b>n above expense</b> \$7308 \$0 \$4613	
Explanation	es - provide members and the	public with information about	t the mission of NADA.

Г

990 Overflow Sta	atement		<b>2018</b> Page 1
Name(s) as shown on return	FEIN		Luge I
National Acupuncture Detoxification	Association	13	-3336622
Program Service Exe	penses - Conferences		
Description			mount
Conference (2019)		\$	7,374
Regional Meeting			7,604
Staff Time			4,334
Subcontractor - req mtq mktq			284
	Total:	\$	
Conferen	ce Revenue		
			mount
Registrations (2019 conference)		\$	385
<u>Exhibitors and Sponsors</u> Regional Meetings (2018)			<u> </u>
Regional Meetings (2010)	Total:	Ś	
		_*	
Achievements	- newsletter		
Description		A	mount
Newsletter		\$	8,521
staff time			1,725
occupancy	Total:	\$	<u> </u>
	IOCAL.	_¥	
Education	and Advocacy		
Description			mount
Advocacy		\$	3,116
Veb Site			2,634
Dther			
occupancy			130
[ravel			1,784
Subcontractor Grants and Bd Cmte			4,579
special projects			520
't i nond			1,600
Stipend			1,431
staff time			
		\$	25,026
staff time	Total:	\$	25,026
staff time		\$	<u>25,026</u>
staff time		\$	25,026
staff time		\$	<u>25,02</u> €
staff time		\$	<u>25,026</u>

# Program Service Expenses - Membership Description <u>Staff Time</u> contract services credit card processing for membership Technology occupancy Postage professional services communications math error Total: Program Service Expenses - literature Description <u>staff time</u> Cost of Goods Sold <u>Printing</u> occupancy Write down inventory of outdated literature mostly J&M Total: Payroll Taxes

# 990

**Overflow Statement** 

National Acupuncture Detoxification Association

13-3336622

Amount \_\$ 2,049 1,224 1,349 186 2,500 \$ 7,308

## Part VII Line 2 Statement of Revenues

Description		Amount	
Direct Public Support	\$	8,885	
Literature Revenue		4,613	
Newletter Advertisements		3,885	
Amazon Smile		170	
Other Revenue		5_	
Regional Meeting		8,158	
Regional Meeting Sponsor		1,600	
Tot	al: <u>\$</u>	27,316	

Description	<b>A</b>	mount
FICA	\$	4,836
_Medicare		1,131
_Unemployment, WC		251
Total:	_\$	6,218

Name(s) as shown on return

**2018** Page 2

FFIN

\_\_\_\$

\_\$\_\_\_

Amount

74,683

4,161 1,992

6,775

2,524

5,393 <u>3,473</u>

<u>99,274</u>

(82)

355

Name(s) as shown on return	Overflow Statement		<b>2018</b> Page 3
		FEIN	-
National Acupu	ncture Detoxification Association		13-3336622
	Other contractors		
Description			Amount
	rd Committee		4,579
Stipends			1,600
	services		1,159
	Tot	al: <u>\$</u>	7,338
	Direct Expenses for Program Servic	es	
			Amount
	ts	\$	
Advocacy			
	<u>scholarship</u>		
	turo		<u> </u>
<u>lost of illera</u> printing	ture		1,224 1,350
postage			2,524
JUDLUGC			2,500
	entory of outdated literature mostly i	δM	Z - 100
<u>Vrite down inv</u> e	Office Expenses	<u>&amp;M</u> al: <u>\$</u>	25,344
Write down inve Description Office Supplie:	Tot		<u>25,344</u> <u>Amount</u> 1,240
Vrite down inve Description Office Supplie:	S Tot	al: <u>\$</u>	<u>25,344</u> <u>Amount</u> 1,240 227
Vrite down inve Description Office Supplies Licenses	Tot <u>Office Expenses</u> <u>S</u> Tot <u>Information Technology Expenses</u>	al: <u>\$</u>	<u>Amount</u> 1,240 227 <b>1,467</b>
Mrite down inve Description Office Supplies Licenses Description	Tot Office Expenses S Tot	al: <u>\$</u>	<u>Amount</u> 1,240 227 <b>1,467</b> Amount
Vrite down inve Description Office Supplies Licenses Description IT general	Tot <u>Office Expenses</u> <u>s</u> Tot <u>Information Technology Expenses</u> opment	al: \$	<u>Amount</u> 1,240 227 <b>1,467</b> <u>Amount</u> 1,911 9,216
Vrite down inve Description Office Supplies Licenses Description IT general	Tot <u>Office Expenses</u> <u>s</u> Tot <u>Information Technology Expenses</u> opment	al: \$	<u>Amount</u> 1,240 227 <b>1,467</b> <u>Amount</u> 1,911 9,216
Mrite down inve Description Office Supplies Licenses Description IT general	Tot <u>Office Expenses</u> <u>s</u> Tot <u>Information Technology Expenses</u> opment	al: \$	<u>Amount</u> 1,240 227 <b>1,467</b> <u>Amount</u> 1,911 9,216
Description Office Supplies Licenses Description IT general Neb site develo	S S Office Expenses Tot Information Technology Expenses opment Tot Conferences	al: \$	<u>Amount</u> 1,240 227 <b>1,467</b> <u>Amount</u> 1,911 9,216
Description Office Supplies Licenses Description IT general Web site develo Description Annual Conferen	Tot <u>Office Expenses</u> <u>s</u>	al: \$	<u>Amount</u> 1,240 227 1,467 <u>Amount</u> 1,911 9,216 <u>11,127</u> <u>Amount</u> 7,374
Mrite down inve Description Office Supplies Licenses Description IT general Web site develo	Tot <u>Office Expenses</u> s <u>Tot Information Technology Expenses</u> opment <u>Conferences</u> nce Expense ngs	al: \$	<u>Amount</u> 1,240 227 <b>1,467</b> <b>Amount</b> 1,911 9,216 <b>11,127</b> <b>Amount</b> 7,374 7,604

990	<b>Overflow Statement</b>		<b>2018</b> Page 4
lame(s) as shown on return			FEIN
National Acupunct	ure Detoxification Associatio	n	13-3336622
	Conferences		
Description			Amount
Board Retreat			<u>\$ 593</u>
		Total:	<u>\$593</u>
Description Boone Checking	Cash and checking 12/31/		<b>Amount</b>
cash			<u>40,301</u> 55
nemberships PBO			2,575
Paypal			1,443
<u>indeposited</u> funds			645
		Total:	<u>\$ 51,019</u>

## FOR TAX YEAR 2018

NATIONAL ACUPUNCTURE DETOXIFICATION ASSOCIATION

Accounting Cycle 1613 Harvard St NW Apt 305 Washington, DC 20009-3712 (573)489-1078

# **Accounting Cycle**

1613 Harvard St NW Apt 305 Washington, DC 20009-3712 fred@accountingcycle.net Phone: (573)489-1078 | Fax: (636)600-5006

May 15, 2019

National Acupuncture Detoxification Association PO Box 1066 Laramie, WY 82073

National Acupuncture Detoxification Association:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for National Acupuncture Detoxification Association from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2018 New York Privilege Tax & Annual Report return for National Acupuncture Detoxification Association, prepared from the information provided. Mail the signed and dated original on or before July 01, 2019, to the following address:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 (Payable to New York Department of Law)

The organization's New York Privilege Tax & Annual Report return reflects a balance due of \$50.

Check the state's website for the electronic payment options available. If not paying electronically, mail the payment to the following address:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 (Payable to New York Department of Law)

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (573) 489-1078.

Sincerely,

Frederick Schmidt Accounting Cycle

# **Accounting Cycle**

1613 Harvard St NW Apt 305 Washington, DC 20009-3712 fred@accountingcycle.net Phone: (573)489-1078 | Fax: (636)600-5006

National Acupuncture Detoxification AssociationInvoice Date: 05/15/2019 PO Box 1066 Laramie, WY 82073

Your 2018 tax return was prepared by Frederick Schmidt.

Description

### Federal and Supplemental Forms

NY T500	- Annual Filing for Charitable Organizations pg 1 - Annual Filing for Charitable Organizations pg 2
New York Forms	
Overflow	- Itemized Listing Attachment
Stmt Services	- Statement of Service Accomplishments
Stmt Services	- Statement of Service Accomplishments
Form 8879E0	- E-file Signature Auth for an Exempt Org
Schedule O pg 2	- Supplemental Information, page 2
Schedule O	- Supplemental Information, page 1
Schedule D pg 4	- Supplemental Financial Statement, page 4
Schedule D pg 3	- Supplemental Financial Statement, page 3
Schedule D pg 2	- Supplemental Financial Statement, page 2
Schedule D	- Supplemental Financial Statement, page 1
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3), page 8
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3), page 2
Schedule A	- Organization Exempt Under Sec 501(c)(3), page 1
Form 990 pg 12	- Return of Org Exempt from Income Tax, page 12
Form 990 pg 11	- Return of Org Exempt from Income Tax, page 11
Form 990 pg 10	- Return of Org Exempt from Income Tax, page 10
Form 990 pg 9	- Return of Org Exempt from Income Tax, page 9
Form 990 pg 8	- Return of Org Exempt from Income Tax, page 8
Form 990 pg 7	- Return of Org Exempt from Income Tax, page 7
Form 990 pg 6	- Return of Org Exempt from Income Tax, page 6
Form 990 pg 5	- Return of Org Exempt from Income Tax, page 5
Form 990 pg 3 Form 990 pg 4	- Return of Org Exempt from Income Tax, page 3
Form 990 pg 2 Form 990 pg 3	- Return of Org Exempt from Income Tax, page 2 - Return of Org Exempt from Income Tax, page 3
Form 990	- Return of Org Exempt from Income Tax, page 1

Total Balance Due \$ 725.00

Fee

990	Tax Exempt Diagnostic Summary	2018			
<sub>Name</sub> <u>National Acupun</u>	cture Detoxification Association	Employer Identification # 13-3336622			
<u>Demographics</u> Mailing Address: PO Box 1066 Laramie, WY 820	<b>Phone:</b> (888)765-62	32			
Resident State: NY					
<u>Diagnostics</u> Preparer: Frederic	k Schmidt Invoice: Date: 05	-15-2019			
Return Information					

Item on Return	2018	2017 Federal	
Item on Return	Federal	(If available)	
Total Revenue	189,632	204,712	
Total Expenses	167,308	191,763	
Net Excess (Deficit)	22,324	12,949	
Net Assets or Fund			
Balances	110,523	90,378	

#### State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)
ΝY					50	50