Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(except private foundations)
► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning , 2013, and end	ding		,
В		if applicable: C Name of organization		D Employer	identification number
-		s change NATIONAL ASSOCIATION FOR HOLISTIC AROMATHERAPY		84-13	155313
-	Name c	Number and street (or P.O. box, if mail is not delivered to street address) Room	n/suite	E Telephone	
\vdash	Initial re	D 0 DOW 07071	i i	(919	894-0298
F	Termina	ed return City or town, state or province, country, and ZIP or foreign postal code			
-	4	tition pending RALEIGH NC 276	611		xemption
G		unting Method: X Cash Accrual Other (specify)			e organization is not
ı		site: www.naha.org			Schedule B
J		xempt status (check only one) — X 501(c)(3)	The Control of the Co		Z, or 990-PF).
ĸ		of organization: X Corporation Trust Association Other			
L	Add li	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or its (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	more, or if total	▶\$	133,838.
D	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances			
	arti	Check if the organization used Schedule O to respond to any question in this Part I			X
_	1	Contributions, gifts, grants, and similar amounts received			1,000.
	2	Program service revenue including government fees and contracts			1,000.
	3	Membership dues and assessments			110,602.
	4	Investment income			4.
		Gross amount from sale of assets other than inventory	15,0		7.
		Less: cost or other basis and sales expenses		34.	
		-	0.000	5 c	9,729.
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			9,729.
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a			
V	b	Clock income nem ranaralening events (mer mercaning	ntributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	2,9	98.	
		Less: direct expenses from gaming and fundraising events			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	2,998.
	7 a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	: Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	:
	8	Other revenue (describe in Schedule O)	-EZ, Part I, Line 8 Other	Revenue 8	4,200.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · · · · · · · ·	. ▶ 9	128,533.
	10	Grants and similar amounts paid (list in Schedule O)		10	·
	11	Benefits paid to or for members		11	
E	12	Salaries, other compensation, and employee benefits		12	33,125.
X P E N	13	Professional fees and other payments to independent contractors		13	6,765.
N	14	Occupancy, rent, utilities, and maintenance		14	8,240.
S	15	Printing, publications, postage, and shipping		15	
S	16	Other expenses (describe in Schedule O)	EZ, Part I, Line 16 Other	Expenses 16	44,277.
	17	Total expenses. Add lines 10 through 16		. ► 17	92,407.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			36,126.
A		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		4840	
A S S E T T	19	figure reported on prior year's return)	· · · · · · · · ·	19	12,796.
T _T	20	Other changes in net assets or fund balances (explain in Schedule O)			
,	21	Net assets or fund balances at end of year. Combine lines 18 through 20			48,922.
BA		or Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2013)

Form	990-EZ (2013) NATIONAL ASSOCI	ATION FOR HOLISTIC	AROMATHERAP	Y 84	-115	55313 Page 2
Par	Balance Sheets (see the instruction Check if the organization used Sched		on in this Part II			X
	eneek ii kile erganizasien acca ecinea	are e to respond to arry questi	on in this i dit ii i i i	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,796		38,802.
23	Land and buildings			0	. 23	1,213.
24	Other assets (describe in Schedule O)			0		10,392.
25 26	Total assets	See I26 Str		12,796		50,407.
27	Net assets or fund balances (line 27 of c			10 700		1,485.
_	t III Statement of Program Service A			12,796	. 27	48,922. Expenses
	Check if the organization used Sche	edule O to respond to any ques	stion in this Part III.			uired for section 501
What	is the organization's primary exempt purpose? $$	UCATION				and 501(c)(4) nizations and section
Desc	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	omplishments for each of its the nanner, describe the services of	ree largest program s provided, the number	services, as of persons	4947	(a)(1) trusts; optional
					for ot	hers.)
28	NATIONAL ASSOCIAT FOR HOL					- All
	ITS MEMBERS THRU QUARTERL	Y JOURNALS/NEWSLET	TERS.THERE A	RE		
		MEMBERS_AND_THE_G	ENERAL PUBLI	·	28 a	00 407
29	(C. 5.1. C. 7.1. C. 1	o amount molaco foroign gran	no, oncon noro		204	92,407.
					1 1	
	(Grants \$) If thi	s amount includes foreign grar	nts, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
						_
	70					
21	(Grants \$) If thi Other program services (describe in Sched	s amount includes foreign gran			30 a	
31		s amount includes foreign grar		7 30 30 M S07 W M M M M M M M M	31 a	
32	Total program service expenses (add lin				32	92,407.
	List of Officers, Directors,					ne instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any ques	stion in this Part IV			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health benefits contributions to emplote benefit plans, and deficiency compensation	yee	(e) Estimated amount of other compensation
JAC	E SHUTES					
PRE	SIDENT	20.00		0.	0.	0.

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		510.5T				
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DA A		TEE+40/2	/07/40			
BAA		TEEA0812 11	121/13			Form 990-EZ (2013)

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in			age J
I CII	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. []
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
•	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			Λ
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ŀ	of If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0 .	50		X
k	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
ŀ	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
-	amount involved			8
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	o Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
ı	section 4911 ; section 4912 ; section 4955 ; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
r	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Χ
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed	400		
42 a	The organization's books are in care of JADE SHUTES Telephone no. (919)	894-	-029	8
	Located at ▶ P.O. BOX 27871 RALEIGH NC ZIP+4 ▶ 27611			<u> </u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	700		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		
44-			Yes	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		**
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	_	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		1918	
	70 and Schedule It may need to be completed instead of Point 940-EZ (See Instructions).	45 b		X

Form 9	90-EZ (2013) NATIONAL AS	SOCIATIO	ON FOR HOLIST	IC AROMAT	HERAPY	<u> </u>	84-11	5531	3	Р	age 4
46 [aid the e	ragnization ongogo direct	ly or indirectly	u in political compaign	n activities on l	ashalf of as is					Yes	No
46 L	andidate	rganization engage, direct es for public office? If 'Yes	,' complete S	y, in political campaigi chedule C, Part I	n activities on i	enair or or ir	oppositi	on to		46		X
Part	VI S	ection 501(c)(3) org	anization	s only								12
	A	II section 501(c)(3) o	rganizatior	ns must answer q	uestions 47	-49b and 5	52, and	complete th	e table	əs		
		or lines 50 and 51.										_
	C	heck if the organization us	ed Schedule	O to respond to any o	question in this	Part VI		* * * * * * *	• • • •	• • •		
		rganization engage in lobb									Yes	No
		Schedule C, Part II panization a school as des							25 0207 20	47		X
		rganization make any tran								49 a	-	X
		as the related organizatio								49 b		
50 C	Complete mployee	e this table for the organiza es) who each received mo	ation's five hig re than \$100,	ghest compensated er 000 of compensation	mployees (othe from the orgar	er than officer nization. If the	rs, directo ere is non	ors, trustees and ie, enter 'None	d key .'			
	(a)	Name and title of each employee	à r	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2	e compensation 2/1099-MISC)	contributi benefit pl	ealth benefits, ions to employee lans, and deferred impensation			d amount pensation	
NONE				-								
								-				-111-2
						-52100						
		1955							+	- 17		
		nber of other employees p this table for the organize			dependent con	atractors who	-	oived more the	n ¢100	000 -		
c	ompens	ation from the organization	n. If there is n	one, enter 'None.'	dependent con	iliaciois wilo	eachied	elved more tha	111 \$ 100	,000 6	1	
	(a) N	ame and business address of each	independent con	tractor		(b) Type	of service		(0	c) Comp	ensation	
NONE												
							2015		\perp			
					-							
								-	+			
					-							
			. – – – – .		_							
				- 11								
					-							
d T	otal nun	nber of other independent	contractors e	ach receiving over \$1	00,000				-			7.00
		rganization complete Sche trusts must attach a com							• [X		No
Under per true, corre	nalties of p ect, and co	erjury, I declare that I have examin mplete. Declaration of preparer (oth	ed this return, inc ner than officer) is	luding accompanying schedu based on all information of v	les and statements which preparer has	and to the best	of my knowl	edge and belief, it is				
Sign		Signature of officer					Date					
Here		JADE SHUTES Type or print name and title			-							
	Prir	nt/Type preparer's name		Preparer's signature		Date			PTIN			
Paid	Am	y G Brown		Amy G Brown		05/05/1	₁₄	Check if	P0043	3652	9	
Paid Prepar	-	n's name ► Amy G. E	Brown, C	PA P.C.		,				. 002		
Ilsa Or		n's address ► 4501 Trr	00000+10	Utiti Cirito	16			Eirm's EINI	E C 1	1000	000	

Form **990-EZ** (2013)

Yes

NC

28604

Phone no.

Banner Elk

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Pι Charity Status and Public Sup

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2013

Employer identification number NATIONAL ASSOCIATION FOR HOLISTIC AROMATHERAPY 84-1155313 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 X from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II Type III - Functionally integrated C d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the (vii) Amount of monetary (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in column (i) listed in your governing document? organization in column (i) organized in the U.S.? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support			,		200	
ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			e e			
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
The value of services or facilities furnished by a governmental unit to the organization without charge		14				
Total. Add lines 1 through 3						
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)	*		3	*		
			,			
ndar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			-			
Net income from unrelated business activities, whether or not the business is regularly carried on	.3					
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10						
Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
First five years. If the Form 990 is organization, check this box and s	s for the organization for the	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
tion C. Computation of Pul	blic Support P	ercentage				
			, column (f))		14	%
Public support percentage from 20	112 Schedule A, Pa	art II, line 14			15	%
33-1/3% support test — 2013. If the and stop here. The organization of	the organization diqualifies as a public	d not check the bo ly supported organ	x on line 13, and th	ne line 14 is 33-1/3	% or more, check	this box
33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	not check a box of the supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
or more, and if the organization me	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part IV how	
or more, and if the organization me	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part IV how	the
Private foundation. If the organize	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶ 🗍
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Indar year (or fiscal year ming in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities in the support percentage for 201: Public support percentage for 201: Public support percentage from 201: Public support percentage from 202: 33-1/3% support test — 2012. If the organization mets the 'facts-and-circumstances the or more, and if the organization mets the 'facts-and-circumstances the or more, and if the organization mets the 'facts-and-circumstances the or more, and if the organization mets the 'facts-and-circumstances the or more, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances the ormore, and if the organization mets the 'facts-and-circumstances' the organization mets the 'facts-and-circumstances' the o	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions or securities) from the sale of capital assets (Explain in Part IV.) Total support percentage for 2013 (line 6, column (f) Public support percentage for 2013. If the organization diand stop here. The organization qualifies as a public 33-1/3% support test — 2013. If the organization diand stop here. The organization qualifies as a public 33-1/3% support test — 2012. If the organization diand stop here. The organization qualifies as a public 33-1/3% support test — 2012. If the organization diand stop here. The organization qualifies as a public and stop here. The organization qualifies as a public 33-1/3% support test — 2012. If the organization diand stop here. The organization meets the 'facts-and-circumstances' test or more, and if the organization meets the 'facts-and-organization mee	Indiar year (or fiscal year noing in) b (a) 2009 (b) 2010 (c) 2010	ndar year (or fiscal year noing in) has a construction of the cons	indar year (or fiscal year mining in) P (a) 2009 (b) 2010 (c) 2011 (d) 2012	Indiar year (or fiscal year noing in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (di) 2012 (e) 2013 (di) 2012 (e) 2013 (di) 2012 (e) 2013 (di) 2012 (di) 2012 (e) 2013 (di) 2012 (di) 2013 (di)

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(a) 2009	Sec	tion A. Public Support						
and membership fees guides any furnishing fees guides and fees guides from admissions, membrandises sold or search guides for a fees guides of the guides for a fees guides for a fees guides for a fees guides for			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Services performed, or facilities survives performed, or facilities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the either paid to or expanded on its behalf. 5 The value of services or governmental unit to the organization without charge. 6 Total, Add lines 1 through 5. 7 A Amounts included on lines 2 and 3 received from the 2 and 3 received from the 13 co. 4 dt lines 7 and 7 and 14 and 1	1	Gifts, grants, contributions and membership fees						
2 Gross receipts from admissions, merchandles sold or services portrured, or facilities related to the forganization's stax-exempt purpose		received. (Do not include	5. 05.					800 MR NUO 80000 (400)
sions, merchandise solid or services performed, or facilities related to the organizations of tax-exempl purpose	2		54,376.	67,306.	74,322.	78,023.	111,602.	385,629.
stretisted to the organizations is related to the organizations is related to the organizations is related to the organizations is the organizations in the organizations activities that are not on unrelated trade or business under section 513 organizations benefit and more than a section 513 organizations benefit and in the organizations benefit and its behalf	2	sions, merchandise sold or						
related to the organizations tax-exempt purpose		services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade of the state are not an unrelated trade of the outbree sevent of the outbre paid to or expended on its behalf ·				¥.				
3				7.			15,034.	15,034.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf **** 1 Total filter furnished by a governmental unit to the organization without charge. 2 Total, Add lines 1 through 5 . 54,376 . 67,306 . 74,322 . 78,023 . 126,636 . 400,663 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 126,636 . 400,664 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003 . 74,302 . 78,003	3	Gross receipts from activities						
organization's benefit and either paid to or expended on the paid to expend the paid the paid to expend the paid the paid th						Ü.		
seliker paid to or expended on its behalf s	4			=				
5 The value of services or facilities (unrished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5 . 54, 376. 67, 306. 74, 322. 78, 023. 126, 636. 400, 663. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 6 Add lines 7 and 7 b. 8 Public support (subtract line 7c from line 6.) . 400, 663. 8 Public support (subtract line 7c from line 6.) . 54, 376. 67, 306. 74, 322. 78, 023. 126, 636. 400, 663. 8 Public support (subtract line 7c from line 6.) . 54, 376. 67, 306. 74, 322. 78, 023. 126, 636. 400, 663. 10 a Gross income from line 6. 54, 376. 67, 306. 74, 322. 78, 023. 126, 636. 400, 663. 600, 600, 600, 600, 600, 600, 600, 600		either paid to or expended on		ec.				
facilities furnished by a governmental unit to the organization without charge	5							
6 Total. Add lines 1 through 5 . 54,376. 67,306. 74,322. 78,023. 126,636. 400,663. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. 54,376. 67,306. 74,322. 78,023. 126,636. 400,663. b Amounts included on lines 2 and 3 received from other than disqualified persons 1. and second the greater of \$5,000 or 1% of the amount on line 13 for the greater of \$5,000 or 1% of the amount on line 13 for the greater of \$5,000 or 1% of the amount on line 13 for the greater of \$5,000 or 1% of the greater of \$5,000 or 1% or 1% of the greater of \$5,000 or 1% or 1		facilities furnished by a						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 54, 376 67, 306 74, 322 78, 023 126, 636 400, 663 400, 663 800,								
7.2 Amounts included on lines 1, 2, and 3 received from disqualified persons	6		54 376	67 306	74 322	79 022	126 626	100 663
disqualified persons		Amounts included on lines 1,	31,370.	07,300.	14,522.	70,023.	120,030.	400,663.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	b	A STATE OF THE STA						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
for the year								77
Public support (Subtract line A00, 663.						5		
8	12	1300-450000469000-40000000000000000000000000000						
Rection B. Total Support (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total				***				
Section B. Total Support Calendar year (or fiscal yr beginning in) Amounts from line 6	٥	7c from line 6.)						400,663.
9 Amounts from line 6	Sec	tion B. Total Support						<u> </u>
9 Amounts from line 6	Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9	Amounts from line 6	54,376.	67,306.	74,322.	78,023.	126,636.	
on securities loans, rents, royalties and income from similar sources	10 a							
similar sources								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 1. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 1. Very considered on the sale of capital assets (Explain in Part IV.) 1. Total Support. (Add lines 9.10c. 11 and 12) 1. Total Support. (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support (Add lines 9.10c. 11 and 12) 1. Total Support ters (Add lines 9.10c. 11 and 12) 1. Total Support Percentage from 2012 Support Percentage 1. Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 1. Total Support percentage from 2012 Schedule A, Part III, line 15. 1. Total Support percentage from 2012 Schedule A, Part III, line 15. 1. Total Support percentage from 2012 Schedule A, Part III, line 17. 1. Total Support percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 17. 1. Total Support Percentage from 2012 Schedule A, Part III, line 19. 1. Total Support Percentage from 2012 Schedule A, Part III, line 19. 1. Total Support Percentage from 2012 Schedule A, Part III, line 19. 1. Total Support Percentage from 2012 Schedu							=	
taxes) from businesses acquired after June 30, 1975	b		0.	1.				1.
acquired after June 30, 1975 . c Add lines 10a and 10b	1127							
c Add lines 10a and 10b								
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total Support. (Add line 9,10c. 11 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2012 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17. 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	С		0	1				1
whether or not the business is regularly carried on	11				3			т.
Total Support. (Add Ins 9,10c. 11 and 12.) Total Support five years. If the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) Total Support percentage form 9010 is for the organization of the individed by line 13, column (f)) Total Support percentage from 2012 Schedule A, Part III, line 15. Total Support percentage form 2013 (line 10c, column (f) divided by line 13, column (f)) Total Support percentage form 2013 (line 10c, column (f) divided by line 13, column (f)) Total Support percentage form 2013 (line 10c, column (f) divided by line 13, column (f)) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organization of the individed by line 13, column (f) Total Support least of the organ							-	
gain or loss from the sale of capital assets (Explain in Part IV.)								
capital assets (Explain in Part IV.) 13 Total Support. (Add lns 9,10c. 11 and 12.) 54,376. 67,307. 74,322. 78,023. 126,636. 400,664. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	12	Other income. Do not include						
Part IV.)		capital assets (Explain in						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17. 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 a 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		Part IV.)						10
Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))								400,664.
Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is organization, check this box and st	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a secti	ion 501(c)(3)	- □
Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	Sec	tion C. Computation of Pub	olic Support P	ercentage				
Public support percentage from 2012 Schedule A, Part III, line 15					, column (f))		15	100 00 %
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))								
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))								100.00
18 Investment income percentage from 2012 Schedule A, Part III, line 17)		0 00 %
19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		33-1/3% support tests - 2013. If	the organization di	d not check the bo	x on line 14 and li	ne 15 is more than	33-1/3% and line	: 17
	b	33-1/3% support tests - 2012. If t	the organization did	d not check a box	on line 14 or line 1	9a and line 16 is r	more than 33 1/30/	and
	20							

	(Form 990 or 990-EZ) 201		ASSOCIATION I	FOR HOLISTIC	AROMATHERAPY	84-1155313	Page 4
Part IV	Supplemental Infor or 17b; and Part III, I (See instructions).	mation. Provid ine 12. Also con	e the explanation of the explana	ons required b for any additio	y Part II, line 10; onal information.	Part II, line 17a	
					- ,		
				- 			
		·					

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2013

Open to Public Inspection

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is Department of the Treasury Internal Revenue Service at www.irs.gov/form990.

Name of the organization	Employer identification number
NATIONAL ASSOCIATION FOR HOLISTIC AROMATHERAPY	84-1155313
	9
X X	
	•

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. 179

Identifying number

NATIONAL ASSOCIATION FOR HOLISTIC AROMATHERAPY 84-1155313 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions............. 6 (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 15 15 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013....... 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (c) Basis for depreciation (d) (e) (g) Depreciation year placed in service (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property **b** 5-year property 1.415. 7.0 vrs c 7-year property HY 200 DB 202 d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L 27.5 yrs property MM S/L i Nonresidential real 39 yrs MM S/L MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year. 12 yrs S/L 40 yrs MM S/L Part IV Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

202.

84-1155313 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24 a Do you have evidence to support the business/investment use claimed? **24b** If 'Yes,' is the evidence written? Yes No No (i) Elected (a) (b) (c) (d) (e) (f) (g) (h) Type of property Cost or Basis for depreciation Recovery Method/ Depreciation Business Date placed in service investment other basis (business/investment section 179 (list vehicles first) period Convention deduction percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 26 Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (e) Vehicle 5 (f) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 during the year (do not include commuting miles)..... Total commuting miles driven during the year Total other personal (noncommuting) Total miles driven during the year. Add lines 30 through 32 Yes No Yes Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? . . . Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . **Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.* Part VI Amortization (b) (c) Amortizable (d) (f) Amortization (e) (a) amortization Code Description of costs Amortization begins amount for this year period or percentage Amortization of costs that begins during your 2013 tax year (see instructions): 43 Amortization of costs that began before your 2013 tax year. 43

Total. Add amounts in column (f). See the instructions for where to report

44

Schedule O (Form 990 or 990-EZ), Supplemental Inform 990-EZ, Part I, Line 8 Other Revenue	rmation to Form 990 or 990-EZ	
	· · · · · · · · · · · · · · · · · · ·	
Other revenue (describe in Schedule O) ADVERTISING SALES	4,200.	
Total	4,200.	
Schedule O (Form 990 or 990-EZ), Supplemental Infor Form 990-EZ, Part I, Line 16 Other Expenses	mation to Form 990 or 990-EZ	
	rmation to Form 990 or 990-EZ	
Form 990-EZ, Part I, Line 16 Other Expenses	mation to Form 990 or 990-EZ	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION	2,932.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO		
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES	2,932. 7,540.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation	2,932. 7,540. 5,246.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation DUES AND SUBSCRIPTIONS	2,932. 7,540. 5,246. 202.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation DUES AND SUBSCRIPTIONS INSURANCE	2,932. 7,540. 5,246. 202. 3,730.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation DUES AND SUBSCRIPTIONS INSURANCE OFFICE	2,932. 7,540. 5,246. 202. 3,730. 50.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation DUES AND SUBSCRIPTIONS INSURANCE OFFICE OTHER	2,932. 7,540. 5,246. 202. 3,730. 50. 8,772.	
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) ADVERTISING AND PROMOTION AUTO BANK AND CREDIT CARD FEES Depreciation DUES AND SUBSCRIPTIONS	2,932. 7,540. 5,246. 202. 3,730. 50. 8,772. 599.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

of Year	Year
	9,981.
	411.
-	Of Teal

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE		25.
PAYROLL AND SALES TAX LIABILITIES		1,460.

Total

1,485.

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
FURNITURE AND EQUIPMENT	1,415.
ACCUMULATED DEPRECIATION	-202.
Total	1,213.