Form (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2019 Open to Public

Inspection u Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable: Address change NATIONAL ASSOCIATION FOR HOLISTIC NATIONAL ASSOCIATION FOR HOLISTIC Doing business as 84-1155313 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 208-478-8400 6000 S 5TH AVE Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated POCTELLO ID 83204 426,470 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending ANNETTE DAVIS 6000 SOUTH 5TH AVE H(b) Are all subordinates included? **POCATELLO** ID 83204 If "No," attach a list. (see instructions) 501(c)(3) 501(c) (Tax-exempt status:) t (insert no.) HTTPS://NAHA.ORG/ Website: U H(c) Group exemption number U X Corporation Trust Form of organization: Association Other ${f u}$ Year of formation: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: JOURNALS AND NEWSLETTERS. THERE ARE ONLINE RESOURCES FOR BOTH MEMBERS AND Governance THE GENERAL PUBLIC. NAHA MEMBERSHIP TOTAL 4615 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 4 5 6 Total number of volunteers (estimate if necessary) 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year 426,422 337,410 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 158,127 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48 1,531 -4,09311 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 497,068 422,377 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 97,413 84,976 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ${\bf u}$ 338,135 270,558 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 435,548 355,534 61,520 66,843 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or 312,487 236,524 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 8,068 17,188 22 Net assets or fund balances. Subtract line 21 from line 20 456 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here ERIC DAVIS TREASURER Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid NYLE G TAYLOR CPA 05/21/21 self-employed P00129890 NYLE G TAYLOR CPA Preparer TRUE ADVISORS, LLC 84-3108313 Firm's name Firm's EIN } **Use Only** STE 611 WILSON AVE 6C POCATELLO, ID 83201-5046 208-232-5900 Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
T	Briefly describe the organization's mission: DEDUCATE ITS MEMBER AND TO RAISE AWARENESS OF THE BENEFITS OF COMATHERAPY	HOLISTIC
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	f "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported.	
	Code:) (Expenses \$ including grants of \$) (Revenue \$ DUCATION	
4b N,	Code:) (Expenses \$ including grants of \$) (Revenue \$ 'A	
4c N,	Code:) (Expenses \$ including grants of \$) (Revenue \$ 'A	
	Do Not File - Client (CODY
	Other program services (Describe on Schedule O.)	Jupy
	Expenses \$ 295,886 including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		21
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,"		3.5	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		v
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total 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	110		21
u	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				
	Schedule D, Parts XI and XII	12a		X
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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.5
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		77
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		27
10	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?	.0		-22
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Χ

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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	240		
a	to defease any tax-exempt bonds?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(a)(3) 504(a)(4) and 504(a)(70) ergonizations. Did the organization energy in an excess heapfit.	240		_
25a	transaction with a discussified account desired the ways of the Way account to Cabadada I. Bart I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Voo." complete Schoolule I. Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	<u> </u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		L Na
4 -	Enter the number reported in Pay 2 of Form 1006 Fator 0 if not Policiple NIGH File	N P P	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable In a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Х
	repension gaining (gaineing) minings to pies minister		ı	

Part 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	4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b		Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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 on Schedule C			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other an	uthority	over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country ${f u}$							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts	s (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
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?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s 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 go	ods						
				7a		X		
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							
	required to file Form 8282?	·····		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con			7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f 7g		X		
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-						
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	ا مدا						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	امما						
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a						
b		11b						
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	20	1					
а	le the exemplation licensed to issue qualified health plane in more than one state?			13a				
-	Note: See the instructions for additional information the organization must report on Schedule O.			100				
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	13b						
С	Enter the amount of reserves on hand	13c						
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 on Schedule	0		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera							
	excess parachute payment(s) during the year?			15		Х		
	W. N							
16	If "Yes," see instructions and file Form 4/20, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968	ncome	Plient Co	16		Х		
	If "Yes" complete Form 4720. Schedule O			Y y				

Form 990 (2019) NATIONAL ASSOCIATION FOR HOLISTIC 84-1155313 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ______ 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Χ 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ${f u}$ NONE 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. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ 20 ERIC DAVIS 6000 S 5TH AVE

208-478-8400

ID 83204

POCATELLO

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for	box, office		(C) Position (do not check more that box, unless person is b officer and a director/tr				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2 rose times)	(1.2.1000.11100)	related organizations	
(1) ANNETTE DAVIS											
PRESIDENT	20.00			X				0	0	0	
(2) JENNIFER PRESSIN				25				Ŭ	0		
	10.00										
VICE PRESIDENT	0.00			X				0	0	0	
(3) ROSE CHARD	10.00										
SECRETARY	10.00			X				0	0	0	
(4) ERIC DAVIS	0.00			25				Ŭ	0		
TREASURER	20.00			X				0	0	0	
(5) KELLY HOLLAND AZ											
DIRECTOR	10.00	Х						0	0	0	
(6) SHARON FALSETTO											
DIRECTOR	5.00	X						0	0	0	
(7)											
(8)											
(9)											
(10)											
(11)							0	Not File	- Client (Copy	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	of	x, unle ficer a	Pos check ess pe	rson i	than c s both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	c	(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			on and inization	IS
·													
to Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	ets to Part VII, \$	Sect 	ion A	A	· · · · ·		u u u oove	e) who received more than S	\$100,000 of				
3 Did the organization list any fo	rmer officer. dire	ector	. trus	stee.	kev	emp	love	ee. or highest compensated				Yes	No
employee on line 1a? If "Yes,"For any individual listed on line organization and related organ	complete Schede 1a, is the sum nizations greater	<i>lule</i> of retain	J for porta \$15	<i>such</i> able 60,00	indi comp 0? If	ividua pensa "Yes"	al atior s," c	n and other compensation for successions	rom the <i>h</i>		3		X
individual	a receive or acc	rue	comp	ensa	ation	from	n an	y unrelated organization or	individual		5		X
Section B. Independent Contractor 1 Complete this table for your fix		nea	tod i	nden	onde	ant co	ontra	actors that received more th	nan \$100 000 of				
compensation from the organization	zation. Report co							ar year ending with or withir	n the organization's tax yea	ar.		(C)	
Name and	(A) business address							Descript	(B) tion of services		Со	(C) mpensat	ion
						С	C	Not File	- Client (Cor	у		
Total number of independent or received more than \$100,000								se listed above) who	•	1			
received more than \$100,000	or compensation	IION	า เกย	org	ai IIZa	สแบท	u		0				

NAHA 05/21/2021 11:52 AM Form 990 (2019) NATIONAL ASSOCIATION FOR HOLISTIC 84-1155313 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or exempt (D) Revenue excluded Total revenue function revenue business revenue from tax under Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 426,422 **b** Membership dues 1b c Fundraising events 1c 1d **d** Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1g |\$ g Noncash contributions included in lines 1a-1f 426,422 h Total. Add lines 1a-1f Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 48 48 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Revenue **b** Less: cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a

u

4,093

9a	Gross income from gaming activities.		
	See Part IV, line 19	9a	
b	Less: direct expenses	9b	
С	Net income or (loss) from gaming activ	ities	u
10a	Gross sales of inventory, less		
	returns and allowances	10a	

c Net income or (loss) from sales of inventory

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

8b

10b

b Less: direct expenses

b Less: cost of goods sold

c Net income or (loss) from fundraising events

Business Code				
	Not F	ile - Cl	ient Co	nv/
				\mathcal{P}

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scellaneous Revenue

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must contain the contains a responsible of contains a responsible of the contains a			olete column (A).	X
	·	(A)	(B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		84,976	84,976		
7	Other salaries and wages	04,910	01,970		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	0.600		0.600	
С	Accounting	2,690		2,690	
d	Lobbying				
е	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.)	89,130	89,130		
12	Advertising and promotion	11,817	11,817		
13	Office expenses	89,048	32,144	56,904	
14	Information technology				
15	Royalties				
16	Occupancy	13,769	13,769		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10,120	10,120		
19	Conferences, conventions, and meetings \dots	45,274	45,274		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54		54	
23	Insurance	8,656	8,656		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	355,534	295,886	59,648	0
26	Joint costs. Complete this line only if the		Not File	- Client (Conv
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)	DO	TAULT IIC	Olici ii (ЭОРУ

Form 990 (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 276,925 Cash—non-interest-bearing 211,938 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 1,092 1,827 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 23,080 33,375 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 189 135 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 225 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33).... 236,524 16 16 Accounts payable and accrued expenses ______ 5,686 10,230 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 4,782 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,382 2,176 of Schedule D 8,068 Total liabilities. Add lines 17 through 25 . . . 26 Organizations that follow FASB ASC 958, check here $\mathbf{u}[X]$ **Fund Balances** and complete lines 27, 28, 32, and 33. 228,456 295,299 Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Assets or Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 228,456 295,299 32 236,524 312,487 Total liabilities and net assets/fund balances

Form **990** (2019)

Both consolidated and separate basis

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 on Schedule O and describe any steps taken to undergo such audits

Separate basis

Schedule O.

Form **990** (2019)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Employer identification number Name of the organization NATIONAL ASSOCIATION FOR HOLISTIC 84-1155313 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the f	following information about the	ne supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)		Dol	VIot	File	- Client (Conv		
Total		201	101	1 110		ООРУ		

Page 2

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.)

Calendary year (or fiscal year beginning in) L. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total membrariship fores recolved. (Do not include any furniship fores recolved.) (Do not include any furniship fores recolved. (Do not include any furniship fores recolved.) (Do not include any furniship fores for	Sec	tion A. Public Support					·	
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 organization without the property of the proper	Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
organization's benefit and either paid to or expended on its behalf of the september of the shalf of the value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines' through 3 The portion of total contributions by each person (other than a governmental unit or public support of total contributions by each person (other than a governmental unit or public support subtraction of the services of the se	1	membership fees received. (Do not						
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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, outumn (f) 6 Public support. Subteat line 5 from line 4. Section B. Total Support Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year beginning in) u (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal) year year year (or fiscal) year year year year year year yea	3	furnished by a governmental unit to the organization without charge						
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instructions	18	Private foundation. If the organization did	I not check a box of	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and see)	. \Box
		instructions						▶ ∐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, 1	•	,	_
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			301,742	337,410	426,422	1,065,574
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			8,068	174,013	48	182,129
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			309,810	511,423	426,470	1,247,703
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b c	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,247,703
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			309,810	511,423	426,470	1,247,703
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			309,810	511,423	426,470	1,247,703
14	and 12.) First five years. If the Form 990 is for the	•		rth, or fifth tax year a	as a section 501(c	:)(3)	
500	organization, check this box and stop her	upport Porcon					>
	tion C. Computation of Public S	<u> </u>		- (f))		45	
15 16	Public support percentage for 2019 (line 8						100.00 %
16 Sec	Public support percentage from 2018 Schettion D. Computation of Investme					10	100.00%
17	Investment income percentage for 2019 (I			column (f))		17	%
18	Investment income percentage from 2018		III line 17			40	// //////////////////////////////////
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	17 is not more than 33 1/3%, check this bo						▶ 🏻
b	33 1/3% support tests—2018. If the orga	-	_				
	line 18 is not more than 33 1/3%, check th	is box and stop h e	ere. The organizati	on qualifies as a pub	olicly supported or	ganization 📝 🔘 🔘	!y ▶ <u>∐</u>
20	Private foundation. If the organization did	d not check a box of	on line 14, 19a, or	19b, check this box a	and see instruction	าร	▶ □