

**Return of Organization Exempt From Income Tax**

*Amended*

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning JULY 01, 2015, and ending JUNE 30, 2016

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization EATING DISORDERS RESOURCE CEN  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) \_\_\_\_\_ Room/suite \_\_\_\_\_  
15891 LOS GATOS ALMADEN RD  
 City or town, state or province, country, and ZIP or foreign postal code \_\_\_\_\_  
LOS GATOS CA 95032

**D** Employer identification number 68-0616393  
**E** Telephone number (408) 356-1212  
**G** Gross receipts \$ 114,504

**F** Name and address of principal officer: \_\_\_\_\_

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.EDRCSV.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 2005 **M** State of legal domicile: CA

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities:			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		34,591	111,141
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,994	3,363
<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,585	114,504
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		29,465
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,861	25,726
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,861	55,191
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-18,276	59,313	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	375,669	431,616
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	740	1,858
		374,929	429,758

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer JANICE BREMIS Date 4/5/17  
 Type or print name and title EXECUTIVE DIRECTOR

**Paid Preparer Use Only** Print/Type preparer's name PAUL PILIPENKO Preparer's signature [Signature] Date 4/5/17 Check  if self-employed PTIN P00411033  
 Firm's name ▶ HRB TAX GROUP INC Firm's EIN ▶ 431871840  
 Firm's address ▶ 860 S BASCOM AVE Phone no. 4082945789  
SAN JOSE CA 95128

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

*Amended*

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,370	6,264	590	516
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	30,771	26,155	2,462	2,154
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16	14	1	1
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,165	2,690	253	222
13 Office expenses	226	192	18	16
14 Information technology				
15 Royalties				
16 Occupancy	2,566	205	180	2,181
17 Travel	3,296	2,801	264	231
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,654	132	116	1,406
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	2,475	2,104	198	173
b SPECIAL EVENT	2,079	1,767	166	146
c OTHER EXPENSES	1,573	1,337	126	110
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	55,191	43,661	4,374	7,156
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				