

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

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable:
C Name of organization
D Employer identification number

I Website:
J Tax-exempt status
K Form of organization
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
Table with 9 columns and 21 rows showing revenue and expense details.

Part II Balance Sheets
Table with 2 columns: (A) Beginning of year, (B) End of year. Rows 22-27.

Part III Statement of Program Service Accomplishments
What is the organization's primary exempt purpose?
Describe the organization's program service accomplishments for each of its three largest program services.

Part IV List of Officers, Directors, Trustees, and Key Employees
Table with 5 columns: (a) Name and title, (b) Average hours per week, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation.

Part V Other Information
33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit 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?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.

42a The organization's books are in care of:
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Table for line 50: Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization.

Table for line 51: Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization.

d Total number of other independent contractors each receiving over \$100,000.
52 Did the organization complete Schedule A?
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.

Sign Here
Signature of officer
Date
Type or print name and title
Print/Type preparer's name
Preparer's signature
Date
Check if self-employed
PTIN
Firm's name
Firm's EIN
Firm's address
Phone no.

Additional Data
Form 990-EZ (2019)

Software ID:
Software Version:
EIN: 20-4590517
Name: Biodynamic Craniosacral Therapy Association of North America

Form 990-EZ, Special Condition Description:
Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees
Table with 5 columns: (a) Name and title, (b) Average hours per week, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation.

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

Name of the organization: Biodynamic Craniosacral Therapy Association of North America Employer identification number: 20-4590517

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.)

Total Schedule A (Form 990 or 990-EZ) 2019 Page 2

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include gifts, tax revenues, and total support.

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include gross income, net income, and total support.

Section C. Computation of Public Support Percentage

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include public support percentage for 2019 and 2018.

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include gifts, tax revenues, and total support.

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

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Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include public support percentage for 2019 and 2018.

Section D. Computation of Investment Income Percentage

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include investment income percentage for 2019 and 2018.

Section E. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about supporting organizations, such as 'Are all of the organization's supported organizations listed by name...'

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about Type I supporting organizations, such as 'Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect...'

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about Type II supporting organizations, such as 'Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?'

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about Type III supporting organizations, such as 'Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year...'

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about functionally-integrated supporting organizations, such as 'Check the box (a) through (c) that best describes the organization used to satisfy the integrated test during the year...'

Section A. Adjusted Net Income

Table with 3 columns: (A) Prior Year, (B) Current Year (optional). Rows include net short-term capital gain, recoveries of prior-year distributions, etc.

Section B. Minimum Asset Amount

Table with 3 columns: (A) Prior Year, (B) Current Year (optional). Rows include aggregate fair market value of all non-exempt-use assets, average monthly value of securities, etc.

Section C. Distributable Amount

Table with 3 columns: (A) Prior Year, (B) Current Year (optional). Rows include adjusted net income for prior year, 85% of line 1, etc.

Section D - Distributions

Table with 3 columns: (i) Excess Distributions, (ii) Underdistributions Pre-2019, (iii) Distributable Amount for 2019. Rows include amounts paid to supported organizations, administrative expenses, etc.

Section E - Distribution Allocations (see instructions)

Table with 3 columns: (i) Excess Distributions, (ii) Underdistributions Pre-2019, (iii) Distributable Amount for 2019. Rows include distributable amount for 2019, underdistributions, etc.

Section F - Supplemental Information

Table with 3 columns: (i) Excess Distributions, (ii) Underdistributions Pre-2019, (iii) Distributable Amount for 2019. Rows include breakdown of line 7, excess from 2015, etc.

Part IV Supplemental Information

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1 and 2; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part IV, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Facts And Circumstances Test Table with 2 columns: Return Reference, Explanation.

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

Name of the organization: Biodynamic Craniosacral Therapy Association of North America Employer identification number: 20-4590517

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.)

Total Schedule A (Form 990 or 990-EZ) 2019 Page 2

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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include gross income, net income, and total support.

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Table with 3 columns: Question, Yes, No. Rows include questions about supporting organizations, such as "Are all of the organization's supported organizations listed by name..."

Section B. Type I Supporting Organizations

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Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about Type II supporting organizations, such as "Were a majority of the organization's directors or trustees during the tax year also a majority..."

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about Type III supporting organizations, such as "Did the organization provide to each of its supported organizations..."

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about functionally-integrated supporting organizations, such as "Check the box that is the method the organization used to satisfy the integrated test..."

Section A - Adjusted Net Income

Table with 3 columns: (A) Prior Year, (B) Current Year (optional). Rows include net short-term capital gain, recoveries of prior-year distributions, etc.

Section B - Minimum Asset Amount

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Section F - Supplemental Information

Table with 3 columns: (i) Excess Distributions, (ii) Underdistributions Pre-2019, (iii) Distributable Amount for 2019. Rows include breakdown of line 7, excess from 2015, 2016, 2017, 2018, 2019.

Part IV Supplemental Information

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1 and 2; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part IV, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Facts And Circumstances Test Table with 2 columns: Return Reference, Explanation.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning _____, 2019, and ending _____, 20_____

2019

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Biodynamic Craniosacral Therapy Association of North America

Employer identification number

20-4590517

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-------------------------------|-------------------------------------|--|----|-------|
| 1a Form 990 check here ▶ | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here ▶ | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 76604 |
| 3a Form 1120-POL check here ▶ | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here ▶ | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ *Ruby Sonda* Signature of officer May 30, 2020 Date Treasurer Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|-----------------------|--|------|--|---|-------------------|
| ERO's Use Only | ERO's signature ▶ | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN | | | |
| | | | | | Phone no. |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no. | | | |