

## Acupuncturists Without Borders

GENERAL INFORMATION	
<b>Organization Name</b>	Acupuncturists Without Borders
<b>Organization's Website</b>	acwb.info
<b>NYS Registration ID</b>	
<b>EIN</b>	
<b>Street Address 1</b>	909 Virginia NE Ste. 211
<b>Street Address 2</b>	
<b>City</b>	Albuquerque
<b>State</b>	New Mexico
<b>Zip Code</b>	87108
<b>Completed On:</b>	2/26/2014
<b>Contact Person</b>	Melanie Rubin
<b>Title of Contact Person</b>	Co-Director
<b>Email Address</b>	admin@acuwithoutborders.org
<b>Phone Number</b>	505-266-3878
<b>Name of Person Completing Survey</b>	Henrietta Duran
<b>Title</b>	Administrator
<b>Timestamp</b>	2/26/2014 4:29:07 PM

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<b>DESCRIPTION OF EFFORTS</b>	
<b>Please describe the types of assistance that your organization has provided to those affected by Hurricane Sandy.</b>	We set up trauma recovery clinics in various locations. Volunteer acupuncturists delivered ear acupuncture treatments to hurricane survivors. These treatments are very effective at helping people recovery from the stress and trauma of natural disasters.
<b>On what date did your organization begin work relating to Hurricane Sandy?</b>	11/3/2012
<b>Is your organization still conducting Hurricane Sandy related work?</b>	No
<b>On what date did your organization complete work relating to Hurricane Sandy? If not yet completed, please indicate when the work is expected to conclude.</b>	1/31/2013
<b>Is your organization providing immediate or long-term relief?</b>	No
<b>Phone Number</b>	
<b>Website</b>	
<b>Email Address</b>	
<b>Special Instructions</b>	
<b>What geographical areas have been (or will be) served by your organization in response to Hurricane Sandy?</b>	Manhattan, Queens, Brooklyn, Staten Island, Bronx, Nassau County, Suffolk County, New Jersey, Other States
<b>What kind of services have been provided by your organization in response to Hurricane Sandy?</b>	Mental and physical health support for trauma recovery

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<b>FUNDRAISING</b>	
<b>Amount Raised (Cash, not Gift-in-Kind) for Hurricane Sandy</b>	\$3400, but not raised in NY
<b>How much of those funds are/were restricted by donors for Hurricane Sandy related work?</b>	All
<b>Value of goods and services (in-kind) donated to your organization</b>	5000
<b>Description of in-kind donations:</b>	Treatment supplies, volunteer hours
<b>How in-kind donations were valued:</b>	wholesale, Hourly rate of volunteer hours
<b>Please indicate the 10 largest GIK contributors to your organization. For each contributor please include the name, address, telephone number, and the GIK value.</b>	Lhasa OMS, Email: info@lhasaoms.com Telephone: 800-722-8775 Fax: 781-335-5779 Mailing Address: Lhasa OMS, Inc. 230 Libbey Parkway Weymouth, MA 02189
<b>Please indicate the 10 largest recipients of GIK materials your organization distributed. For each recipient please include the name, address, telephone number, and the GIK value.</b>	Treatment supplies were distributed amongst volunteers who coordinated relief efforts in NY, New Jersey, and Connecticut. We do not have many of their names.
<b>Is your organization still conducting fundraising for relief efforts?</b>	No
<b>If your organization is still conducting fundraising for relief efforts, please indicate the methods used:</b>	

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<b>EXPENDITURES</b>	
<b>How much has your organization spent or disbursed on Hurricane Sandy relief to date?</b>	3400
<b>Total dollar amount made in grants to organizations</b>	
<b>Number of organization to which grants were provided</b>	
<b>Total dollar amount made in grants to individuals/households</b>	1700
<b>Number of individuals/households to which grants were provided</b>	Undetermined, since distributed through our volunteers.
<b>Total amount spent on supplies purchased by your organization for Hurricane Sandy relief</b>	N/A
<b>Describe these supplies:</b>	
<b>Total amount spent on shipping supplies</b>	N/A
<b>Total amount spent on transportation for staff and volunteers</b>	N/A
<b>Total amount spent on transportation for individuals impacted by Hurricane Sandy</b>	N/A
<b>Total amount spent on shelter/feeding for staff and volunteers</b>	N/A
<b>Total amount spent on shelter/feeding for individuals impacted by Hurricane Sandy</b>	N/A
<b>Total amount spent on storage/warehousing incurred only because of Hurricane Sandy</b>	N/A
<b>Total amount allocated for pre-existing storage/warehouse costs for which Hurricane Sandy funds were used</b>	N/A
<b>Total amount paid to third parties for services (e.g. payments to contractors, health professionals, etc.)</b>	N/A

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<p><b>State the name of the service provider and describe nature of services provided and the amount paid for these services by your organization</b></p>	<p>N/A</p>
<p><b>Total amount spent on personnel that were hired/employed in response to Hurricane Sandy</b></p>	
<p><b>Personnel hired/employed prior to Hurricane Sandy for which Hurricane Sandy funds were allocated</b></p>	<p>1700</p>
<p><b>Total amount spent on other administration/overhead</b></p>	
<p><b>Describe administration/overhead expenses</b></p>	
<p><b>Total amount spent on other categories, not defined above</b></p>	
<p><b>Please describe these expenses</b></p>	

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<b>UNSPENT FUNDS AND PLANS</b>	
<b>What is the dollar amount of Hurricane Sandy funds yet to be spent by your organization?</b>	0
<b>What is your organization's plan for using any remaining funds not spent for Hurricane Sandy relief?</b>	