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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For	the 2009 calendar	r year, or tax year beginning	, 2009, and e	nding		, _				
В	Check	k if applicable	С		D En	ıployer ı	dentification number				
	Addre	ess change Please use IRS		CH	2	0-20	74303				
		change label or print or	CONSORTION, INC		E Te	Telephone number					
 		return type.	720 NORTH 30TH STREET		4	06-2	59-5096				
⊨	_	nation Specific Instruc-	BILLINGS, MT 59101								
F		tions.				oup Ex Imber	xemption -				
			3) organizations and 4947(a)(1) nonexempt charitable	tmists	G Accounting metho		Cash Accrual				
		must atta	ach a completed Schedule A (Form 990 or 990-EZ).		Other (specify)						
ı	Web	site: ► <u>N/A</u>			required to attach	Sche	ganization is not dule B (Form 990,				
J	Тах-е	exempt status (check o			990-EZ, or 990-P						
K	Chec \$25,	ck ► ∐If the org 000 A return is no	ganization is not a section 509(a)(3) supporting organization chooses to file a ret	ration and its urn, be sure t	gross receipts are nor to file a complete retur	mally n	not more than				
L	Add inste	lines 5b, 6b, and ead of Form 990-E	7b, to line 9 to determine gross receipts, if \$500,000 of Z	r more, file F	orm 990	▶\$	169,325.				
Pa	it L	Revenue,	Expenses, and Changes in Net Assets or F	und Balan	ces (See the instri	uction					
	1	Confide Gill	रिक्र जिन्ह्योर्ड, and similar amounts received Levenue including government fees and contracts		· · · · · · · · · · · · · · · · · · ·	1	169,325.				
	4	_Program service	evenue including government fees and contracts			2					
	3 5	∽ Membership due	es and assessments			3					
		်ဂြီး ျော်ပနော်				4					
			om sale of assets other than inventory	5a							
_			ter basis and sales expenses	5 b							
E			ble of assets other than inventory (Subtract in 5b from in 5a)			5 c					
REVENU	6		ctivities (complete applicable parts of Schedule G). If any amount is f		eck here						
Ŭ	а	Gross revenue (r	<u> </u>								
E	L	reported on line	•	6a							
			enses other than fundraising expenses	6b							
			from special events and activities (Subtract line 6b from line 6a)	1 1		6c					
		Less cost of goo	nventory, less returns and allowances	7a 7b							
		•	loss) from sales of inventory (Subtract line 7b from line			7с					
	8	Other revenue (descri		: /a)	,	8					
	9	•	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	169,325.				
-	10		ar amounts paid (attach schedule)	CEE C	TATEMENT 1		155,792.				
	11	Benefits paid to		SEE S	IAIEMENI I	10 11	155, 192.				
E X P	12		compensation, and employee benefits			12					
PE			s and other payments to independent contractors			13	4,642.				
Ň			, utilities, and maintenance			14	7,012.				
⊒;			tions, postage, and shipping			15	550.				
70	16		cribe SEE STATEMENT 2		Υ	16	579.				
D	17		Add lines 10 through 16		>	17	161,563.				
S	18		it) for the year (Subtract line 17 from line 9)			18	7,762.				
ASSSET TO Pa	19	Net assets or fun	nd balances at beginning of year (from line 27, column in prior year's return)	(A)) (must a	gree with end-of-year	19	9,789.				
睪	20		n net assets or fund balances (attach explanation)			20					
\$	21		nd balances at end of year Combine lines 18 through 2	20	•	21	17,551.				
Pa	rt II		heets. If Total assets on line 25, column (B) are \$1,2		ore file Form 990 inste						
5			(See the instructions for Part II)	.55,555 01 1110	(A) Beginning of ye		(B) End of year				
22	Cas	sh, savings, and in			9,789		17,551.				
23	Lan	id and buildings				23					
24		er assets (describ	pe ►)			24					
25	Tot	al assets	· · · · · · · · · · · · · · · · · · ·		9,789		17,551.				
26	Tot	al liabilities (desc	cribe •)		0	\rightarrow	0.				
27	Net	assets or fund ba	alances (line 27 of column (B) must agree with line 2	1)	9,789		17,551.				
BAA	For	Privacy Act and	Paperwork Reduction Act Notice, see separate instru	ictions.			Form 990-EZ (2009)				

	990-EZ (2009) NATUROPATHIC ED			20	-207	74303 Page 2
Par					/Dog	Expenses
What i	s the organization's primary exempt purpose? NA	ATUROPATHIC EDUCATI	ON AND RESEARCE	<u> </u>	5016	c)(3) and (4)
desc prog	ribe what was achieved in carrying out the ribe the services provided, the number of am title.	ne organization's exempt purp f persons benefited, or other r	oses. In a clear and co elevant information for	ncise manner, each	orgai 4947 for o	uired for section c)(3) and (4) hizations and section (a)(1) trusts; optional thers)
√28	SEE STATEMENT 3					
					1	
	(Grants \$ 155, 792.) If the	nis amount includes foreign gr	ants, check here		28 a	155,792.
29		we arrived it includes for eight gr	array orioote flora			2007.521
			-			
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		29 a	
30					ŀ	
					1	
					j	
	(Grants \$) If the	nis amount includes foreign gr	ants, check here.	▶	30 a	
31	Other program services (attach schedule	•		_		
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	▶ □	31 a	
	Total program service expenses (add I			-	32	155,792.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not com	pensa	ated (See the instrs.)
	v	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
MAD	GARET BEESON, ND	to position		deferred compensa		
	· = = = = = = =	PRESIDENT	0.		0.	0.
	NORTH 30 TH STREET	l o				
	LINGS, MT 59101					
	I HUDSON, ND	VICE PRESIDENT	0.		0.	0.
206	7 NS LOVEJOY	0				
POR	TLAND, OR 97209					
KAT	HY TONEY, RN	SEC-TREAS-DIREC	0.		0.	0.
213	7 PUEBLO	0				
	LINGS, MT 59102	1				
	EN HUDSON, MP, HC	DIRECTOR	0.		0.	0.
	7 NW LOVEJOY	DIRECTOR	0.		υ.	0.
	TLAND, OR 79209	1				ļ.
		DIDECTOR				
	WARREN/ NATURALLY WELL	DIRECTOR	0.		0.	0.
	1 RIVERSIDE DR	j O				
	AWA, ON K1H 7X5 CANADA					
	A SHANK / AYUSH HERBS	DIRECTOR	0.		0.	0.
223	9 152ND AVE NE] 0				
RED	MOND, WA 98052					
						_
		1				
-						
						
-						
			,			
		[
		·				
						

Ĺ		The member (Note the statement requirements in the mist's for lart v.)			
			Γ	Yes	No
	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
Ļ	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	ē	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	ł	of f'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		<u> </u>
	36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
		Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	· ·······		
		Did the organization file Form 1120-POL for this year?	37b		X
	38 a	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 period covered by this return?	38a		Х
	t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	¢,		
		501(c)(7) organizations Enter			
		Initiation fees and capital contributions included on line 9 N/A	4		
		Gross receipts, included on line 9, for public use of club facilities N/A	-		
	40 d	sol1(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►0., section 4912 ►0., section 4955 ►0.			*
	L	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40ь		x
	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			
	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			~
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	4 1	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40e	<u> </u>	X
	•	24 the states with an accept of this feeting income			
	42 a	The organization's books are in care of ► MARGARET BEESON Telephone no ► 406-2.	59-5	096	
		Located at ► 720 NORTH 30TH STREET BILLINGS MT ZIP + 4 ► 59101			
			[V	Na
	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)?	42b	Yes	No X
		If 'Yes,' enter the name of the foreign country	72.5		
		See the instructions for exceptions and files requirements for Farm TD F 00 22.1 Days to for Farm Days to Far			
		See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
		If 'Yes,' enter the name of the foreign country	420		
	13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			NI / A
•		and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
		45			
				Yes	No
4	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
4	45	ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
R	ΑΑ	TEFA08121 07/17/09 Fo	rm 990		

Form 990-EZ (2009)	NATUROPATHIC	EDUCATION	AND	RESEARCH

20-2074303

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se	ction 4947(a)(1) no	nexempt charitat	t charitable trusts only. ole trusts must answer o	All section uestions
•	46-49b and complete the table	s for lines 50 and 5	1.		TEMENT 4
46 Did t	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign ac C, Part I	tivities on behalf of c	or in opposition to candidates	Yes No
	he organization engage in lobbying activit				47 X
	e organization a school as described in se				48 X
	he organization make any transfers to an es,' was the related organization a section		related organization	,	49a X 49b
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated ei	mployees (other than	officers, directors, trustees a	and key
) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE					
		-			
			-		
f Total	number of other employees paid over \$1	00,000			· · · · · · · · · · · · · · · · · · ·
51 Com	plete this table for the organization's five	highest compensated in	dependent contracto	ors who each received more th	nan \$100,000 of
COIT	pensation from the organization. If there is	·			
NONE	(a) Name and address of each independent contr	ractor paid more than \$100,000		(b) Type of service	(c) Compensation
		- 			
					
d Total	number of other independent contractors	each receiving over \$1	00,000	•	
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (ined this return, including accor other than officer) is based on a	mpanying schedules and sta ill information of which prep	atements, and to the best of my knowle barer has any knowledge	dge and belief, it is
	X An			ı	
Sign Here	Signature of officer			Date	- , , , , , , , , , , , , , , , , , , ,
	Type or print name and title	Pirecta		2/10/2010	
Paid	Preparer's	1/- 0	Date	Check if Prepar	rer's Identifying Number
Pre-	signature VAN E. PITTACK (CPA Van Future	21/06/2	self- employed N/A	
oarer's	Firm's name (or yours if self-employed) VAN PITTACK CPA 926 MAIN ST STE	12	 -		λ
Jse Only	laddross and	12 L05-3359		EIN ► N/	259-5995
	S discuss this return with the preparer sh		ctions		X Yes No
3ΔΔ			· · · · · · · · · · · · · · · · · · ·		orm 990-F7 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

NATUROPATHIC EDUCATION AND RESEARCH CONSORTIUM, INC

Employer identification number 20-2074303

Par	<u>t 1</u>	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	ete this	part.)	See ı	nstruct	ions
The o	orga	nization is not a pri	vate foundation becau	ise it is (For lines 1 throi	ugh 11,	check o	nly one	box)			
1	L			ociation of churches desc		section	n 170(b)	(1)(A)(i)).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical researcl	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A)(iii). Er	nter the hospital's
		name, city, and sta									
5	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											
7	in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	L	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	1)					
9	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.)										
10		An organization or	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	n 509(a)	(4).		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h										
	a Type I b Type II c Type III — Functionally integrated d Type III — Other										
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other that	ganization is not controll n one or more publicly si	ed direc upportec	tly or in d organia	directly zations o	by one describe	or more ed in sec	disquali ction 509	fied persons other (a)(1) or section
f			received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	organization,
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om anv	of the fo	ollowina	persons	;?
J		, -		ecoepion any give o						porconic	Yes No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or t upported organization?	together	with pe	rsons de	escribed	d in (ii) a	and (III)	11 g (i)
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at	oove?						11 g (iii)
h		Provide the following	ng information about t	he supported organizatio	ns						
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your triing ment?	the organ	(i) of	ornanizat	Is the tion in col- ized in the S ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
_										L	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200					20-2074303	
Pa	rt II Support Schedule for	-			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
<u>Ca</u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)			
	tion A. Public Support	1		<u> </u>	1	1	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
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, column (f).		*	·	-		
6	Public support. Subtract line 5 from line 4		~ ` `				. "
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					,	
11	Total support. Add lines 7 through 10		»				
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	ie II, column (f)		14	<u>%</u> %
	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	not check the bo	x on line 13, and	d the line 14 is 33	L	
b	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16	a, and line 15 is 3	33-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test, check this	box and stop he	re. Explain in Pari	t IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this zation qualifies a	box and stop he s a publicly suppo	re. Explain in Par orted organization	t IV how the ►
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17			90 or 990-EZ) 2009

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.)

Sac	tion A. Public Support						
		(*) 2005	(h) 0005	(+) 0007	(4) 2000	(e) 2009	(O T-1-1
Cale 1	ndar year (or fiscal yr beginning in) Surfits, grants, contributions and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
` '	membership fees received (Do not include 'unusual grants.')	73,861.	103,482.	148,887.	160,402.	169,325.	655,957.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	73,861.	103,482.	148,887.	160,402.	169,325.	655,957.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
_	: Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
		<u> </u>	<u> </u>	<u>0.</u>	<u>_</u> .	0.1	
8	Public support (Subtract line						CEE 053
	7c from line 6)			<u></u>].	l		655,957.
C							
	tion B. Total Support					I	
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9		(a) 2005 73, 861.	(b) 2006 103, 482.	(c) 2007 148, 887.	(d) 2008 160, 402.	(e) 2009 169, 325.	655,957.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	73,861.		148,887.		169,325.	655,957. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						655,957.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	73,861.	103,482.	148,887.	160,402.	169,325.	655,957. 0.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	73,861.	103,482.	148,887.	160,402.	169,325.	0. 0.
Cale 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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	73,861.	103,482.	148,887.	160,402.	169,325.	0. 0. 0.
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Cale 9 10 a b c 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	73, 861. 0. Is for the organized stop here	0. otion's first, second	0. d, third, fourth, oi	0.	0.	0. 0. 0. 0.
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Schedule	A (Form	990 o	r 990)-EZ)_	2009	NA	TUR	ROPA	THI	C I	EDU	CAT	ION	AN	D RE	ESEA	RCH		20	-20	743	03		P	age 4
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Schedule A (Form 990 or 990-EZ) 2009 NATUROPATHIC EDUCATION AND RESEARCH

20-2074303

2009 CLIENT 1000	FEDERAL STATEMENTS NATUROPATHIC EDUCATION AND RESEARCH CONSORTIUM, INC		PAGE 1
2/05/10	ocksok flow, inc	·	08 48AM
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	10 JUNTS PAID		
DONEE'S NAME: DONEE'S ADDRESS:	A WOMAN'S TIME RESIDENCY 2067 NW LOVEJOY		
CASH AMOUNT GIVEN:	PORTLAND, OR 79209	\$	56,250.
DONEE'S NAME: DONEE'S ADDRESS:	INST OF COMPLIMENTARY MEDICNE 726 BROADWAY STE 301 SEATTLE, WA 98122		
CASH AMOUNT GIVEN:	SEATTLE, WA 90122	\$	17,875.
DONEE'S NAME: DONEE'S ADDRESS:	RIVERWALK NATURAL HEALTH CLINIC 280 MAIN ST, STE C-105 EDWARDS, CO 81632		
CASH AMOUNT GIVEN:	EDWARDS, CO 81632	\$	10,000.
DONEE'S NAME: DONEE'S ADDRESS:	LOKAHI RESIDENT 73-5618 MAIAU ST., STE A204 KAILUA KONA, HI 96740		
CASH AMOUNT GIVEN:	RAILUA KONA, HI 96/40	\$	9,750.
DONEE'S NAME: DONEE'S ADDRESS:	YNC RESIDENCY 720 NORTH 30TH STREET		
CASH AMOUNT GIVEN:	BILLINGS, MT 59101	\$	61,917.
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES ADVERTISING AND PROMOTIOFFICE EXPENSES ROOM RENTAL		\$ TOTAL \$	510. 19. 50. 579.

STATEMENT 3 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION AND MEDICAL RESEARCH FOR A WOMANS TIME RESIDENCY. FOR RESIDENCY TRAINING & EDUCATION, COMMUNITY SERVICE MEDICAL CARE AND FREE CLINICS. TEACH AT NON-PROFIT NATUROPATHIC MEDICAL SCHOOL & NATIONAL COLLEGE OF NATUROPATHIC MEDICINE. GIVE COMMUNITY LECTURES, AND RESEARCH ACTIVITIES.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT 1000

NATUROPATHIC EDUCATION AND RESEARCH CONSORTIUM, INC

20-2074303

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STATEMENT 4
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO