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# Form **990-EZ**

2009

OMB No 1545-1150

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

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

Open to Public Inspection

Α	For the 2009 ca	lendar	year, or tax year beginning	, 2009, and	d ending			
В	Check if applicable		C Name of organization			D Er	nployer identificat	tion number
	Address change	Please use IRS	NATUROPATHS INTERNATIONAL			2	6-024174	7
$\vdash$	Name change	label or print or	Number and street (or P O box, if mail is not delivered	ed to street address)	Room/suite	E Te	lephone number	
H	Initial return	type. See	1100 N SAN FRANCISCO ST		F	1 (	928) 214	-8793
H	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4					
	Amended return  Application pending	tions.	FLAGSTAFF	AZ	86001		roup Exemptio umber	on _
Щ			<del></del>					<del>–                                    </del>
	• Section :	501(c)(3 nust atta	8) organizations and 4947(a)(1) nonexempt c ach a completed Schedule A (Form 990 or 99	haritable trusts 10-EZ).	G Accounting	ecify) >		
	14/-1	_ 4				X If	the organizati	on is not
'.			opathsinternational.org	1017/141	_	o attacr r 990-P	Schedule B (	Form 990,
<u> </u>	Tax-exempt status			4947(a)(1) or 52	-/			
	\$25,000 A For	n 990-E	anization is not a section 509(a)(3) supportin Z or Form 990 return is not required, but if th	ne organization choo	ses to file a return	re norm n, be su	re to file a cor	than nplete return
L	instead of Form	990-EZ		<u>.                                    </u>			<b>►</b> \$	127,077
Pa	arti Reve	enue, l	Expenses, and Changes in Net Ass	ets or Fund Bala	ances (See the	<u>ınstr</u>	uctions for	Part I.)
	1 Contributi	ions, gif	ts, grants, and similar amounts received				1	20,093.
	2 Program	service	revenue including government fees and conti	racts			2	106,984
	3 Members	hip dues	s and assessments				3	
	4 Investme	nt incon	ne				4	
	5a Gross am	ount fro	om sale of assets other than inventory		ia			
	<b>b</b> Less, cos	t or othe	er basis and sales expenses		ib			
R	c Gain or (los	s) from sa	ale of assets other than inventory (Subtract line 5b from	line 5a)			5 c	
Ž	6 Special ever	nts and ac	ctivities (complete applicable parts of Schedule G). If any	amount is from gaming,	check here	▶ ∐		
REVERU	a Gross rev	enue (n	not including \$ of col	ntributions				
Ē	reported (	on line 1	1)	6	ia			
	<b>b</b> Less: dire	ect expe	nses other than fundraising expenses	6	b			
	c Net income	or (loss)	from special events and activities (Subtract line 6b from	line 6a)			6c	
	7a Gross sal	es of in	ventory, less returns and allowances	7		_		
	<b>b</b> Less cos	t of goo	ds sold	7	'b	_		
	c Gross pro	ofit or (lo	oss) from sales of inventory (Subtract line 7b	from line 7a)			7c	
	8 Other reven	ue (descri	ıbe ►			)	8	
	9 Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			·	9	127,077
			ar amounts paid (attach schedule)	RECEIV	/ED		10	
_	1		or for members	RECEIV	VEU		11	
EXP.	1		ompensation, and employee benefits	[ ]	(S)		12	12,787
J P	1		s and other payments to independent contrac	tors JUN 1 0	2010		13	11,183
s Ñ S			utilities, and maintenance .	4 2014 = 2	S		14	29,994
∛ E	1	_	ions, postage, and shipping .				15	2,023
S	1		ribe ► See Other Expenses Statement	OGDEN	I, UT	)	16	57,637
) )			Add lines 10 through 16			_′ ▶	17	113,624
	<del></del>		t) for the year (Subtract line 17 from line 9)				18	13,453
Δ	A I	•				_		13,433
N S E S T E	19 Net asset		id balances at beginning of year (from line 27 n prior year's return)	', column (A)) (must	t agree with end-of	ŀyear	19	_27 000
ŤĚ	20 Other cha		n net assets or fund balances (attach explana	tion)			20	-27,088
Ś	: I	-	id balances at end of year. Combine lines 18	•	•		21	12 625
N S E S T E S	<del></del> _						<del></del>	-13,635
LF C	art II Bala	iiice 3	heets. If Total assets on line 25, column (B) (See the instructions for Part II.)	1 ale \$1,200,000 OF I				
22	2 Cash, savings	c and "			(A) Beginnir	6,088		End of year 586
			TVGSUTICITIS		<del></del>	0,000		
	₹  and and hiii		•					0
23			ne <b>&gt;</b>	1	1 '	2 2 6 0	12/1	2 260
23 24	4 Other assets		pe ▶	_)		2,368 3,456		
23 24 25	Other assets Total assets	(describ		_)		3,456	. 25	2,954
23 24	4 Other assets 5 Total assets 6 Total liabilitie	(describ		_)	35		. 25 . 26	2,368. 2,954. 16,589. -13,635.

Form 990-EZ (2009)

	990-EZ (2009) NATUROPATHS INT		<del> </del>		-024	11747 Page <b>2</b>
Par				ons.)	_	Expenses
	s the organization's primary exempt purpose? NA				1501%	uired for section c)(3) and (4)
Desc desci progr	ribe what was achieved in carrying out the tibe the services provided, the number of am title	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	cise manner, ach	orgai 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers)
28	PROVIDE MEDICAL SERVICES	IN CLINICS FOR VI	CTIMS OF NATUR	AL		
	DISASTERS OR DOMESTIC VIO					
	(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here		28 a	77,288.
29						
		- <b></b>			,	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		29 a	
30	· · · · · · · · · · · · · · · · · · ·					
				·		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule		<del></del>			
		is amount includes foreign gr	ants, check here	▶ 🗀	31 a	
32	Total program service expenses (add lin			▶.	32	77,288.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	e even if not com	pensa	
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances
DD 7	NDIE COMEY	to position		deferred compensa	uun	
	NDIE GOWEY	PRESIDENT				
	O N SAN FRANCISCO ST F	40.00 +			_	
	GSTAFF AZ 86001	40.00	0.		0.	
	BRANDON_CHASTANT	_				
	5 S PRIEST DR STE 102	TREASURER		•		
TEM	PE AZ 85284	10.00	0.		0.	
MEL	ISSA HICKS					
		SECRETARY				
FLA	GSTAFF AZ 86011	10.00	0.		0.	
GRA	CE_MARKS					
	BOX 6024	MEMBER				
	GSTAFF AZ 86011	10.00	0.		0.	
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Page 2

Form **990-EZ** (2009)

Part V   Other Information (Note the statement requirements in the Instrs for Part V)   Yes   No		1 990-EZ (2009) NATUROPATHS INTERNATIONAL 26-024174	7	P	age <b>3</b>
33 Did the organization range in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  34 Were any changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes  35 If the organization had more from the organization of an organization had more grown to the provided of all registration of the provided of all registrations of the organization had not provided by the organization of the provided of all registrations of the provided of the provi	Pai	<b>Other Information</b> (Note the statement requirements in the instrs for Part V.)			
33 Were any changes made to the organizang or governing documents? If Yes, attach a conformed copy of the changes 34 Were any changes made to the organization of success the profit of the control of the profit of the pro		·		Yes	No
34 Were any changes made to the organization or governing documents? If Yes, attach a conformed copy of the changes 35 if the organization and income from bissiness sativities, such as those reported on line 2, and 74 (among others), but not reported a form 99.1, attach is statement adjusting why the optimization and integer the notice on him 99.1.  a Did the organization have unrelated business gross income of \$1,000 or more or was at subject to section 6033(e) notice, reporting, and proxy bis requirements?  b If Yes, has it filed a tax return on Form 990-1 for this year?  35 Did the organization integers of adjustation, described in the instructions   373   0.0.  370 Filed removal of political expenditures, direct or indirect, as described in the instructions   373   0.0.  b Did the organization file Form 1120-PCL for this year?  37 Filed removal of political expenditures, direct or indirect, as described in the instructions   373   0.0.  b Did the organization form from rom are law years.  37 Filed removal of political expenditures, direct or indirect, as described in the instructions   373   0.0.  b Did the organization file Form 1120-PCL for this year?  38 Did the organization form from rom or make any location of the period covered by this return?  38 Did the organization file Form 1120-PCL for this year?  38 Did the organization file Form 1120-PCL for this year?  38 Did the organization school organizations included on line 9  b Dross recoptise, included on time 9, for public used or club facilities  39 Did the organizations contributions included on line 9  b Section 501(c)(3) and 501(c)(4) organizations Did the organization during the year under section 4911 + section 4912 + section 4915 + sec	33		33		x
abuth a sitemate epilianely with the organization due to report the income or form 990 for more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  35 bill Yes, in sit filed a tax return on Form 990 for this year?  36 Did the organization undergo a legudation, dissolution, termination, or significant disposition of net assets during the year? If IVEs, complete applicable parts of Stendeula N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  bill the organization before from 1120-POL for this year?  38 bill the organization of the Form 1120-POL for this year?  38 bill the organization of the Form 1120-POL for this year?  38 bill the organization before without an interest of indirect, as described in the instructions  bill Yes; complete Schedule (). Part II and enter the total amount involved  38 bill the organizations. Enter amount of the principle of the period covered by this return?  39 section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4911 in the principle of the principle of the period on any of the organization sprior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If a complete Schedule (i. Part II)  c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during the year under schools applied schedule (i. Part II)  c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during the year under schools applied schedule (i. Part II)  c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during they ear under schools applied schedule (i. Part II)  c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during they ear unde	34				
resporting, and proxy tax requirements?  bif Yes, in st. filed a tax return on Form 990-T for this year?  36 Diff the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If If Yes, complete applicable parts of Stendetion N  378 Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization biff Form 1120-POL for this year?  38a Did the organization brown 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 diotalaming at the end of the period covered by this return?  38a Did the organization brown 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 diotalaming at the end of the period covered by this return?  38b J 3, 639.  37b X  38b J 3, 639.  38b J 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	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.			
b if Yes, 'has it field a bix return on Form 990-T for this year?  35 Did the organization undergo a broudston, desolution, termination, or significant disposition of net assets during the year' If Yes,' complete applicable parts of Schedule N  37 a Errier amount of political expenditures, direct or indirect, as described in the instructions   37a   0.    37 b   X   27a   27a	ä	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
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38 a Dud the organization borrow from, or make any losins to any officer, director, trustee, or key employee or were any such lears made in a prior year and still outstanding at the end of the period covered by this return?  38 b If Yes, Complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(?) organizations. Enter.  a Initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  38 b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 P section 501(c)(3) and 501(c)(4) organizations bid the organization engage in any section 4955 P Section 4955 P Section 501(c)(3) and 501(c)(4) organizations bid 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 between proferd on any of the organization or prome 990 or 990-EZ? If Yes, complete Schedule L, Part I  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  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4958  4 Section 4917(a)(1) Sec			37 b		Х
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b 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-E27 if Yes, 'complete Schedule I., Part I  40b	40 a				
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d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed. Arizona  42 a The organization's books are in care of BRANDIE GOWEY Telephone no (928) 214-8793 Located at 1100 N SAN FRANCISCO ST FLAGSTAFF AZ ZIP+4 86001  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)?  If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c	l	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	40 b		х
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shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ► Arizona  42 a The organization's books are in care of ► BRANDIE GOWEY  Located at ► 1100 N SAN FRANCISCO ST FLAGSTAFF AZ ZIP + 4 ► 86001  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  54 Lis any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meaning of section 512(b)(13)? If "Yes," At 5 It is any related organization in some property of the organization within the meani	•				
42a The organization's books are in care of PRANDIE GOWEY Located at P 1100 N SAN FRANCISCO ST FLAGSTAFF AZ ZIP + 4 8 86001  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)?  If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  42c	•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		X
books are in care of BRANDIE GOWEY  Located at > 1100 N SAN FRANCISCO ST FLAGSTAFF AZ ZIP + 4 > 86001  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country > 42c	41		100	·	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is 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		books are in care of   BRANDIE GOWEY  Located at   1100 N SAN FRANCISCO ST  FLAGSTAFF  AZ ZIP + 4   86001  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)?			No
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  15 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  15 X	•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44 X  45 Is 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 X	43			<u> </u>	— <u>—</u>
of Form 990-EZ  44 X  45 Is 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 X				Yes	No
Form 990 must be completed instead of Form 990-EZ	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	ļ	Х
	45	Is 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			<u> </u>

Form 990-E	Z (2009) NATUROPATHS INTERNATIONAL	26-0241747	Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitab	le trusts only. All sec	ction

	.501(c)(3) organizations and set 46-49b and complete the tables	ctıon 4947(a)(1) no	nexempt charitab	le trusts must answer	questic	กร	I
<b>46</b> Did t	he organization engage in direct or indirec	t political campaign act	ivities on behalf of or	in opposition to candidates		Yes	No
	ublic office? If 'Yes,' complete Schedule C				46		<u>X</u>
	he organization engage in lobbying activiti	-		=	47		<u>X</u>
	e organization a school as described in se			dule E	48	<u> </u>	X
	the organization make any transfers to an es,' was the related organization a section	· ·	elated organization?		49 a		X
	•	-			49b		<u> </u>
50 Complempl	plete this table for the organization's five h loyees) who each received more than \$100	nighest compensated en 0.000 of compensation f	nployees (other than or rom the organization	officers, directors, trustees as	nd key		
		(b) Title and average	(c) Compensation	(d) Contributions to employee		pense	
(a)	) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou other all	int and owance:	s
NONE							
f Total	I number of other employees paid over \$10	00,000	-	· · · · · · · · · · · · · · · · · · ·			
51 Comp	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and address of each independent continuous	none, enter 'None '		who each received more that	(c) Comp		
NONE							
		<b></b>					
		· <b></b>					
					•		
		·					
<b>d</b> Total	I number of other independent contractors	each receiving over \$10	. 000,000	<b>-</b>			
	77	and the section of th	<del>.</del>				
	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (	other than officer) is based on	mpanying schedules and sta all information of which preparation	lements, and to the best of my know arer has any knowledge	ledge and b	elief, it i	s
Sign	- ///w			1 6/4/10			
Here	Signature of Officer			Date / /			
	Type or print name and title	iaz		, , , , , , , , , , , , , , , , , , ,			
Paid Pre-	Preparer's March Beach	) •	Date /13//	Check if self-employed	rer's Identi instructions	fying Nu	mber
parer's	Firm's name (or MARSHA BROOKS C	PA PC					
Use	yours if self- employed), address, and	IRD RD		EIN ►			
Only	ZIP+4 SCOTTSDALE		AZ <u>85254</u> -	-3861 Phone no ► (480)	991-	<u>5850</u>	)
	RS discuss this return with the preparer sho	own above? See instruc	tions	•	Yes	: [ ]	No
BAA				<del></del>	Form 99		

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

NAT	NATUROPATHS INTERNATIONAL 26-0241747  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions																				
Par	t I	Re	asoı	for P	ubl	ic Ch	arity	Statu	ıs (/	\il org	ganıza	tions	must o	comple	ete this	part.	) See i	instruct	ions		
The o	orga	nızatı	on is	not a p	rıvat	e foun	dation	becau	se ıt	ıs <sup>.</sup> (Fo	r lines	1 throu	gh 11, c	heck on	ly one b	ox.)					
1		A ch	urch,	conven	tion	of chu	rches (	or asso	ociati	on of c	churche	s desc	ribed in	section	170(b)(1	)(A)(i).					
2		A sc	hool	describe	ed in	section	on 1 <b>70</b> (	b)(1)(A	A)(ii).	(Attac	ch Sche	dule E	.)								
3	Г	A ho	spita	l or coo	pera	tive ho	spital :	service	orga	anızatı	on desc	cribed i	n sectio	n 170(b)	X1XAXii	i).					
4	Г	1	•				•		-							•	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
	_	-		y, and s						•			•			•		<b>(</b> , ) =			
5		An c <b>170(</b>	rgan <b>b)(1)</b>	zation c	pera (Cor	ated fo	r the b Part II	enefit	of a	college	or univ	versity	owned c	or operat	ed by a	govern	mental i	unit desci	ribed in sec	tion	
6 7		An c	rgan	zation t	hat r	normal	lly rece	ives a	subs	tantial			ed in <b>se</b> oport fro				or from	the gene	ral public o	lescrib	ed
_		1		ı 170(b)						-				_							
8		1		-									e Part II.	•							
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 c	rgan	zation d	organ	nized a	and ope	erated	exclu	ısıvely	to test	for pul	olic safet	y.See s	ection !	509(a)(4	<b>i)</b> .				
11		more	pub ribes	the type	port	ed or	ganizat ort <u>ing</u> o	tions d irganiz	escri	bed in	section omplete	i 509(a e lines	)(1) or s 11e thro	ection 5 ough 11h	09(a)(2) 1.	See <b>s</b>	, or carry <b>ection 5</b>	y out the <b>09(a)(3).</b>	purposes of Check the	of one box t	or hat
		. –	Тур				<b>b</b> ∐⊺	•					I – Fund	-	_			d 💹	Type III-		
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																				
f			e orga k this		n red	eived	a writte	en dete	ermır	nation 1	from the	e IRS t	hat ıs a	Type I,	Гуре II с	r Type	III suppo	orting org	anızatıon,		
g		Sinc	e Au	gust 17,	200	6, has	the or	ganıza	tion a	accepte	ed any	gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?		Yes	Na.
		(i)	a pe	erson whow, the o	no di gove	rectly	or indi	rectly o	contr	ols, eit ted org	her aloi ganizati	ne or to	ogether	with per	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)	res	No_
		(ii)	a fa	mily me	mbe	r of a	perso	n desc	ribed	in (i)	above?								11 g (ii)		
		(iii)	a 3	5% cont	rolle	d entit	y of a	oerson	des	cribed	ın (ı) or	(II) ab	ove?						11 g (iii)		
h		Prov	ide ti	ne follow	ving	ınform	ation a	bout t	he su	pporte	ed organ	nization	าร								
	(	i) Name		pported			(ii) EIN		(	ii) Type ( describe above o	of organized on lines or IRC sec structions	ation s 1-9	(iv) organizat (i) lister gove	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	is the tion in col ized in the S ?	(vii) Amour	nt of Sup	pport
											_		Yes	No	Yes	No	Yes	No			
		_			$\perp$				<u></u>												
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Total				<b></b>																	

Par	(Complete only if you checke	=			D)(1)(A)(1V) an	a 170(b)(1	удду	<b>(1)</b>	
Sec	tion A. Public Support								
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Tota	ı
1	Gifts, grants, contributions and 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)								
	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	<del></del>		T	·	<del>-</del>			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	I
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	ities, etc. (see ins	tructions)			Į	12		
13	organization, check this box and	stop here	<u> </u>	nd, third, fourth, o	r fifth tax year as	a section 50	l(c)(3)		▶
Sec	tion C. Computation of Pu					<del></del>			
14	Public support percentage for 20	•	• •	e 11, column (f)	•		14		<u>%_</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14		•	. [	15		<u>%</u>
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported or	x on line 13, and rganization	the line 14 is 33-1	/3 % or mor	e, check	k this box	► 🗌
ł	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box licly supported or	on line 13, or 16a, ganization.	and line 15 is 33	-1/3% or mo	re, chec	ck this box	<b>-</b>
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this t	oox and stop here	. Explain in F	Part IV I		▶ 🗌
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organia	s' test, check this t zation qualifies as	oox and <b>stop here</b> a publicly support	. Explain in f ed organizat	Part IV I tion.	how the	▶ 🏻
_18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a,					<u> </u>
BAA					Si	chedule A (F	orm 99(	n or 990.F7	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) Section A. Public Support **(e)** 2009 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 4,225. 20,093. 24,318. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 38,395. 106,984 145,379. purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 42,620. 127,077 169,697. 7a Amounts included on lines 1. 2, 3 received from disqualified persons b 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 169,697. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 42,620 127,077. 169,697. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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 IV) 169,697. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 100.00% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 100.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 9	990-EZ) 200	9 NAT	UROPATHS	INTERN	NATIONAL	<u> </u>	-1	26-02	41747	Page <b>4</b>
Partiv	Supplemen Part II, line	17a or 17	7b; and	Part III, Iir	ne 12. Pro	o provide ovide any	other a	pianations idditional in	required by iformation.	See instr	ine 10; uctions.
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									·		
				. <b></b> .	<b>-</b>	<b>_</b>		<b></b>	- <b>-</b>		
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

**Transactions with Interested Persons** 

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II	Name of the o	·						Em	ployer i	dentifica	ition nu	mber		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person  (b) Description of transaction  (c) Correctives N  (d) Description of transaction  (e) Description of transaction  (fig. 2)  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  (a) Name of interested person and purpose  (b) Loan to or from the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.  (c) Name of interested person and purpose  (d) Name of interested person and purpose  (d) Name of interested person and purpose  (d) Name of interested person and purpose  (e) Organial purpose  (fig. Amount and lype of assistance description of transaction interested person and line organization answered 'Yes' on Form 990, Part IV, line 27.  (d) Name of interested person  (e) Relationship between interested person and line organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.  (e) Name of interested person  (fig.) Remains or Assistance Benefitting Interested Persons.  (b) Relationship between interested person and line organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.														
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\frac{1}{2}\$ Loans to and/or From Interested Persons.  Complete if the organization answered Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose by the organization of interested person and purpose by the organization of the organization organi	Part I	Excess Benefit Transactions Complete if the organization answere	(sect	ion 501 on Form	(c)(3) at 990, Part	nd section IV, line 25a o	501(c)(4) or r 25b, or Form	ganiza 990-EZ,	Part \	only I, line	/). 40b.			
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loans to a from the organization principal amount   (d) Balance due   (o) in default   (f) Approved Committee'   (g) Write Committee'	1	(a) Name of disqualified person		1		0	b) Description of tra	nsaction					(c) Cor	rected?
section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization   (c) Original principal amount   (d) Balance due   (e) in default?   (f) Approved by board or the organization   (e) Balance due   (e) in default?   (f) Approved   (g) Written   (f) Balance due   (e) in default?   (f) Approved   (g) Written   (f) Balance due   (f) In default?   (f) Approved   (g) Written   (f) Balance due   (f) In default?   (f) Approved   (g) Written   (f) Balance due   (f) In default?   (f) Approved   (g) Written   (f) Balance due   (g) In default?   (g) Approved   (g) Written   (g) Written   (g) Balance due   (g) In default?   (g) Approved   (g) Written   (g) Written   (g) Balance due   (g) In default?   (g) Approved   (g) Written   (g) Written   (g) Balance due   (g) In default?   (g) Written   (g) Written   (g) Approved   (g) A	·	(a) Name of Englanda person			_		Dy Description of the						Yes	No
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990  Schedule I. (Form 990 or 990-F7) 20	DAA F	Private Act and Danamad Dadication	A a 4 1 1 -	tion and	the leater	etions for F-	990	C - 1		1 (5.	001	200	\0 E=	2000

### Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
ADVERTISING/MARKETING	6,370.
AUTO EXP	499.
BOOKS, REFERENCE MATERIALS	24.
CONFERENCES, MEETINGS	1,381.
BANK CHARGES	1,491.
EVENTS/FUNDRAISING	9,160.
FINANCE CHARGES	3,152.
INSURANCE	6,164.
LAB FEES	2,481.
MEALS	222.
MEDICAL SUPPLIES	19,658.
MEMBERSHIPS & DUES	1,138.
OFFICE EXP	2,521.
PERMITS, LICENSE, FEES	280.
TRAVEL	2,486.
MISC	110.
COMPUTER EXP	500.
Total	57,637.