

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 1 0 2012

Form 990

Department of the Treasury Internal Revenue Service

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)

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

_	For the 2	2011 cale	endar year, or tax year begini	ning January i	, 2011, a	na enaing	Dece	inner 3 i	, 20 11			
В	Check if applicable C Name of organization National Ayurvedic Medical Association								D Employer identification number			
	Address o	hange	Doing Business As National	Ayurvedic Medical Asso	ociation			77-0547595				
	Name cha	nge	Number and street (or P O box	of mail is not delivered to stre	eet address)	Room/suite	e	E Telepho	ne number			
	Initial retu	rn	620 Cabrillo Avenue			800 669-8914						
	Terminate	đ	City or town, state or country, a									
	Amended	return	Santa Cruz, CA 95065-1108		G Gross re	eceipts \$	183308					
	Applicatio	n pendina	F Name and address of principal	officer Hilary Garivaltis			H(a) is this	a group return	for affiliates? Yes	√ No		
			(address same as above)	all affiliates included? Yes No								
$\overline{}$	Tax-exem	ot status	501(c)(3)	1(c) (6) ◀ (insert no)	4947(a)(1) or	527			list (see instruction			
j	Website:	•	w.ayurvedanama.org	1(0) (1) (<u> </u>	<u> </u>	H(c) Grou	p exemption	number ▶			
ĸ				sociation ☐ Other ►	L Yea	r of formatic			of legal domicile	CA		
_	art I	Summ			- -			oldio	or regar derinant			
Briefly describe the organization's mission or most significant activities. The National Ayurvedic Medic										,		
										.		
Se	-	is a national organization representing the Ayurvedic profession in The United States of America. Its mission is to preserve, protect, improve and promote the philosophy, knowledge, science and practice of										
nar	-	Ayurveda for the benefit of humanity.										
Ver	-		is box ▶☐ if the organizat		erations or dis	enosod of	more that	25% of	to not accote			
Ĝ	1		of voting members of the g	•		sposed of	more mai	1 . 1	its het assets.	12		
ತ	1		<u> </u>	• • •	•	، ، احاله مصا	•	3		12		
Activities & Governance	i .		of independent voting men		• • •	•	•	4		12		
	1		mber of individuals employe	•	,	2a) .	• • •	5		1		
	1		nber of volunteers (estimat	• .				6		10		
	1		elated business revenue fro		1,50	•		7a		0		
	b	let unrel	lated business taxable inco	me from F <u>orm 9</u> 90-T, I		<u>. .</u>		. 7b		0		
			•	 ←	7.2012		Prior Y	ear	Current Ye	ear		
ē	1		tions and grants (Part VIII, I		0							
en	9 F	Program	service revenue (Part VIII, I	ine 2g)		ral · 🗀		137,207		183,308		
Revenue	10 li	nvestme	ent income (Part VIII, colum	n (A), lines 3, 4, and 7d),			0		0		
4	11 (Other rev	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10d	c, and 11e) .	~. ¥		74		0		
	12 T	otal reve	enue-add lines 8 through 1	1 (must equal Part VIII,	column (A), lin	ie 12)		137,280		183,308		
	13 (Grants ar	nd similar amounts paid (Pa	art IX, column (A), lines	1–3)							
	14 E	Benefits	paid to or for members (Pa	rt IX, column (A), line 4) <i>.</i>							
S	15 5	Salaries, d	other compensation, employ	ee benefits (Part IX, coli	umn (A), lines 5	5–10)						
Expenses	16a F	rofessio	onal fundraising fees (Part I	X, column (A), line 11e)	. [
be			draising expenses (Part IX,	• •					No. 20 A Liberto de			
ũ	I .		penses (Part IX, column (A)		e)			39,082		189,134		
			enses. Add lines 13-17 (m) . 		39,082		189,134		
			less expenses Subtract lir			′ .		98,198		(5,826)		
P S					<u>.</u>	Ве	ginning of Ci		End of Ye			
ets (20 T	otal ass	ets (Part X, line 16)		212,271		206,446					
Ass	21 T		ulities (Part X, line 26)			· ·		0		0		
Net Assets Fund Baland	22 1		ts or fund balances. Subtra	 act line 21 from line 20	•			212,271		206,446		
	art II		ture Block	iot into 21 itom into 20		<u>-i. i l</u>				200,770		
			ry, I declare that I have examined to	this return, including accomp	anving echedules	and statem	onte and to t	he best of a	ny kaomindan and	haliaf it is		
tru	e, correct,	and compl	ete Declaration of preparer (other	than officer) is based on all in	iformation of whic	h preparer h	nas any know	ledge	ny knowledge and	Deliel, It is		
		<u> </u>	11111/11/11					100	1 - 11	2.4.12		
Sign Here		Stana	ature of officer				Da			<u> </u>		
		` `	/14/ 100 1A/DC	nec T	~							
	.	Type	or brint name and title	na / re	a) we							
_		Print/Tv	pe preparer's name	Preparer's signature		Date		7	PTIN			
Pa		"	r - I - elemente d'immine				-	Check [_ If			
	eparer	-					Τ_	self-emp	noyeu			
Us	e Only	Firm's na						n's EIN ▶	 .			
N //	the IDC		ddress >	for about about 1 /	inaturations	-	Pho	ne no		<u> </u>		
			this return with the prepar	· · · · · · · · · · · · · · · · · · ·	instructions)	• • •		• • •	· LYes			
	Uanania	rk Dadiii	ation Act Nation, can the con	arata inaturationa		0-4	440001		Ear 0	On (2011)		

Form 99	90 (2011)		Page 2
Part	<u> </u>		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	. 🗆
1	Briefly describe the organization's mission.		
	The National Ayurvedic Medical Association is a national organization representing the Ayurvedic profession in The United States of America. Its mission is to preserve, protect, improve and promote the philosophy,		
	knowledge, science and practice of Ayurveda for the benefit of humanity.		
			••
2	Did the organization undertake any significant program services during the year which were not listed on the		
		☐ Yes │	 ✓ No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v 1	[7] N.a.
	If "Yes," describe these changes on Schedule O.	☐ Yes │	. NO
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measi	ired by
·	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code.) (Expenses \$ 125717 including grants of \$) (Revenue \$	144413	}
	Conducted an annual conference on Ayurveda attended by about 350 members and participants. The conference included workshops, panel discussions and talks, all led by professionals on various aspects of Ayurveda.		
41.			,
4b	(Code:) (Expenses \$ 33575 including grants of \$) (Revenue \$		
	(O. d.) (D. d.)		,
4C	(Code) (Expenses \$ 3745 including grants of \$) (Revenue \$) Registration of school programs	3610)
	registration of school programs		
			-
	······		
4d	Other program services (Describe in Schedule O.)		
4	(Expenses \$ including grants of \$) (Revenue \$)		

Part	Checklist of Required Schedules			·
	504/300 4047/343/43		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	i I	•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

	90 (2011)			Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	res	√
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		∀
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
38	Part VI	37		✓

				ago (
Part				_
	Check if Schedule O contains a response to any question in this Part V	• •		<u>. L</u>
10	Fater the grapher reported in Day 0 of Famo 1000 Fater 0 of estimate and sales		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
C	reportable gaming (gambling) winnings to prize winners?			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	√	
20		.	1	
L	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [15] [15] [16] [17] [18] ['		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	!	-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>	ļ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	1.		,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►	İ		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		١,	l
L	organization solicit any contributions that were not tax deductible?	6a	✓	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
_	gifts were not tax deductible?	6b	/	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	 	ļ	ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u> </u>	<u> </u>	
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	ļ	
a	Did the organization make any taxable distributions under section 4966?	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 -	
а	Initiation fees and capital contributions included on Part VIII, line 12		•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	struct	ions.
Sect	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the and of the tay year.	<u></u>	163	110
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6 7-	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	✓	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	•	1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	•	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est p	oolicy,
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	of the	;	
	organization: ► Wynn Werner, Treasurer, 11311 Menaul Blvd NE, Albuquerque, NM 87122 (505) 291-9698			

Form	990	(201	1)

Digital district

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					tnan c Is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (describe	익	Ins	Ş	6	ed F	Fo	from the	related organizations	other compensation
	hours for	divid	Ē	Officer	yer	Ples	Former	organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee or director	lon:	'	Key employee	e c	~	(W-2/1099-MISC)		organization and related
	in Schedule	trus	함		yee	mpe				organizations
	O)	ee	Institutional trustee			Highest compensated employee				
						e.				
(1) Hílary Garıvaltis								P. Committee		
Director, President	3	✓		1				0	o	0
(2) Cynthia Copple, BA, CMT										
Director, Secretary	3	✓		✓				0	0	0
(3) Wynn Werner										
Director, Treasurer	3	✓		✓				о	0	0
(4) Vaijayanti Apte (Jay)										
Director	1	✓						0	0	0
(5) Dhaval Dhru, MD										
Director	1	✓						0	0	0
(6) Ann Meneghetti, MD										-
Director	1	✓						0	0	0
(7) Debra Mueller										
Director	1	✓						0	0	0
(8) Suhas Kshirsagar										
Director	1	✓						0	0	0
(9) Hema Patankar										
Director	1	✓						0	0	0
(10) Felicia Tomasko, RN			}							
Director	1	✓						0	0	0
(11) Alakananda Ma								<u> </u>		
Director	1	✓						0	0	0
(12) Bhaswati Bhattacharya, MD										
Director	1 .	✓						0	0	0
(13) Pratibha Shah BAMS, MD(Ayu)	.									
Director	1	\						0	0	0
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st Ç	ompensated E	mployees (cont	inued)		
	(C)												
	(A) Name and title	(B) Average hours per week	box, ı	unles	eck s pe	rson	than one of the than of the the than of the the the than of the	an ee)	(D) Reportable compensation from	(E) Reportable compensation fron related		(F) Estimate amount other	
		(describe hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompensa from the organizat and relat	e ion
		in Schedule O)	rustee	ll trustee		yee	npensated					rganızatı	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)												·	
1b	Sub-total							•	0				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		٠	٠		٠	> >	0				0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th					e) w	ho received me	ore than \$100,0	00 of		
3	Did the organization list any former of			r tr	uste	96	kev e	mn	olovee, or high	est compensat	ed [Ye	s No
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidu	ıal					3	/
4	For any individual listed on line 1a, is the organization and related organizations individual										ich		
5	Did any person listed on line 1a receive of for services rendered to the organization?										ual	4	/
Section	on B. Independent Contractors	: 11 163, 0	Julipi	e i e	301	lead	iie J i	OI S	sucri persori	· · · · ·		5	✓
1													
	(A) Name and business add	ress							(B) Description of se	ervices		(C) pensation	1
	Total number of independent continues	ro (melicelii	.a. b	•	at 1		ad ±-	AL	one heter ele	aud ubs			
2	Total number of independent contractor received more than \$100,000 of compens							, (I)	ose listed abo	ve) who			

Part	VIII	Statement of Revenue			·		
	-			(A) Total revenue	(B) Reiated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a	1				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 11)			:	
s, G Am	С	Fundraising events 10	;				
sift ar /	d	Related organizations 10	1				
s, (imil	е	Government grants (contributions) 1					1
ion r Si	f	All other contributions, gifts, grants,]			
ibut		and similar amounts not included above 1.	f				
ntri d O	g	Noncash contributions included in lines 1a-1f	3				
<u>a</u> 6	h	Total. Add lines 1a-1f		0			
Program Service Revenue			Business Code				
ver	2a	Conferences	541900	144413	144413		
₽.	b	Membership	541900	35285	35285		
νic	С	School Registration Fee	541900	3610	3610		
Ser	d	***************************************	_			1	
äШ	e						
'ogr	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	183308			
	3	Investment income (including div and other similar amounts)					
	4	Income from investment of tax-exempt	bona proceeas				
	5	Royalties (i) Real	(II) Personal				
	6a	Gross rents .	(1) 1 0/001141	-			
	b	Less. rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less, cost or other basis	•				
		and sales expenses .					
	С	Gain or (loss) .					
	d	Net gain or (loss)	>			··	
enne	8a	Gross income from fundraising		l			
Ş.		events (not including \$					
Other Rev		of contributions reported on line 1c).					
je		See Part IV, line 18	a				
გ ∣		Less direct expenses	b				
		Net income or (loss) from fundraisin					
	ya	Gross income from gaming activities					
		See Part IV, line 19					
		Less. direct expenses Net income or (loss) from gaming ac	b	·			
		Gross sales of inventory, less					
	IUa	returns and allowances		İ			
Ì	b	Less: cost of goods sold	b				
		Net income or (loss) from sales of in					
ŀ		Miscellaneous Revenue	Business Code				
ł	11a		1				
	b						
	С						
	d	All other revenue		0			
	е	Total. Add lines 11a-11d	▶	0			
l	12	Total revenue. See instructions	•	183308	183308		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

Check if Schedule O contains a response to any question in this Part IX									
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	10000	2000	8000					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	807	161	646					
11	Fees for services (non-employees).								
а	Management	4850	1850	3000					
b	Legal	60		60	<u> </u>				
С	Accounting	197		197					
d	Lobbying		<u>-</u>						
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
. g	Other				·				
12	Advertising and promotion								
13	Office expenses	3607	3288	319					
14	Information technology	8583	8583						
15	Royalties								
16	Occupancy	0007							
17 18	Travel	6997	3000	3997					
	for any federal, state, or local public officials	,							
19	Conferences, conventions, and meetings	9461	3461	6000					
20	Interest				<u> </u>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	0547							
23	Insurance	2547	547	2000					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	NAMA Conference	123630	123630						
b	Administrative Assistant	16878	15000	1878					
c	Bank Merchant Fees	1517	1517	.570					
d									
е	All other expenses			· ·					
25	Total functional expenses. Add lines 1 through 24e	189134	163037	26097					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)								

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	212271	1	206446
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	•
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	·····	5	
	6	Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)	······································	6	
šet	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<u>.</u>
•	9			9	
	10a	Prepaid expenses and deterred charges		-	
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	 0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	212271	16	206446
	17	Accounts payable and accrued expenses	212271	17	200440
	18	Grants payable		18	
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
رم	1	Payables to current and former officers, directors, trustees, key		21	
<u>ië</u>	22	employees, highest compensated employees, and disqualified persons.			
≣		Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
es		lines 27 through 29, and lines 33 and 34.			
ınc	27	Unrestricted net assets	211271	27	205446
ala	28	Temporarily restricted net assets		28	
9 9	29	Permanently restricted net assets	1000	29	1000
Ľ		Organizations that do not follow SFAS 117, check here ▶ □ and			
F		complete lines 30 through 34.			
S 0	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	212271	33	206446
	34	Total liabilities and net assets/fund balances	212271	34	206446
			=:==••		

Form 9	90 (2011)			Pa	ige 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	 		3308
2	Total expenses (must equal Part IX, column (A), line 25)	2			39134
3	Revenue less expenses Subtract line 2 from line 1	3			5826)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21	12271
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		20	06446
Part		6		20	J0440
L GIL	Check if Schedule O contains a response to any question in this Part XII				
	Officer in ochequie o contains a response to any question in this rate xir			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ı	n		
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accountant?	versigh	. 2b		✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both	ar wer	е		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth I	n 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e 3b		

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the c	organization answered "Yes	s" to Form 990, Part IV, line 3, or Fori	n 990-EZ, Part V, lı	ne 46 (Political Campaign	Activities), then			
		Complete Parts I-A and B Do not cor						
• Se	ection 501(c) (other than secti	ion 501(c)(3)) organizations Complete I	Parts I-A and C belo	w Do not complete Part I-I	В			
• Se	Section 527 organizations Complete Part I-A only							
If the d	organization answered "Yes	s" to Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, I	ine 47 (Lobbying Activitie	s), then			
• Se	ection 501(c)(3) organizations	that have filed Form 5768 (election und	der section 501(h))· (Complete Part II-A Do not	complete Part II-B			
• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)) Complete Part II-B Do	not complete Part II-A			
If the c	organization answered "Yes	s" to Form 990, Part IV, line 5 (Proxy '	Tax) or Form 990-E	Z, Part V, line 35c (Proxy	Tax), then			
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III						
	of organization			Employer id	entification number			
	ational Ayurvedic Medical A				77-0547595			
Part		e organization is exempt und	· · · · · · · · · · · · · · · · · · ·	·	organization.			
1	•	the organization's direct and indire	ect political campa	aign activities in Part IV.				
2	Political expenditures			▶	\$			
3	Volunteer hours		• •					
Dowl	L D		504/	1(0)				
Part		e organization is exempt und			Φ			
1	•	excise tax incurred by the organiza			\$			
2	-	excise tax incurred by organization	•		\$			
3		ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No			
4a	Was a correction made?		· · · · · ·		LYes LNo			
b Part	If "Yes," describe in Part	e organization is exempt und	or postion 501/	a) aveant postion 50	14(-)(2)			
1		tly expended by the filing organization			11(0)(3).			
•	activities	try expended by the filling organiz	ation for section		\$			
2		filing organization's funds contrib	 outed to other orc		Ψ			
_	527 exempt function act				\$			
3		expenditures Add lines 1 and 2	. Enter here and	on Form 1120-POL.	*			
	line 17b				\$			
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No			
5		ses and employer identification nui						
		ents. For each organization listed,						
		ontributions received that were pro						
	as a separate segregated	I fund or a political action committed	ee (PAC). If additio	nal space is needed, pro	ovide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(-)	(277.100.1000	(0) 2	filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
					political organization If			
					none, enter -0-			
(1)								
	 .		·					
(2)		ļ						
(3)		 						
(4)								
(5)		}						
(6)		 		ŀ				

Pa		2

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
В	Check ▶ ☐ if the filing organization che			• •	-	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me			.)	organization's totals	group totals
1	a Total lobbying expenditures to influence p	oublic opinioi	n (grass roots lobb	ying)		
	b Total lobbying expenditures to influence a					
	c Total lobbying expenditures (add lines 1a	_				
	d Other exempt purpose expenditures	,				
	e Total exempt purpose expenditures (add	lines 1c and	1d)			
	f Lobbying nontaxable amount. Enter the columns.	ne amount	from the followin	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amour	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	over \$1,500,000		}
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 259					
	h Subtract line 1g from line 1a. If zero or les					
	i Subtract line 1f from line 1c. If zero or les	•				
	j If there is an amount other than zero	on either line	th or line 1i, did	d the organization	file Form 4720	□Vaa □ Na
	reporting section 4911 tax for this year?		· · · · ·			∐ Yes ∐ No
	(Some organizations that mad columns below. S	le a section ee the instru	uctions for lines 2	not have to com a through 2f on pa	•	
	Lobbying	Expenditure	s During 4-Year A	veraging Period	-	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

	(election under section 501(h)).	1	a)	ŀ	(b)	
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	Ī	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter					
	referendum, through the use of:	<u> </u>	ļ <u>.</u>			
а	Volunteers?			J		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?		<u> </u>			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		ļ <u>. </u>	ļ .		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ	ļ		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i	Other activities?		ļ			
j	Total Add lines 1c through 1i			ļ		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	ļ <u></u>	***************************************	
b	If "Yes," enter the amount of any tax incurred under section 4912		1	<u> </u>		
d d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5),	or se	ection		
	501(c)(6).				1.4	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	/	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	ļ.,
3	Did the organization agree to carry over lobbying and political expenditures from the prior year' III-B Complete if the organization is exempt under section 501(c)(4), section 50			3	<u></u>	✓
rait	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ints of				
а	Current year		2a			
b	Carryover from last year		2b	l		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible to					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line	5; Part I	I-A; a	nd Par	:II-B,	lıne
1. Als	o, complete this part for any additional information					
••						
						

Schedule C (Form 990 or 990-EZ) 2011				
Part IV	Supplemental Information (continued)			
	•			
	••••••			
	••••••			
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
	·			
•				
		······		
		•••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB № 1545-0047

Employer identification number

2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

National Ayurvedic Medical Association	77 0547595			
Part V, Section 3.b				
All income was related to the organizations tax exempt purpose.				
Part VI, Section A. 7a				
The National Ayurvedic Medical Association is open to everyone who supports our mission, purposes	and goals.			
The levels (classes) of membership in NAMA are: Student, General, Practitioner, Corporate, Education	al, Affiliate and			
Benefactor Members meet annually for the purpose of transacting such proper business as may com	e before			
the meeting, including the election of Directors.				
Part VI, Section B. 11a				
Form 990 is emailed to all Directors before filing with the IRS.				
Plans are in place to have an outside account periodically review the books, financial statements and 990				
Part VI, Section B. 12c				
Director nominees are required to sign a conflict of interest statement before elections and activities are monitored by an ethics				
committee and the Directors and discussed at monthly Board Meetings if necessary.				
Part VI, Section B. 15				
The process for determining compensation of the Executive Director and officers includes a review of	comparability data,			
and contemporaneous substantiation of the deliberation and decision by the Board of Directors.				
Part VI, Section B. 19				
The organization's By-Laws are available on line. Other governing documents, policies and financial statements are available upon request.				

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
·····	
·····	
	•••••