

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable. Address change, Name change, Initial return, Final return, Amended return, Application pending. NATIONAL COLLEGE OF NATUROPATHIC MEDICINE, 049 S.W. PORTER STREET, PORTLAND, OR 97201-4848. D Employer Identification Number 93-0461940. E Telephone number (503) 449-4343. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: NCNM.EDU

J Organization type (check only one): 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

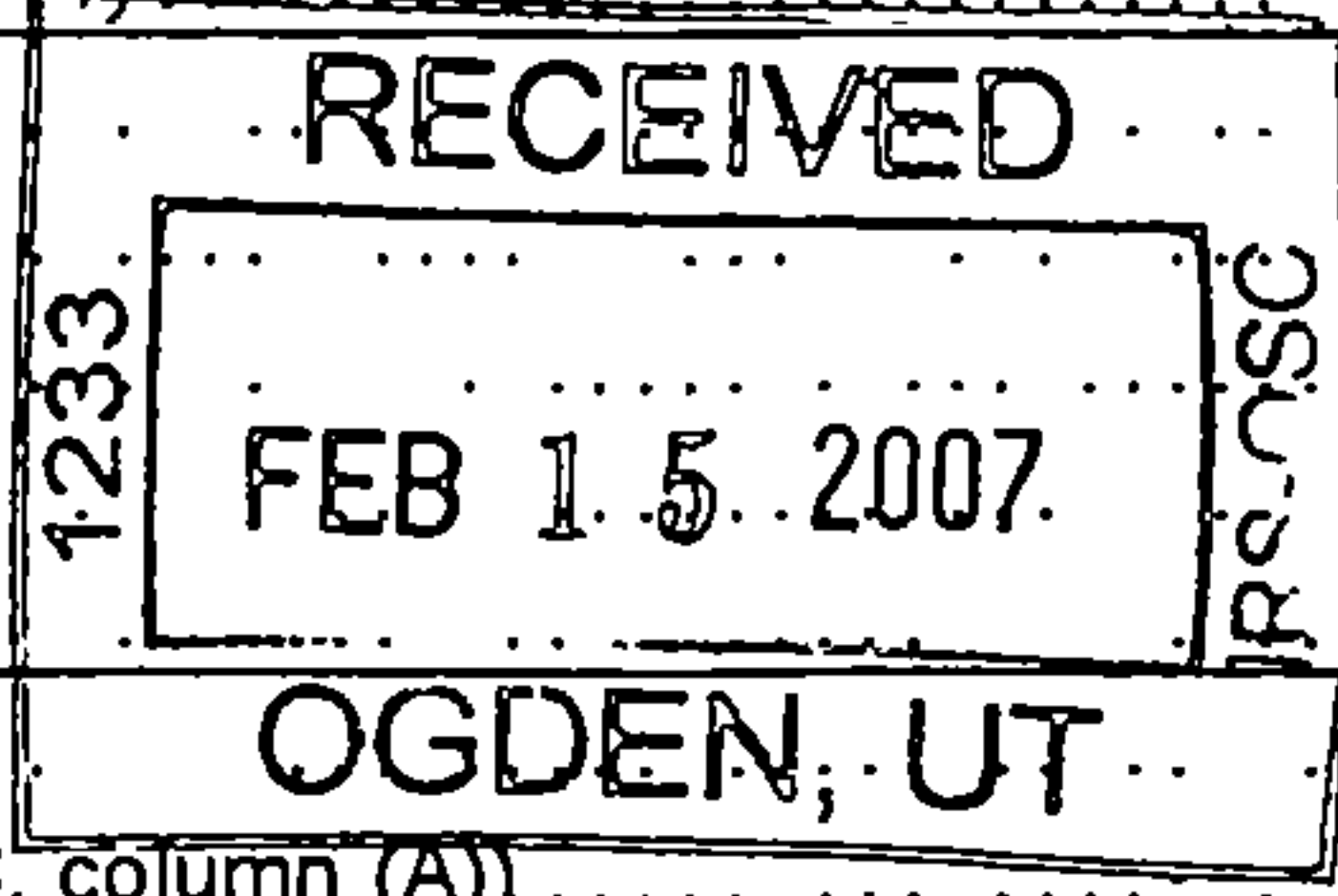
I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 11,931,606.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

SCANNED FEB 26 2007

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes revenue from contributions, program services, and special events, and expenses for program services, management, and fundraising. Total revenue: 11,614,854. Total expenses: 10,981,391. Net assets at end of year: 3,107,184.



g15-20

21

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	257,151.	18,001.	154,291.	84,859.
26 Other salaries and wages	26	5,677,515.	4,412,512.	1,256,508.	8,495.
27 Pension plan contributions	27	66,062.	43,732.	20,763.	1,567.
28 Other employee benefits	28	355,766.	227,172.	122,846.	5,748.
29 Payroll taxes	29	535,669.	391,646.	135,054.	8,969.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	347,342.	334,536.	12,806.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	615,355.	454,949.	156,518.	3,888.
37 Equipment rental and maintenance	37	243,052.	57,079.	185,973.	
38 Printing and publications	38	76,335.	47,588.	21,827.	6,920.
39 Travel	39	156,871.	84,016.	71,592.	1,263.
40 Conferences, conventions, and meetings	40	21,042.	7,821.	13,036.	185.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	193,915.		193,915.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 5	43 a	2,435,316.	1,853,965.	455,735.	125,616.
b	43 b				
c	43 c				
d	43 d				
e	43 e				
f	43 f				
g	43 g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	10,981,391.	7,933,017.	2,800,864.	247,510.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? EDUCATIONAL FACILITY All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a COLLEGE OF NATUROPATHIC MEDICINE - AN EDUCATIONAL FACILITY TO EDUCATE AND TRAIN NATUROPATHIC PHYSICIANS ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	5,428,805.
b NATUROPATHIC CLINIC - A MEDICINAL CLINIC SERVING THE GENERAL PUBLIC USING NATUROPATHIC PHYSICIANS AND PROVIDING EXPERIENCE TO STUDENTS OF THE COLLEGE ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,504,212.
c ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,933,017.

BAA

Part IV Balance Sheets (See Instructions)

			(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
ASSETS	45	Cash — non-interest-bearing	550.	45	650.	
	46	Savings and temporary cash investments	1,482,077.	46	1,688,395.	
	47a	Accounts receivable	614,089.			
		b Less: allowance for doubtful accounts	21,933.	194,895.	47c	592,156.
	48a	Pledges receivable			48c	
		b Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)			51c	
		b Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use	152,573.	52	165,667.	
	53	Prepaid expenses and deferred charges	26,690.	53	17,610.	
	54	Investments — securities (attach schedule)			54	
		Investments — land, buildings, & equipment: basis	81,285.			
		b Less: accumulated depreciation (attach schedule)		72,995.	55c	81,285.
	56	Investments — other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	5,681,246.			
		b Less: accumulated depreciation (attach schedule)		2,924,069.	57c	4,543,912.
	58	Other assets (describe ► <u>SEE STATEMENT 8</u>)	141,231.	58	75,289.	
59	Total assets (must equal line 74). Add lines 45 through 58	4,995,080.	59	7,164,964.		
LIABILITIES	60	Accounts payable and accrued expenses	719,178.	60	851,699.	
	61	Grants payable		61		
	62	Deferred revenue	299,072.	62	365,487.	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		1,434,615.	64b	2,763,810.
	65	Other liabilities (describe ► <u>SEE STATEMENT 9</u>)	219,132.	65	76,784.	
66	Total liabilities. Add lines 60 through 65	2,671,997.	66	4,057,780.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	1,645,609.	67	1,811,772.	
	68	Temporarily restricted	653,211.	68	1,216,477.	
	69	Permanently restricted	24,263.	69	78,935.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,323,083.	73	3,107,184.	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	4,995,080.	74	7,164,964.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	12,047,329.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		8,290.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): SEE STM 10	b4		424,185.
	Add lines b1 through b4		b	432,475.
c	Subtract line b from line a		c	11,614,854.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	11,614,854.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	11,263,228.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): SEE STMT 11	b4		281,837.
	Add lines b1 through b4		b	281,837.
c	Subtract line b from line a		c	10,981,391.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	10,981,391.

Part VA Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		257,151.	4,920.	0.

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III).	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities.	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0.		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
	d Enter Amount of tax on line 89c, above, reimbursed by the organization.	0.	
90a	List the states with which a copy of this return is filed ▶ OR		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		171
91a	The books are in care of ▶ NCNM Telephone number ▶ (503) 499-4343 Located at ▶ 049 SW PORTER STREET PORTLAND, OR, ZIP + 4 ▶ 97201		
91b	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 ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			
91c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/A	<input type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **NATIONAL COLLEGE OF NATUROPATHIC
MEDICINE** Employer identification number
93-0461940

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		431,621.	8,149.	0.
Total number of other employees paid over \$50,000	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, compensation, and grants.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [X] A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] 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 charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Contains 4 empty rows for data entry.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. **N/A** ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines: **18** _____ **19** _____
22 _____ **26b** _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator)).** ▶ **26f** %

27 Organizations described on line 12: **N/A**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.
 (2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: **15** _____ **16** _____
17 _____ **20** _____ **21** _____ ▶ **27c**

d Add: Line 27a total and line 27b total ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator)).** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. **N/A**

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) SEE STATEMENT 16	X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? SEE STATEMENT 17 If you answered 'Yes' to either 34a or b, please explain using an attached statement.		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — The lobbying nontaxable amount is — Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	MISC EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		471,720.	
DEPRECIATION:		436,805.	
			GAIN (LOSS) -34,915.
			TOTAL GAIN (LOSS) OTHER ASSETS \$ -34,915.
			TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -34,915.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPECIAL EVENT	124,242.	0.	124,242.	0.	124,242.
TOTAL	\$ 124,242.	\$ 0.	\$ 124,242.	\$ 0.	\$ 124,242.

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

BOOKSTORE SALES	\$ 381,035.
GROSS SALES	\$ 381,035.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 381,035.
LESS COST OF GOODS SOLD	281,837.
GROSS PROFIT FROM SALES OF INVENTORY	\$ 99,198.

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OT INTEREST RATE SWAP	\$ 142,348.
UNREALIZED GAIN ON INVESTMENTS	8,290.
TOTAL	\$ 150,638.

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	74,041.	30,599.	42,974.	468.
BOOKS/PERIODICALS	38,244.	845.	37,399.	
DUES/SUBSCRIPTIONS	147,699.	62,661.	85,038.	
EVENTS	121,613.	34,893.	55,850.	30,870.
INSURANCE	346,039.	189,245.	156,794.	
JANITORIAL SUPPLIES	57,435.	40,897.	16,538.	
LAUNDRY EXPENSE	38,270.	38,270.		
LICENSES & TAXES	15,724.	10,293.	5,381.	50.
MISCELLANEOUS	84,902.	27,240.	57,662.	
OFFICE SUPPLIES	192,695.	57,417.	129,499.	5,779.
OPERATING EXPENSE	94,551.	19,561.	2,377.	72,613.
OTHER PROFESSIONAL FEES	286,043.	152,487.	133,556.	
OUTSIDE LAB FEES	304,848.	304,848.		
PHYSICAL PLANT ALLOCATION		524,934.	-540,750.	15,816.
PROFESSIONAL FEES	154,864.	100,875.	53,969.	20.
PUBLIC SERVICE	76,753.	69,643.	7,110.	
SCHOLARSHIPS	85,129.	78,867.	6,262.	
SECURITY	6,287.		6,287.	
TEACHING SUPPLIES	64,398.	62,346.	2,052.	
UTILITIES	245,781.	48,044.	197,737.	
TOTAL	\$ 2,435,316.	\$ 1,853,965.	\$ 455,735.	\$ 125,616.

STATEMENT 6
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
LAND	\$ 81,285.		\$ 81,285.
TOTAL	\$ 81,285.	\$ 0.	\$ 81,285.

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 446,603.	\$ 262,976.	\$ 183,627.
MACHINERY AND EQUIPMENT	654,041.	302,370.	351,671.
BUILDINGS	2,426,602.	571,988.	1,854,614.
LAND	2,154,000.		2,154,000.
TOTAL	\$ 5,681,246.	\$ 1,137,334.	\$ 4,543,912.

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

LOAN FEES TOTAL \$ 75,289.
\$ 75,289.

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

INTEREST RATE SWAP TOTAL \$ 76,784.
\$ 76,784.

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

BOOKSTORE COST OF GOODS SOLD \$ 281,837.
CHANGE IN VALUE OF INTEREST RATE SWAP 142,348.
TOTAL \$ 424,185.

STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

BOOKSTORE COST OF GOODS SOLD TOTAL \$ 281,837.
\$ 281,837.

STATEMENT 12
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM J. KEPPLER, PH.D. C/O ORGANIZATION PORTLAND, OR 97201	PRESIDENT 40	\$ 137,925.	\$ 2,646.	\$ 0.
EDWARD N HALL C/O ORGANIZATION PORTLAND, OR 97201	TREASURER 0	0.	0.	0.
JOHN R CAMPBELL, PHD C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.

STATEMENT 12 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELLEN GOLDSMITH, MSOM LAC LMT C/O ORGANIZATION PORTLAND, OR 97201	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
NANCY GARBETT C/O ORGANIZATION PORTLAND, OR 97201	CHAIR 0	0.	0.	0.
ARTHUR A VANDENBARK, PHD C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
DAVID R ODIORNE, MS, DC C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 40	119,226.	2,274.	0.
PAULINE A BAUMANN, ND C/O ORGANIZATION PORTLAND, OR 97201	PAST CHAIR 0	0.	0.	0.
DAVID ZAVA C/O ORGANIZATION PORTLAND, OR 97201	VICE CHAIR 0	0.	0.	0.
STACEY RAFFETY C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
JANIE GOODEN GREANLEAF DPA C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
JERE A HIGH, ND C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
MICHAEL G MANES C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
STEVEN P. MARSDEN C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
JIM CLEAVER C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.

STATEMENT 12 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TRAVIS THURSTON C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	\$ 0.	\$ 0.	\$ 0.
HEATHER C SCHIFFKE C/O ORGANIZATION PORTLAND, OR 97201	MEMBER 0	0.	0.	0.
	TOTAL	\$ 257,151.	\$ 4,920.	\$ 0.

STATEMENT 13
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	CLINIC PROGRAMS ALLOW STUDENTS TO OBTAIN EXPERIENCE AND TRAINING IN NATUROPATHIC OR CHINESE MEDICINE.
93B	LOAN SERVICES ARE FOR ELIGIBLE STUDENTS. LOANS ARE BEING PURCHASED BY A NON-PROFIT CORPORATION. EARNINGS FROM LOAN SALES ARE USED TO PROVIDE FOR THE NEED-BASED GRANTS FOR STUDENTS.
93C	EDUCATIONAL SERVICES PROVIDE FOR THE TRAINING AND LICENSING OF NATUROPATHIC PHYSICIANS.

STATEMENT 14
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
RITA BETTENBURG 049 SW PORTER STREET PORTLAND, OR 97201	DEAN 40	82,867.	1,599.	0.
DOHN KRUSCHWITZ 049 SW PORTER STREET PORTLAND, OR 97201	FACULTY 40	82,514.	1,581.	0.
GERALD BORES 049 SW PORTER STREET PORTLAND, OR 97201	VP FINANCE 40	101,504.	1,613.	0.
TAMARA STAUDT 049 SW PORTER STREET PORTLAND, OR 97201	DEAN 40	87,048.	1,868.	0.

STATEMENT 14 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
WILLIAM TAYLOR 049 SW PORTER STREET PORTLAND, OR 97201	FACULTY 40	77,688.	1,488.	0.
TOTAL		<u>\$ 431,621.</u>	<u>\$ 8,149.</u>	<u>\$ 0.</u>

STATEMENT 15
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

SCHOLARSHIP RECIPIENTS MUST MEET REQUIREMENTS ESTABLISHED BY THE DONOR OF THE SCHOLARSHIP FUNDS.

STATEMENT 16
SCHEDULE A, PART V, LINE 31
EXPLANATION

IN ACCORDANCE WITH THE REV PROC 75-50, THE SCHOOL ANNUALLY MAKES ITS RACIALLY NONDISCRIMINATORY POLICY KNOWN TO ALL SEGMENTS OF THE GENERAL COMMUNITY BY PUBLISHING A NOTICE OF ITS POLICY IN A NEWSPAPER OF GENERAL CIRCULATION THAT SERVES ALL RACIAL SEGMENTS OF THE COMMUNITY. THE NOTICE USES THE FONT AND TYPE AND WORDING SUGGESTED BY THE REVENUE PROCEDURE.

STATEMENT 17
SCHEDULE A, PART V, LINE 34
EXPLANATION

THE COLLEGE PARTICIPATES IN STUDENT FINANCIAL ASSISTANCE PROGRAMS SPONSORED BY THE US DEPARTMENT OF EDUCATION.