

Form **990-EZ**

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545 1150

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning _____, 2002, and ending _____, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

Foundation for Homeopathic Education and Research
2124 Kittredge
Berkeley, CA 94704

D Employer identification number

94-2842906

E Telephone number

(510) 649-8930

F Enter 4-digit (GEN) ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Web site ▶

H Check if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

J Organization type (check only one)— 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Check 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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

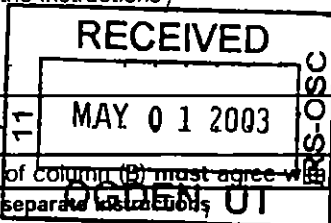
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Revenue	
1 Contributions, gifts, grants and similar amounts received	1 2500
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
6 Special events and activities (attach schedule)	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
8 Other revenue (describe ▶ _____)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 2500
Expenses	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 6555
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ▶ _____)	16
17 Total expenses (add lines 10 through 16)	17 6555
18 Excess or (deficit) for the year (line 9 less line 17)	18 (4055)
Net Assets	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 6765
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21 1276

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6765	22 1276
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets		25
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 1276



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2002)

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited or other relevant information for each program title		
28	Public education (Grants \$ 0)	28a
29	Education to medical professionals (Grants \$ 0)	29a
30 (Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of 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 & deferred compensation	(E) Expense account and other allowances
Danall Moran, M.P.H. 2036 Blake, Berkeley, CA 94704		0		
Greg Mantuffel, M.D. 272 Eureka St, CA 94110		0		
Stephen Cummings, M.D. 371 Francisco St, Granada, CA 94018		0		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?		
b	If "Yes" has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes" attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes" attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and (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 an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c above reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶		
42	The books are in care of ▶ Danall Moran Telephone no ▶ (110) 649-8970 Located at ▶ 2036 Blake St, Berkeley, CA ZIP + 4 ▶ 94704		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ [43]		

Please Sign Here

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Danall Moran Date: 4-29-03

Type or print name and title: Danall Moran

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed) address and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst. V): _____ Phone no: _____

