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Form 990

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Foundation for Homeopathic Education and Research  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) 812 Camelia St, Berkeley, CA 94710 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code \_\_\_\_\_

**D** Employer identification number 94-2842906  
**E** Telephone number 510-649-8931

**F** Name and address of principal officer Dana Ullman, MPH  
812 Camelia St, Berkeley, CA 94710

**G** Gross receipts \$ \_\_\_\_\_

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**J** Website

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1982 **M** State of legal domicile CA

Part I Summary		Prior Year	Current Year
<b>1</b>	Briefly describe the organization's mission or most significant activities <u>To educate health and medical professionals as well as the general public about clinical research and basic science studies evaluating homeopathic medicines</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>3</u>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	
<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12		
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34		
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<u>12,090</u>	<u>5,816</u>
<b>9</b>	Program service revenue (Part VIII, line 2a)		
<b>10</b>	Investment income (Part VIII, column (A), lines 3A and 3B)		
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>7,592</u>	<u>8,851</u>
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>7,592</u>	<u>8,851</u>
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<u>4,719</u>	
<b>20</b>	Total assets (Part X, line 16)	<u>4,719</u>	<u>1,684</u>
<b>21</b>	Total liabilities (Part X, line 26)		
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20		<u>1,684</u>

## Part II Signature Block

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.

**Sign Here**  
 Signature of officer: Dana Ullman Date: 5-20-2014  
 Type or print name and title: Dana Ullman

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUL 07 2014

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