# SCANNED NOV 0 8 2010

Form **990-PF** 

Department of the Treasury

# **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009 OMB No 1545-0052

-	-	desuges 0000 estempos besteries		, and ending			
		dar year 2009, or tax year beginning			Final return		
G C	neck	all that apply: Initial return		ormer public charity	Name change		
		Amended return	Address chan	<u> </u>			
Use	the I	RS Name of foundation			A Employer identification number		
- 1	abel.	COUNCIL FOR HOMEOPATH	TC RESEARCH	<b>&amp;</b>	12 (11(7)		
Oth	erwis	e, EDUCATION		1-	13-6116763	<del></del>	
	print	Number and street (or P O box number if mail is not de			B Telephone number	1.0	
	type	CO C DIDITION LINEDICE	F 120 EAST E	ND AVE	212 708-92		
	Spec uctio	ne City of town, state, and zir code			C If exemption application is pe		
		NEW YORK, NY 10028			D 1. Foreign organizations,	check here	
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations mee check here and attach con	nputation Lest,	
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation state	us was terminated	
1 Fa	ır ma	rket value of all assets at end of year   J   Accountil	ng method: X Cash	Accrual	under section 507(b)(1)(	(A), check here	
(fr	om F	Part II, col. (c), line 16)	her (specify)		F If the foundation is in a 6	0-month termination	
	\$	2 , 666 . (Part I, colu	mn (d) must be on cash i	basis.)	under section 507(b)(1)(	(B), check here	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
		necessarily equal the amounts in column (a)	expenses per books	ıncome	income	(cash basis only)	
		Contributions, gifts, grants, etc., received			N/A		
		Check \ I if the foundation is not required to attach Sch. B		`	·		
	3	Interest on savings and temporary cash investments	9.	9.		STATEMENT 1	
	4	Dividends and interest from securities					
	5a	Gross rents				, ·	
		Net rental income or (loss)			′		
	_	· · · · · · · · · · · · · · · · · · ·		*			
Revenue	1	Net gain or linest from sale of assets not on line 10 Gross sales price prail V E D assets on line 6a		¥. , +	艾	, ", ", "	
Š	7	Capital gain net income (from Part IV, Infe2)	-	0.			
æ	8	Het shouther/m partial 2001/10				· ; ·	
	9	Het shouteving adtal zain	The state of the s	· . · .		* *	
		Gross sales less returns	1	. ,	*. **		
	ו"[	and allowapoes EN UT	,				
		Gross profit or (loss)	,,,,,	51		4, 7	
	11	Other income					
	12	Total. Add lines 1 through 11	9.	9.		, ,, ,,	
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
		Pension plans, employee benefits					
ses		•				_	
Š	109	Legal fees Accounting fees					
Expens	0	Other professional fees STMT 2	5.	5.	<del></del>	0.	
E E		***** <b>F</b>	<u></u>		<del> </del>		
and Administrative		Interest					
stra	18	Taxes				, , , , , , , , , , , , , , , , , , , ,	
Ξ̈́	19	Depreciation and depletion		<del></del>	-		
Ę	20	Occupancy		<del>                                     </del>			
٧	21	Travel, conferences, and meetings		<del> </del>			
ā	22	Printing and publications			<del> </del>		
ing	23	Other expenses		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
rat	24	Total operating and administrative	_	5.		0.	
Operating		expenses. Add lines 13 through 23	5.	3.	1	<u> </u>	
J	25	Contributions, gifts, grants paid			<u> </u>		
	26	Total expenses and disbursements.	-	-			
	<u> </u>	Add lines 24 and 25	5.	5.		0.	
	27	Subtract line 26 from line 12:	```	1	* -		
	a	Excess of revenue over expenses and disbursements	4.		1 3 1 1 1 1 1 1 1		
		Net investment income (if negative, enter -0-)		4.	1	1 8 80 30 m	
	c	Adjusted net income (if negative, enter -0-)	Marie Carlot	<u> </u>	N/A		

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Б	àrt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	2,662.		2,666.
	3	Accounts receivable ►	· · · · · · · · · · · · · · · · · · ·	- <del>'</del>	
	]	Less: allowance for doubtful accounts		<del></del>	ļ
	4	Pledges receivable -	, , , , , , , , , , , , , , , , , , , ,	3 ,,	
	ļ	Less; allowance for doubtful accounts		<del></del>	
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			_,
	7	Other notes and loans receivable			)
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			ļ <del> </del>
Assets	9	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations	}	· <del>-</del>	
	ı	Investments - corporate stock		<del></del>	<u> </u>
	C	Investments - corporate bonds		<del></del>	<del></del>
	11	Investments - land, buildings, and equipment basis		·	
		Less accumulated depreciation		<del></del>	
	12	Investments - mortgage loans			-
	13	Investments - other			ļ
	14	Land, buildings, and equipment: basis	1 - 2 - 1 - 1 - 1 - 2 - 1 - 1 - 2 - 1 - 1	<u> </u>	-
		Less accumulated depreciation			ļ
	15	Other assets (describe			<del> </del>
			0.660	0.666	0.666
_		Total assets (to be completed by all filers)	2,002.	2,666.	2,666.
	l	Accounts payable and accrued expenses			
	18	Grants payable			, ,
ies	19	Deferred revenue	F00		* • • •
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	500.	500.	*
Ei a	21	Mortgages and other notes payable	<del></del>		•
	22	Other liabilities (describe )			,
	00	Tatat tiabilities (add lines 17 through 99)	500.	500.	
_	23	Total liabilities (add lines 17 through 22)	300.		
		Foundations that follow SFAS 117, check here			, ,
es	24	and complete lines 24 through 26 and lines 30 and 31.			:
Š	25	Unrestricted Temporarily restricted			
3ala	ı	Permanently restricted		<del></del>	-
Net Assets or Fund Balanc	20	Foundations that do not follow SFAS 117, check here			
Ē	İ	and complete lines 27 through 31.			,
ō	27	Capital stock, trust principal, or current funds	2,162.	2,166.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
Ass	29	Retained earnings, accumulated income, endowment, or other funds	<u> </u>	0.	1
et/	30	Total net assets or fund balances	2,162.	2,166.	,
Z	30	Total liet assets of fully valances	2,102.	<u> </u>	
	31	Total liabilities and net assets/fund balances	2,662.	2,666.	
			<u> </u>		
[R	art	Analysis of Changes in Net Assets or Fund B	aidi iCES		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	2,162.
	•	amount from Part I, line 27a		2	4.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	2,166.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,166.
					Form <b>990-PF</b> (2009)

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acqui P - Purchas D - Donation	e (c	) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
la							<u> </u>
b NO	<u>NE</u>						
<u>c</u>		<del></del>			$\rightarrow$		
d e							<del> </del>
(e) Gross sales price	(f) Depreciation allower (or allowable)		it or other basis xpense of sale			(h) Gam or (loss (e) plus (f) minus	
a							
<u>b</u>	<del></del>						
<u>C</u>							<del></del>
d e						<del></del>	
Complete only for assets showing	ng gain in column (h) and ow	ned by the foundation	on 12/31/69		(t) G	aıns (Col. (h) gaın	minus
	(j) Adjusted basis	<del></del>	cess of col. (I)		col. (k	i), but not less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any			osses (from col. (	(n)) ———————
a							
<u>b</u>					<u> </u>		
<u>c                                      </u>	<del></del>						
<u>d</u>							
<u>e</u>	C If now alk	no onter in Dort Line	7	<del>-   -   -   -   -   -   -   -   -   -  </del>			
Capital gain net income or (net ca	ipital loss)   If (loss), e	so enter in Part I, line enter -0- in Part I, line	<i>7</i>	2			
Net short-term capital gain or (los	`		•				<del></del>
If gain, also enter in Part I, line 8,		.E(o) und (o).		]			
If (loss), enter -0- in Part I, line 8		· ·	<del></del>	<u> </u>			
Part V   Qualification U	<del>`</del>				it inco	me	<del></del>
For optional use by domestic private	; foundations subject to the s	ection 4940(a) tax on	net investment in	come.)			
f section 4940(d)(2) applies, leave t	nis part blank.						
Vas the foundation liable for the sec	tion 4942 tax on the distribut	able amount of any ve	ar in the base ser				
f "Yes," the foundation does not qua			ear in the base ber	iod?			Yes X No
- 190, the realisation sees for year	<u>lify under section 4940(e). Do</u>	,,	•	d? 			Yes X No
Enter the appropriate amount in		not complete this pa	<u>rt.                                      </u>				
Enter the appropriate amount in (a)	each column for each year; se	o not complete this pa ee instructions before b)	rt. making any entri	es. (c)		Distrit	(d)
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni	each column for each year; se	o not complete this pa ee instructions before b) ying distributions	<u>rt.                                      </u>	es. (c) ncharitable-use		Distrit (col. (b) div	(d) bution ratio vided by col. (c))
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2008	each column for each year; se	o not complete this pa ee instructions before b) ying distributions	rt. making any entri	es. (c) ncharitable-use 2	610.	Distril (col. (b) div	(d) button ratio vided by col. (c))
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007	each column for each year; se	o not complete this pa ee instructions before b) ying distributions 0. 14,997.	rt. making any entri	es. (c) ncharitable-use 2	610. 433.	Distril (col. (b) div	(d) button ratio vided by col. (c))  • 000000  2 • 017624
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006	each column for each year; se	o not complete this page instructions before b) ying distributions  14,997.	rt. making any entri	es. (c) ncharitable-use 2 7	610. 433. 816.	Distril (col. (b) div	(d) button ratio vided by col. (c))  . 000000  2.017624 . 000000
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006  2005	each column for each year; se	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997.	rt. making any entri	es. (c) ncharitable-use 2, 7, 16,	610. 433. 816. 747.	Distril (col. (b) div	(d) button ratio vided by col. (c))
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006	each column for each year; se	o not complete this page instructions before b) ying distributions  14,997.	rt. making any entri	es. (c) ncharitable-use 2, 7, 16,	610. 433. 816.	Distril (col. (b) div	(d) button ratio vided by col. (c))
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginni 2008 2007 2006 2005 2004	each column for each year; se	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997.	rt. making any entri	es. (c) ncharitable-use 2, 7, 16,	610. 433. 816. 747.	Distril (col. (b) div	(d) button ratio vided by col. (c))  - 000000  2.017624 - 000000  1.012660 - 000000
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006  2005	each column for each year; se (ng in) Adjusted qualify	o not complete this pa ee instructions before b) ying distributions  0. 14,997. 0. 19,997.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	(col. (b) div	(d) button ratio vided by col. (c))  - 000000  2.017624 - 000000  1.012660 - 000000
Enter the appropriate amount in  (a)  Base period years Calendar year (or tax year beginn)  2008  2007  2006  2005  2004  Total of line 1, column (d)	each column for each year; se  ng in)  Adjusted qualify  5-year base period - divide th	o not complete this pa ee instructions before b) ying distributions  0. 14,997. 0. 19,997.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	(col. (b) div	(d) button ratio vided by col. (c))
Base period years Calendar year (or tax year beginni 2008 2007 2006 2005 2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	(col. (b) div	(d) button ratio vided by col. (c))  . 000000  2.017624  .000000  1.012660  .000000  3.030284  .606057
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006  2005  2004  Total of line 1, column (d)  Average distribution ratio for the the foundation has been in existe	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	(col. (b) div	(d) button ratio vided by col. (c))  . 000000  2.017624 . 000000  1.012660 . 000000  3.030284 . 606057
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2008 2007 2006 2005 2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4	(d) button ratio vided by col. (c))  - 000000  2.017624 - 000000  1.012660 - 000000  3.030284 - 606057 - 2,624
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2008 2007 2006 2005 2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	(col. (b) div	(d) button ratio vided by col. (c))  - 000000  2.017624 - 000000  1.012660 - 000000  3.030284 - 606057 - 2,624
Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginn)  2008  2007  2006  2005  2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years  ole-use assets for 2009 from the search of the search	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4 5	(d) button ratio vided by col. (c))  .000000  2.017624 .000000  1.012660 .000000  3.030284 .606057 2,624. 1,590.
Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginn)  2008  2007  2006  2005  2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years  ole-use assets for 2009 from the search of the search	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4	(d) button ratio vided by col. (c))  .000000  2.017624 .000000  1.012660 .000000  3.030284 .606057 2,624. 1,590.
Base period years Calendar year (or tax year beginni 2008 2007 2006 2005 2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitat Multiply line 4 by line 3  Enter 1% of net investment income	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years  ole-use assets for 2009 from the search of the search	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4 5 6	(d) button ratio vided by col. (c))  .000000  2.017624 .000000  1.012660 .000000  3.030284 .606057 2,624. 1,590.
Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginni 2008 2007 2006 2005 2004  Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitat Multiply line 4 by line 3  Enter 1% of net investment income	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years  ole-use assets for 2009 from the search of the search	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4 5	(d) button ratio vided by col. (c))  . 000000  2.017624 . 000000
Enter the appropriate amount in  (a)  Base period years  Calendar year (or tax year beginn)  2008  2007  2006  2005  2004  Total of line 1, column (d)  Average distribution ratio for the	each column for each year; so ( ng in) Adjusted qualify  5-year base period - divide the nice if less than 5 years ole-use assets for 2009 from the (1% of Part I, line 27b)	o not complete this page instructions before b) ying distributions  0. 14,997. 0. 19,997. 0.	rt. making any entric Net value of no	es. (c) ncharitable-use 2, 7, 16, 19, 26,	610. 433. 816. 747.	2 3 4 5 6	(d) button ratio vided by col. (c))  .000000  2.017624 .000000  1.012660 .000000  3.030284 .606057 2,624. 1,590.

COUNCIL FOR HOMEOPATHIC RESEARCH &

	990-PF (2009) EDUCATION	13-	61167	<u>53</u>		Page 4
Pa	rt VIII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 ·	see ins	tru	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					ş
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				_	_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1				0.
	of Part I, line 27b		,	,		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4_				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:			5 /	•	4
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a					٠,
b	Exempt foreign organizations - tax withheld at source		,			;
C	Tax paid with application for extension of time to file (Form 8868)		,	/		
d	Backup withholding erroneously withheld 6d			′		
7	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	d ▶   11				
	rt VII-A Statements Regarding Activities		- T	—т	V	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into	ervene in		$\neg$ +	Yes	
_	any political campaign?	١.0		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definiti		<u> </u>	1b		_ <u></u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	blished or	,			
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?		-	1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0.			41	
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$			-	<i>.</i>	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	l			,	1.
0	managers. \$ \$		*	2		x
2	If "Yes," attach a detailed description of the activities			-		
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	ation or			ž	
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2001, 01	lavá a	3	. سند ک	x
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	. / 🖫 📙	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-,	′  -	5		Х
•	If "Yes," attach the statement required by Gerieral Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			- 1	4	
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e state law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7		Х
	If "Yes," complete Part II, col. (c), and Part XV.				,	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ľ			
	NY					
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				_	1
_	of each state as required by General Instruction G? If "No," attach explanation	N	/A	8b		<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f					
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		[~	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Form **990-PF** (2009)

Pa	art VII-A Statements Regarding Activities (continued)	7.00		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	<u>11</u>		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address ► N/A			
14	The books are in care of ► AS ABOVE Telephone no. ►			
	Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	<u>/A</u>	
Pg	irt VIIEB Statements Regarding Activities for Which Form 4720 May Be Required	,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			ĺ '
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		,	,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	], ]		:
	a disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		٠,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, ,		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	, .	4	f }
	for the benefit or use of a disqualified person)?	44.7	-	٠ .
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			, ;
	If the foundation agreed to make a grant to or to employ the official for a period after	3,		, 1
	termination of government service, if terminating within 90 days.)	], ]	,	, ,
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		- 11 -	~ ····· à .
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	,		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ا الله الله	-2	
9	before the first day of the tax year beginning in 2009?  Taxon on follow to distribute program (postupe 4042) (does not confu for years the foundation was a private operating foundation.	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	'	3	2.3
	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	. 1		
a	before 2009?	] ]		~ ,
	If "Yes," list the years ▶ , , ,	1	٠	· 1
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	[ , ]		, ,
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			Î
	statement - see instructions.)  N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	125	, ,	٠, ١
·		1		* 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		,	- 1
	during the year?			٠,
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		V.	1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	]	,	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			,
	Form 4720, to determine if the foundation had excess business holdings in 2009.)  N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
		m <b>990</b>	-PF(	2009)

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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person 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 IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc	ll information such as the ed, etc.	Expenses
1 N/A		
2		
3		
·		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on line.	es 1 and 2	Amount
1 N/A	oo Tuliu Z.	Amount
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0. Form <b>990-PF</b> (2009)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
Ь	Average of monthly cash balances	1b	<u>0.</u> 2,664.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	2,664.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del>
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,664.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	40.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,624.
6	Minimum investment return. Enter 5% of line 5	6	131.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	131.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	131.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	131.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	131.
P	art XII- Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	_
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years.		

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XIII	Undistributed Incom	e (see instructions)
	Oligioti ibatoa iliooili	

Part XIII Undistr	ributed Income (se	e instructions)			
		(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount fo	r 2009 from Part XI,				131.
2 Undistributed income, if any	v. as of the end of 2009			,	
a Enter amount for 2008	1			0.	
<b>b</b> Total for prior years:	····,				
			0.		
3 Excess distributions car	rryover, if any, to 2009:	,			
a From 2004					
<b>b</b> From 2005	18,054.	\$	,	:	
<b>c</b> From 2006					
<b>d</b> From 2007	14,631.				
e From 2008				•	
f Total of lines 3a throug	h e	32,685.			
4 Qualifying distributions	-				
Part XII, line 4: ►\$	0.	,			
a Applied to 2008, but no				0.	
<b>b</b> Applied to undistributed	_				· · · · · · · · · · · · · · · · · · ·
years (Election required	=		0.		
c Treated as distributions	· –			· · · · · ·	
(Election required - see	· ·	0.			
d Applied to 2009 distribu	· -				0.
e Remaining amount dist	_	0.			
5 Excess distributions carryon	· F	131.			131.
(If an amount appears in col- must be shown in column (a	umn (d), the same amount				
6 Enter the net total of ear	"				
a Corpus Add lines 3f, 4c, an	id 4e Subtract line 5	32,554.			
b Prior years' undistribute					
line 4b from line 2b			0.		
c Enter the amount of prior undistributed income for deficiency has been issing the section 4942(a) tax assessed	or which a notice of ued, or on which		0.		
d Subtract line 6c from lin	ne 6b. Taxable				
amount - see instruction	ns		0.		
e Undistributed income fo	or 2008. Subtract line				
4a from line 2a. Taxable	· · · · · · · · · · · · · · · · · · ·			0.	
f Undistributed income fo					
lines 4d and 5 from line	1. This amount must				
be distributed in 2010	-				0.
7 Amounts treated as dist					
corpus to satisfy require		_			,
section 170(b)(1)(F) or		0.			
8 Excess distributions car	-	_			,
not applied on line 5 or		0.			
9 Excess distributions ca	-				
Subtract lines 7 and 8 fr	rom line 6a	32,554.			
10 Analysis of line 9:	4.				
a Excess from 2005	17,923.				
<b>b</b> Excess from 2006	44 45				
c Excess from 2007	14,631.				
d Excess from 2008				•	,
e Excess from 2009					5 000 DE (0000)

Form **990-PF** (2009)

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Form **990-PF** (2009)

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

EDU	<b>ICA</b>	TI	ON

13-6116763 Page 11

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future F	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid dunng the year				
NONE				
NONE				
Total			<b>▶</b> 3a	0.
b Approved for future payment				
NONE				
NONE				
			}	
Total	<del></del>		<b>▶</b> 3b	0.

Form **990-PF** (2009)

### Part:XVI-A Analysis of Income-Producing Activities

Fater grand amounts unless other une understand	Unrelated b	usiness income	Excluded	by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		
a	l I		+-+	<del></del>	
b	1 1				
	1 1		+		
	1		+ +		
e			1-1-		
g Fees and contracts from government agencies	- <del>    -</del>	<del></del>			<del>-, </del>
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash					
investments			14	9.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	,		1.	,	
a Debt-financed property					,
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					·
b	_				·
c	_		1		
d	_		<del>                                     </del>		
e	_		<del>   -</del>	<u></u>	<del></del>
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	_`.*	9.	0
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.				13	9
Relationship of Activities  Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in c	olumn (e) of Part XVI-			Dishment of
923621 12-02-10					Form <b>990-PF</b> (200

Рá		Information Re Exempt Organ		To and Transact	ions an	d Relationships With No	ncharitable	)	<u>,95_15</u>
1				ollowing with any other or	ganization	described in section 501(c) of	_	Yes	No
			)(3) organizations) or in sect						,
a			ation to a noncharitable exer	·	_			,	
	(1) Cash						1a(1)		X
	(2) Other ass	ets					1a(2)		X
b	Other transact	tions:							
	(1) Sales of a	assets to a noncharital	ble exempt organization				1b(1)		X
	(2) Purchase	s of assets from a noi	ncharitable exempt organiza	tion			1b(2)		X
	(3) Rental of	facilities, equipment,	or other assets				1b(3)		_X_
	(4) Reimburs	sement arrangements					1b(4)		<u> </u>
	(5) Loans or	loan guarantees					1b(5)		X
	(6) Performa	nce of services or me	mbership or fundraising sol	citations			1b(6)		<u> </u>
C	Sharing of fac	alities, equipment, ma	iling lists, other assets, or pa	aid employees			10		X
d		=	· · · · · · · · · · · · · · · · · · ·			ys show the fair market value of the		ets,	
	_	-			irket value i	in any transaction or sharing arrange	ment, show in		
			other assets, or services rec			<u> </u>			
a) Li	ne no (b)	Amount involved	<del></del>	ırıtable exempt organizatı	on	(d) Description of transfers, transaction	ons, and sharing an	rangeme	nts
		<del></del>	N	/A					
		<del></del>	<del></del>	<del></del>					
									<del></del>
				<del> </del>					
				<del></del>					
		<del></del>		<del></del>		<del></del>			
	ın section 501	(c) of the Code (other	tly affiliated with, or related to r than section 501(c)(3)) or		ot organizat	tions described	Yes	X	] No
b	If "Yes," comp	lete the following sche	edule.	(h) Tunn of arrow	uzation 1	(a) December of	-latie-abie		
		(a) Name of org	anization	(b) Type of organ	nzation	(c) Description of r	eiationship		
		N/A				<del></del>			
	<del>-</del>				<del> </del>				
		<del></del>					<del></del>		
		<del></del>		···   ··· - · · -					
Т	Jnder penalties o	f perjury, I declare that I ha	ave examined this return, includir	ng accompanying schedules	and statemen	its, and to the best of my knowledge and be	elief, it is true, corre	ect,	
a	and complete De	claration of preparer (othe	r than taxpayer or fiduciary) is ba	sed on all information of which	h preparer ha	as any knowledge			
h		Phylo	andrio !	1/1 /10/2	5/10	Leci Nay	1 sias (	, 20	1
e	Signature	of officer or trustee		Date .		Title			
	Prepare	er's	<u> </u>		Dat	e Check if	Preparer's identif	ying nun	nber
B -	Signatus Sig				_	self- employed ▶ □			
, sid	Firm's nan	ne (or yours				EIN ▶			
"	S It self-emp								
	address, a	nd ZIP code				Phone no.			
						<del></del>	Form <b>990</b>	-PF	(2009)

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CA	SH II	NVESTME	TATE STA	EMENT	1
SOURCE					A	MOUNT	
INTEREST					<del></del>		9.
TOTAL TO FORM 990-PF, PART I	LINE 3, CO	LUMN A					9.
FORM 990-PF (	THER PROFES	SIONAL FE	ES		STAT	EMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-		STED C	(D) HARITA PURPOS	
CUSTODY FEES	5.	·	5.				0.
TO FORM 990-PF, PG 1, LN 16C	5.		5.				0.
NAME AND ADDRESS		LE AND HRS/WK		MPEN- TION	EMPLOYEE BEN PLAN CONTRIE	EXPEN	
CLAUDE H SCHMIDT, PHD	TTEE/	PRES					
C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111	Ŧ	.50		0.	0.		0.
EDWARD H CHAPMAN, MD	TTEE/	VP					
C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111		.50		0.	0.		0.
HENRY WILLIAMS, MD	TTEE/	VP					
C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111		.50		0.	0.		
NEW TORK, NI TOTTI							0.
WILLIAM SHEVIN, MD, DHT C/O BESSEMER TRUST, 630 FIFTH	TTEE/	VP					0.

NEW YORK, NY 10111

COUNCIL FOR HOMEOPATHIC RESEARCH	& EDUCA		13-6116763				
C SIDAMON-ERISTOFF, ESQ	TTEE/SEC/TREAS						
C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111	0.50	0.	0.	0.			
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.			

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		•	<b>X</b>
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed +o ———	rm 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I onl		•		• 🔲
VI other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	ision of time	
	ome tax returns.			
noted bel not autor ou must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consistent the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the a ated Form 990-T. I	dditional
Type or	Name of Exempt Organization	Emp	loyer identificatio	n number
orint	COUNCIL FOR HOMEOPATHIC RESEARCH &			
- 1 - 1	EDUCATION	1	3-6116763	
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions			
ling your eturn See	C/O C SIDAMON ERISTOFF 120 EAST END AVEN			
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10028			
Check ty	pe of return to be filed(file a separate application for each return).			
For	m 990 Form 990-T (corporation) Form 47	20		
_	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52			
=	m 990-EZ Form 990-T (trust other than above) Form 60			
=	m 990-PF			
				<del></del>
_	AS ABOVE			
) The bo	poks are in the care of		···	
	FAX No. >			
Teleph				·
Teleph	organization does not have an office or place of business in the United States, check this box		- 46	
Teleph If the c If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this			
Teleph If the c If this				
Teleph If the coox I I I re- Is for	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box  and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untary AUGUST 15, 2010, to file the exempt organization return for the organization named a per the organization's return for.	memb II	ers the exterision	
Teleph  If the co  If this pox   If the co  If this is for the co  If the co	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box  and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untarget and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untarget and EINs of the exempt organization return for the organization named a	memb II	ers the exterision	
Teleph  If the co  If this pox   If the co  If this is for the co  If the co	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box  and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untary AUGUST 15, 2010, to file the exempt organization return for the organization named a per the organization's return for.	memb II	ers the exterision	
Teleph If the co If this poox   If the co If t	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for a group, check this box	memb ll bove	ers the exterision	will cover.
Teleph If the co If this poox  If the co If this poox  If the co I	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box  and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a corporation required to file Form 990-T) extension of time unto the organization return for the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation required to file Form 990-T) extension of time unto the organization named a corporation named a corporation named a corpor	memb ll bove	The extension	will cover.
Teleph If the co If this poox ►  I re  I re  I f the co I f this poox ►  I f the co I f	Is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box  and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a corporation required to file Form 990-T) extension of time until the corporation named a corporation return for the organization named a corporation return for the organization named a corporation return for the organization named a corporation named a corporation named a corporation return for the organization named a corporation name	memb ll bove	The extension	will cover.
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II a</li> <li>Note. Only complete Part II if you have already been granted an automatic 3-month extension on a</li> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).</li> </ul>	a previously filed For		.▶ 🗴
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file	the onginal (no copie	s needed).	
Type or print Name of Exempt Organization COUNCIL FOR HOMEOPATHIC RESEARCH & EDUCATION	2 2 2 2 4 2 4 2 4 2 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		fication number
Number, street, and room or surte no. If a P.O. box, see instructions.  C/O C SIDAMON ERISTOFF 120 EAST END AVEN	Fo	or IRS use only	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10028			
Tamasa Hamasa Ha	Form 1041-A	Form 5227 Form 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extens	ion on a previously	filed Form 88	68.
AS ABOVE  ● The books are in the care of ▶			
Telephone No. ► FAX No. ►  • If the organization does not have an office or place of business in the United States, check this  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		s for the whole	group, check this
box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the name	es and EINs of all me	embers the ext	ension is for.
4 I request an additional 3-month extension of time until NOVEMBER 15, 201			
5 For calendar year 2009, or other tax year beginning	, and ending	<del></del>	·
6 If this tax year is for less than 12 months, check reason: Initial return	Final return	Change in	accounting period
7 State in detail why you need the extension			
ADDITIONAL INFORMATION IS NEEDED TO PREPARE A	ND FILE A		
COMPLETE AND ACCURATE TAX RETURN			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any		
nonrefundable credits. See instructions.		8a \$	0.
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previously with Form 8868.	1	8b \$	0.
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with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		8c \$	_ 0.
	Gee instructions.	<del>σο</del>	
Under penalties of perviry, I declare that I have examined this form including accompanying schedules and so it is true, correct, and complete and that am authorized to prepare this form.  Signature	atements, and to the b	est of my know	edge and belief,
			m/8868 (Rev. 4-2009)