

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

**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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>SOCIETY FOR ORTHOMOLECULAR HEALTH MEDICINE-AMERICA</b>	<b>D</b> Employer identification number <b>94 3226585</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>2698 PACIFIC AVENUE</b>	<b>E</b> Telephone number <b>( 415 ) 346-2500</b>
		City or town state or country and ZIP + 4 <b>SAN FRANCISCO, CA 94115</b>	<b>F</b> 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 ▶ N/A  
**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) ( 3 ) ◀ (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.**

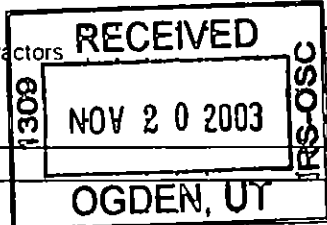
**L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ **3**

**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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	5500
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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)		
	6a	Gross revenue (not including \$ <u>29015</u> of contributions reported on line 1)	6a	29015
	6b	Less direct expenses other than fundraising expenses	6b	11421
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	17594	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	23094	

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	18400
	13	Professional fees and other payments to independent contractors	13	325
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1112
	16	Other expenses (describe ▶ <u>SCHEDULE ATTACHED</u> )	16	7587
17	<b>Total expenses</b> (add lines 10 through 16)	17	27424	

Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	-4330
	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	7679
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	3349



**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	7064	2734
23		
24	615	615
25	7679	3349
26		
27	7679	3349

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	
What is the organization's primary exempt purpose? <b>TO PROMOTE THE IMPORTANCE OF NUTRITION</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)	
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	<b>CONDUCT SEMINARS AND MEETINGS FOR MEMBERS TO DISCUSS AND LEARN ABOUT NUTRITION AND ITS PLACE IN A MODERN MEDICAL PRACTICE</b>		
	(Grants \$ )	28a	11421
29			
	(Grants \$ )	29a	
30			
	(Grants \$ )	30a	
31	Other program services (attach schedule)	(Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)		32 11421

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
RICHARD A KUNIN, MD 2698 PACIFIC AVE, SAN FRANCISCO, CA	PESIDENT/8 HRS	0	0	0
JOHN R LEE, MD 9620 BODEGA HWY, SEBASTOPOL, CA	V PRES/2 HRS	0	0	0
ROBERT F CATHCART, MD 127 SECOND ST, LOS GALTOS, CA	TREAS/2 HRS	0	0	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	0	
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 ▶ 0 section 4912 ▶ 0, section 4955 ▶ 0		
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 ▶ 0		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41	List the states with which a copy of this return is filed ▶ CALIFORNIA		
42	The books are in care of ▶ RICHARD A KUNIN, MD Telephone no ▶ ( 415 ) 346-2500 Located at ▶ 2698 PACIFIC AVENUE, SAN FRANCISCO, CA		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued		

Under penalties of perjury I declare that I have examined this return and believe it is true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here

Signature of officer: *Richard A Kunin*

RICHARD A KUNIN, MD

Type or print name and title

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Paid Preparer's Use Only

Preparer's signature: *Elliott Lewis*

Firm's name (or yours if self employed) address and ZIP + 4: ELLIOTT LEWIS, 3825 BRIGHTON WAY, RENO, NV



**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 Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

**Supplementary Information—(See separate instructions )**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**SOCIETY FOR ORTHOMOLECULAR HEALTH MEDICINE-AMERICA**

Employer identification number

**94 3226585**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$50 000 ▶	<b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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
Total number of others receiving over \$50 000 for professional services ▶	<b>NONE</b>	

**Part III** Statements About Activities (See page 2 of the instructions )

Yes No

**1** During the year, has the organization attempted to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee majority owner or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions )

**a** Sale, exchange or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods services or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?

**e** Transfer of any part of its income or assets?

**3** Does the organization make grants for scholarships fellowships, student loans etc? (See Note below)

**4** Do you have a section 403(b) annuity plan for your employees?

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the 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**  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) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants See line 28)	0	0	0	0	0
<b>16</b> Membership fees received	7800	6600	8200	8970	31570
<b>17</b> 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	25035	31010	29125	25990	111160
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	32835	37610	37325	34960	142730
<b>24</b> Line 23 minus line 17	7800	6600	8200	8970	31570
<b>25</b> Enter 1% of line 23	328	376	373	350	
<b>26 Organizations described on lines 10 or 11</b>	<p><b>a</b> Enter 2% of amount in column (e) line 24</p> <p><b>b</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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p><b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f %</p>
<b>27 Organizations described on line 12</b>	<p><b>a</b> 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</p> <p>(2001) 0 (2000) 0 (1999) 0 (1998) 0</p> <p><b>b</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 11, 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</p> <p>(2001) 0 (2000) 0 (1999) 0 (1998) 0</p> <p><b>c</b> Add Amounts from column (e) for lines 15 _____ 0 16 _____ 31570 17 _____ 111160 20 _____ 0 21 _____ 0</p> <p><b>d</b> Add Line 27a total _____ 0 and line 27b total _____ 0</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 142730</p> <p>27d 0</p> <p>27e 142730</p> <p>27f 142730</p> <p>27g 100 %</p> <p>27h %</p>

**28 Unusual Grants** For an organization described in line 10 11 or 12 that received any unusual grants during 1998 through 2001, 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

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions, programs and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
<b>35</b> 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)			
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>38</b> Total lobbying expenditures (add lines 36 and 37)			
<b>39</b> Other exempt purpose expenditures			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)			
<b>41</b> 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	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)			
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36			
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38			

**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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonlecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators their staffs government officials or a legislative body			
<b>h</b> Rallies, demonstrations seminars, conventions speeches lectures or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h)			

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





**SOCIETY FOR ORTHOMOLECULAR HEALTH MEDICINE-AMERICA**

**94-3226585**

**FORM 990-EZ**

**2002**

**OTHER EXPENSES**

Telephone	3155
Temporary help	1390
Tax	10
Office	925
Dues	850
Advertising	128
Meetings	<u>1129</u>
Total	7587

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

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)  
**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>SOCIETY FOR ORTHOMOLECULAR HEALTH MEDICINE-AMERICA</b>	Employer identification number <b>94 3226585</b>
File by the due date for filing your return. See instructions	Number street, and room or suite no. If a P O box see instructions <b>2698 PACIFIC AVENUE</b>	
	City town or post office state and ZIP code. For a foreign address see instructions <b>SAN FRANCISCO, CA 94115</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-month for 990-T corporation) extension of time until **AUGUST 15** 20**03** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20**02** or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

**3a** 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 \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ \_\_\_\_\_ Title ▶ **ACCOUNTANT** Date ▶ \_\_\_\_\_