2022 Exempt Org. Return prepared for:

Hyperemesis Education and Research Foundation 10117 SE Sunnyside Rd Suite F8 Clackamas, OR 97015

Kern & Thompson LLC 1800 SW First Avenue, Suite 410 Portland, OR 97201 2022

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION

PAGE 1 71-0912435

DIFF 2021 2022 **FORM 990-EZ REVENUE** -82,962198,780 115,818 CONTRIBUTIONS, GIFTS, AND GRANTS..... 198,780 -82,962TOTAL REVENUE..... 115,818 **EXPENSES** -3,2253,225 GRANTS AND SIMILAR AMOUNTS PAID..... 5,005 34,362 29,357 SALARIES AND EMPLOYEE BENEFITS..... PROFESSIONAL FEES/PYMT TO CONTRACTORS....
PRINTING, PUBLICATIONS, AND POSTAGE..... 9,956 22,305 32,261 659 4,124 3,465 OTHER EXPENSES 58,723 24,144 34,579 TOTAL EXPENSES 82,496 46,974 129,470 NET ASSETS OR FUND BALANCES -13,652 171,209 -129,936 116,284 54,925 171,209 116,284 157,557 -13,652of experience and of the year (Form 5227, Hery D)

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Form 8879-TE

OMB	No.	1545-004	/
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Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _______, 2022, and ending ______

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest Information.

2022

me of filer HYPEREMESIS EDUC	ATION AND RESEARCH	discuss said the fatest in a	EIN or SSN	
OUNDATION me and title of officer or person subject to tax			71-0912435	
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	nd Return Information		1-11-11-11-11-11-11-11-11-11-11-11-11-1	
heck the box for the return for which nd Form 5330 filers may enter dol a, 7a, 8a, 9a, or 10a below, and the	you are using this Form 8879-TE and enter llars and cents. For all other forms, enter e amount on that line for the return being applicable, blank (do not enter -0.) But	whole dollars only. If you	u check the box on lin	ne 1a, 2a, 3a, 4a, 5a,
1a Form 990 check here	b Total revenue, if any (Form 990, Pa	art VIII column (A) line 1	(2) 1h	was represented to Mark
	X b Total revenue, if any (Form 990-EZ			
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)			
4a Form 990-PF check here	b Tax based on investment income			
5a Form 8868 check here	b Balance due (Form 8868, line 3c).			
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line			125,818
7a Form 4720 check here	b Total tax (Form 4720, Part III, line			
8a Form 5227 check here	b FMV of assets at end of tax year (
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 1			
10a Form 8038-CP check here.	b Amount of credit payment reques		The state of the s	and the second second second
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.... 990-EZ

partment of the Treasury emal Revenue Service

For the 2022 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

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.

Go to www.irs.gov/Form990EZ for Instructions and the latest Information.

OMB No. 1545-0047

2022

Open to Public Inspection

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	ddress change arme change	HYPEREMESTS EDUCATION	171	D Employer Ident	ification number
=	itial return	HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION		71-0912	135
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	Form of organi	Zation: X Corporation Trust Accordation		11 2 400	92,325
. !	Add lines 5b,	6C and 7h to 1: 0.	and the second		
	assets (Part I	II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or i	f total	
Pa	ILI Keve	nue, Expenses and Changes in N. 1		\$	115,818.
	Check	nue, Expenses, and Changes in Net Assets or Fund Balances (se if the organization used Schedule O to respond to any question in this Part I	e the ins	tructions for I	Part I)
	I CONTRIB	outions, gifts, grants, and similar amounts and in this i art to the		***********	X
B	2 Flogran	III service revenue including government force			115,818.
E	3 Membe	ership dues and assessmentsnent income.		2	New Court of the
	4 Investr	nent income. amount from sale of assets other than investor.	••••••	3	The second secon
0.2	5a Gross	amount from sale of assets other than inventory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	The straight
	A STATE OF THE PARTY OF THE PAR	of other basis and sales expenses			
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ž	a Gross	Income from gaming (attach Schedule C if greater the day	Will Flerran	to deal to the	Retrieval and the
9		moonie nom juliuraising events (not including 6	Bandle your	200 m	Part of the second
Revenue			outions		Commence of the Parish of Street
86					
H.	CASUALA	direct expenses from gaming and fundraising events			The second second
A	d Net inc	come or (loss) from services to	more and a		
DI				64	
	h Less	sales of inventory, less returns and allowances	-	···· 6d	A.
	c Gross	cost of goods sold			
	8 Other	profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	9 Total r	revenue (describe in Schedule O)		8	
I.	11 Benefit	and similar amounts paid (list in Schedule O)ts paid to or for members		10	115,818.
S					the second contract of
Expenses					
9	The state of the s	and other payments to independent contractors		The state of the s	34,362.
Ĭ		moj, rond, dunico, and maniferiance		14	32,261.
41	15 Printing	g, publications, postage, and shipping. expenses (describe in Schedule O). SEE SCHE	Danie i		The state of the s
4	16 Other e	expenses (describe in Schedule O)	DULE O	15	4,124
13		Apenses. Add lines to through to		16	58,723
2	The state of the s	· · · · · · · · · · · · · · · · · · ·		10	129,470
Net Assets	19 Net ass	sets or fund balances at beginning of year (from line 27, and the control of the		and the second second	-13,652
F					
	20 Other C	nanges in net assets or fund balances (explain in Schedule O)		1 22	171,209
	21 Net ass	ets or fund balances at end of year. Combine lines 18 through 20		20	Lake we by A
AA	For Paperw	ork Reduction Act Notice, see the separate instructions.			157,557
		The route, see the separate instructions.		the star of the	Form 990-EZ (2022)

Forn	990-EZ (2022) HYPEREMESIS EDUC	ATION AND RESEAR	CH	71-	091243	5 Page 2
Par	Balance Sheets (see the instruction used Sche	ructions for Part II) dule 0 to respond to any c	uestion in this Part II	Augustation of	- 1	X
-			1/4) Beginning of year		End of year
22	Cash, savings, and investments		· · · · · · · · · · · · · · · · · · ·			157,047.
23				159,246.	23	157,047.
24	Other assets (describe in Schedule O)	SEE SCHEDU	LE O	16 705		2 054
25	Total assets			16,735.	24	2,854.
26	Total liabilities (describe in Schedule O)	SEE SCHEDU	LE O	175,981.	25	159,901.
27	Net assets or fund balances (line 27 of c	column (B) must agree wit	h line 21)	4,772.	26	2,344.
1000000	A III Ctatement of Program Service Ac	complichments (see the in	otrustians (D)	171,209.	27	157,557.
Par	Check if the organization used Sch	nedule O to respond to any	(question in this Dark III)	10 (a) 22 (a)	Ex	penses
What	is the organization's primary exempt purpose: 5 F.F.	SUHEDILLE O	Phil T. William Committee and		Required f	or section 501
Desc	cribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	ecomplishments for each of manner, describe the ser ach program title.	of its three largest program vices provided, the numb	n services, as er of persons	c)(3) and 5 organization or others.)	ns; optional
28	SEE SCHEDULE O	Was pulled a many				The Assess
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31	Outer program services (describe in och	edule O)			Jou	ETTA TOTAL
	(Grants \$) If th	is amount includes foreign	grants, check here		31a	
32	Total program service expenses (auu III	ies /xx inrollon 315)				00.00
Pai	tiv List of Officers, Directors.	ITUSTEES and Kay En	an avance (list and		32	92,325.
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	Advantage Parallel and Pulse William Advanced to the					
		(b) Average hours see	(c) Reportable componentian			
41	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/	(d) Health benefits, contributions to employ	(e) E	stimated amount of
43	a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	/ee (e) E	stimated amount of the compensation
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VIC	ENCER RICHARDS CE CHAIR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	red (e) E	ner compensation
VIC KEI	ENCER RICHARDS CE CHAIR LLY RYERSON	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NFC)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	/ee (e) E	ner compensation
VIC KEI	ENCER RICHARDS CE CHAIR LLY RYERSON EASURER	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defe compensation	vee (e) E oth	0.
VIC KEI	ENCER RICHARDS CE CHAIR LLY RYERSON	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	red (e) E	0.
VIC KEI TRI AIN	ENCER RICHARDS CE CHAIR LLY RYERSON EASURER	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0.	(d) Health benefits, contributions to employ benefit plans, and defe compensation	vee rred (e) E oth	0.
VIC KEI TRI AIN DII	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defei compensation	vee (e) E oth	0.
VIC KEI TRI AIN DII MAI	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER ÆE BRECHT-DOSCHER RECTOR RLENA S. FEJZO	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	vee rred (e) E oth	0.
VIC KEI TRI AIN DII MAI	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	vee rred (e) E oth	0. 0.
VIC KEI TRI AIN DII MAI KRI	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RIENA S. FEJZO RECTOR ESTINA KINCAID	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0.	0. 0.
VIC KEI TRI AIN DIF MAI KRI DIF	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RECTOR RECTOR ESTINA KINCAID RECTOR	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0.	0. 0. 0.
VIC KEI TRI AIN DIF MAF DIF KRI DIF PAT	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RECTOR ESTINA KINCAID RECTOR RICK M. MULLIN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0.	0. 0. 0.
VIC KEI TRI AIN DIF MAI KRI DIF PAI DIR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER MECTOR MECTOR STINA KINCAID MECTOR CRICK M. MULLIN MECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0.	0. 0. 0. 0.
VIC KEI TRI AIN DIF KRI DIF PAT LIN	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR ESTINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0.	0. 0. 0. 0.
VIC KEI TRI AIN DII MAI KRI DII PAI LIN DIR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR ESTINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
VICKET TREATMENT OF THE PATE O	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR SCHUMER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation	0. 0. 0.	0. 0. 0. 0. 0.
VIC KEI TRI AIN DIF MAF ERI DIF PAT LIN DIR AMY DIR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHAR S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR SCHUMER ECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
VIC KEI TRE AIM DIF MAF KRI DIF DIF LIN DIR AMY MAR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR SCHUMER ECTOR GARITA VALDEZ	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1 0. 1 0. 1 0. 1 0.	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
VIC KEI TRE AIM DIF MAF KRI DIF DIF LIN DIR AMY MAR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR SCHUMER ECTOR GARITA VALDEZ	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
VIC KEI TRE AIM DIF MAI DIF PAT DIR DIR AMY MAR MAR MAR MAR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RLENA S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN ECTOR DA NEWGENT ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NIEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
VIC KEI TRI AIM DIF MAI DIF KRI DIF DIR AMY DIR AMY APR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHAR S. FEJZO RECTOR STINA KINCAID RECTOR RICK M. MULLIN RECTOR DA NEWGENT ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation of the compe	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
VIC KEI TRI AIM DIF MAF DIF KRI DIF LIN DIR AMY DIR APR APR DIR	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHAR S. FEJZO RECTOR RICK M. MULLIN MECTOR MANUAL IN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation of the compe	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
VICKEIN TREE TREE TREE TREE TREE TREE TREE TRE	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NIS/ 1099-N	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation of the compe	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN TREE TREE TREE TREE TREE TREE TREE TRE	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHAR S. FEJZO RECTOR RICK M. MULLIN MECTOR MANUAL IN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-NEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation of the compe	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN TREE TREE TREE TREE TREE TREE TREE TRE	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis/) 1099-Mis/) 1099-NEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN TREE TREE TREE TREE TREE TREE TREE TRE	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis/) 1099-Mis/) 1099-NEC) (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection of the compensation of the compe	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN TREE TREE TREE TREE TREE TREE TREE TRE	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN KEIN KEIN KEIN KEIN KEIN TRIE AIM DIE MARE AMY DIR AMY DIR APRE APRE APRE APRE APRE APRE KIM	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
VICE KEIN KEIN KEIN KEIN KEIN TRIE AIM DIFF MAR BUIFF KRILLING DIFF AMY DIR AMY DIR APRE APRE APRE KIM	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
VICE KEIN KEIN KEIN KEIN KEIN TRIE AIM DIFF MAR BUIFF KRILLING DIFF AMY DIR AMY DIR APRE APRE APRE KIM	(a) Name and title ENCER RICHARDS CE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER RECTOR RICHARDS RECTOR RICHARDS RECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR IL HORSLEY ECTOR BER MACGIBBON	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
VICKEIN KEIN KEIN KEIN KEIN KEIN MARKEIN MARKE	(a) Name and title ENCER RICHARDS DE CHAIR LLY RYERSON EASURER MEE BRECHT-DOSCHER MECTOR MECTOR STINA KINCAID MECTOR RICK M. MULLIN MECTOR SCHUMER ECTOR SCHUMER ECTOR GARITA VALDEZ ECTOR BER MACGIBBON CUTIVE DIR.	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/) 1099-MIS/ 1099-MIS/ 1099-NEC (if not paid, enter -0-) 1	(d) Health benefits, contributions to employ benefit plans, and defection compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

the instructions for Part V.) Check if the organization used Schedule O to respond to a lf "Yes," provide a detailed description of each activity not previously reported to the IRS?	71_0010	140-		
Did the organization engage in any significant activity not previously reported to the IRS? Were any significant changes made to the organizing or governing documents? If "Yes," attach a conference of a change to the organization's name Otherwise and the organization of the organization's name Otherwise and the organization of the or	requirements in	435	Pa	ige :
		SEE :	SCH () [
Were any significant changes made to the organizing or coversion of Schedule O	teritoria de la compansión de la compans			L
a change to the organization's name. Otherwise, explain the change on Sebalating attach a conformed convert	ho amount of	33	Yes	No
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the organization's name. Otherwise, explain the change on Schedule O. See instructions. (such as those reported on lines 2, 6a, and 7a, among others)?	ne arriended documents if they ref	flect		X
h If "Yes" to line 25.	n business activiti	34		X
(such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide a reporting and a section 501(c)(4), 501(c)(5), or Forther year? If "No," provide a reporting and a section 501(c)(4), 501(c)(5), or Forther year?	·····			- Al
	in explanation in Schedule	35a	90000	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to se reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Par disposition of net assets during the year? If "Yes," complete Schedule C, Par Stormann of the year? If "Yes," complete Schedule C, Par disposition of net assets during the year? If "Yes," complete application.	ction 6033(e) notice.	O 35b		H.
disposition of net assets during the year? If "Yes," complete Schedule C, Par disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N b Did the organization file Form 1130 per	CIII	35с		X
Tale Enter amount of political over any	V		all old in	Λ
99 Did the state of the 120-POL for this year?	37a	36		X
8a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed by the system of the end of the tax year covered by the system of the tax years and the system of the system of the tax years and the system of tax years and years a	THE REPORT OF THE PARTY OF THE	0.		
any such loans made in a prior year and still outstanding at the end of the tax year covered amount involved. By Section For the total	oyee; or were	37ь	1000	X
amount involved , and enter the total	d by this return?	· 38a		Name of Street
Section 501(C)(7) Organizations E.	A STATE OF THE PARTY OF THE PAR	100	April 10	X
" "Illuduoli iees and capital acetiti "	and the second s	0.		E IT
b Gross receipts, included on line 9, for public use of club facilities	39a			
Oa Section 501(c)(3) organizations. Enter amount of facilities	39b	0.		
Section 4911.		0.	Outer 175	
benefit transcotion (c)(3), 501(c)(4), and 501(c)(29) organizations (D) (4)	55:			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L.	any section 4958 excess	·		
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I amanagers or disqualified persons during the year under sections 4912, 4955, and 4958 by the organization.	rior year that has not been		41000000	
managers or disqualified persons division of the impact		40ь	1 34	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbi			in the state of th	P. C. C.
and organization			Section 1	
e All organizations at		0.		
shelter transaction? If "Yes " complete Fax year, was the organization a party to a probib		0.		
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed:		0.		V
shelter transaction? If "Yes." complete Form 2006.				X
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR		0.		X
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's		0.		X
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: MOLLY TODD	ited tax	0. 40e		
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSTDE PD FO CT 1875-1875	ited tax Telephone no. 450	0. 40e	-222	
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSTDE PD FO CT 1875-1875	ited tax Telephone no. 450	0. 40e		0_
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSTDE PD FO CT 1875-1875	ited tax Telephone no. 450	0. 40e	-222 Yes	0 No
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shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSTDE PD FO CT 1875-1875	ited tax Telephone no. 450	0. 40e		0 No
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shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSIDE RD F8 CLACKAMAS OR b At any time during the calendar year, did the organization have an interest in or a signature or off financial account in a foreign country (such as a bank account, securities account, or other off "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FigCEN Fame 114.0.	Telephone no. (50 ZIP + 4 970 her authority over a r financial account)?	0. 40e		0 No
shelter transaction? If "Yes," complete Form 8886-T	Telephone no. (50 ZIP + 4 970 her authority over a r financial account)?	0. 40e		0 No
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shelter transaction? If "Yes," complete Form 8886-T	Telephone no. (50 ZIP + 4 970 her authority over a r financial account)?	0. 40e	Yes	ONo_X
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shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSIDE RD F8 CLACKAMAS OR b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other lf "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U If "Yes," enter the name of the foreign country:	Telephone no. (50 ZIP + 4 970 her authority over a r financial account)?	0. 40e	Yes	O_NoX
shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSIDE RD F8 CLACKAMAS OR b At any time during the calendar year, did the organization have an interest in or a signature or off financial account in a foreign country (such as a bank account, securities account, or other if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U if "Yes," enter the name of the foreign country:	Telephone no. (50 ZIP + 4 970 her authority over a r financial account)?	0. 40e	Yes	O_NoX
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shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSTDE RD F8 CLACKAMAS OR b At any time during the calendar year, did the organization have an interest in or a signature or oft in annotal account in a foreign country (such as a bank account, securities account, or other if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U if "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no	0. 40e	Yes	No X
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shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: OR 42a The organization's books are in care of: Located at: 10117 SUNNYSIDE RD F8 CLACKAMAS OR b At any time during the calendar year, did the organization have an interest in or a signature or offinancial account in a foreign country (such as a bank account, securities account, or other "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial or At any time during the calendar year, did the organization maintain an office outside the U off "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no	0. 40e (3) 296 (15) 42b 42c 44a 44a 44c 44c 45a	Yes	No X

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ا-990 سے	EZ (2022) HYP	EREMESIS EDUCATION	N AND RESEAR	CII	e de enecition to		خست	and the
mi 330 .		engage, directly or indirect	lv. in political camp	aign activities on behalf o	f or in opposition to	46		X
5 Did to	he organization idates for public	engage, directly or indirect	Schedule C, Part I.	in in the latest and	4 52 and complete	the table	es	
art VI	Section 50	1(c)(3) Organizations 501(c)(3) organization	ns must answer	questions 47-49b and	1 52, and complete	19-21-10-12-15-5		Г
	for lines 50	e organization used S	O to res	enond to any question	n in this Part VI		Yes	No
	Check if th	e organization used S	chedule O to res	AN POWER CONTRACTOR	the toy year? If "Yes."			and the
5:14		in Johnwing activities (or have a section 501	(h) election in ellect during		47		X
						48	-	X
8 Is the	e organization a	school as described in se	ction 170(b)(170 yes	le related organization?		49a	_	^
a- Did t	he organization	make any transiers to an	CACILIP					
b If "Y	es," was the rel	ated organization a section or the organization's five high	est compensated emp	oloyees (other than officers,	directors, trustees, and r	(Cy	0.00	-
o Complempl	oyees) who each	or the organization's five high received more than \$100,00	0 of compensation from			errand in	a d a mor	ent of
	(a) Name and title	of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee benefit plans, and deferred compensation	(e) Estimat other con	mpensati	on
ONE	a Necessar, Australia Single-production	ne heart description and a	production sale	tions a cover vitorium un	Kill top. It's general pu			k
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1			daments (mp)	ga the operated in between	A SOLD PROPERTY AND	遇 一		
	OF THE PARTY OF S	e con manager of many many many	Studential Court Court	W. H. Land And Life Charts				
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V 1	An organization	THE PERSON LY COME 1985 LT	attended these Land of the	of its support five a con-	Note more 33-1/374 of	SUI DOL	AVGEST S	
	w less trainers. Oc.	The same of the late	tang and tally he	es section 511 (an) Hom.	Module care Sheet and and and			
	Nation 2017 V2 (No		consumer to find the	is tale satisfy. See enable	10 GAVA			
	I	her employees paid over \$	100.000	sheet of, to perform the fa	notions of orm only	A The year	SUCCES!	
0	- I-t- this table	for the organization's five him	hest compensated inc	dependent contractors who	each received more than	\$100,000 of		
con	npensation from	the organization. If there	is fioric, criter recit		The state of the s	1 2 2 2 2 2 2	mpensat	ion
-	(a) Name and bus	iness address of each independent of	contractor	it is on the control of the (b) Type	of Service			
ONE				machen with its suppl		y having so		
16.0	of systematical of	the sign of the color of the Party Section A wild D		N 1017 CACTOL OF HISTOR			134	
	Town III Innetter	ceu separated. A sistiació el	er take the virgo site	in prespectors with, and fun	bonotis imagratori with it	a supported		
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	Type Water for	manage the property	वार्यक्रमा है। जिस्सी स्टिम्स है। इ.स. सामने क्षेत्र के अन्य क्षेत्र के सम्बद्ध	eng nerikanggang ugan wan n Bana makambahan nersataan	s schiparte. I myestilliste ent bod wit at lest one y	A STATE OF THE	100 AC	
	le disse tentiste l	rain maist ecomplete that the	ENCYMENT A PER A	SM Part V.				
4 13	Check the box	of the organization recens		static from the Ind Ingli	to a 1yaqa, Hall an Al	D - So I man		1000
2 11-								
A 154	I sumbar of at	her independent contractor	rs each receiving ov	er \$100 000		Lagrance with the		
d lots	the organization	on complete Schedule A?	lote: All section 501	(c)(3) organizations must	attach a		Daniel St.	in-
com	pleted Schedu					Con 1/2/2/2014 0	Yes	
der penalt	ies of perjury, I dec	are that I have evaluining this return aration of prepare (other man offic	n, including accompanying er) is based on all informa	schedules and statements, and to tion of which preparer has any kn	the best of my knowledge and	belief, it is		
e, correct,			Sal mea d'Albaid Si				VIII V	
gn	Signature of office	cer		Orac Laborator	Date	Livers.	St. 14	
ere	KIMBER M	ACGIBBON			EXECUTIVE DI	RECTOR	Cont.	
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4	JONNA VE	RCELLINI, CPA			self-employed	P01922	2749	90
d parer	Firm's name	KERN & THOMPSON					The same	
Only	Firm's address	1800 SW FIRST A	AVENUE, SUITE	E 410	Firm's EIN	93-1		
		PORTLAND, OR 97			Phone no.	(503) 22	22-33	338
the IR	S discuss this	return with the preparer s	shown above? See	instructions		X	Yes	
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SCHEDULE A Form 990)

epartment of the Treasury iternal Revenue Service lame of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

ame of t	the organization	HYPEREMESIS	EDUCATION AND	DECEMBON	- tile la	est into		Inspection
art I	Dance						Employer Identificat	lon number
	Reason	for Public Chari	ty Status. (All org	ganizations must d	omple	e this	71-0912435 part.) See instruct	The second second
1	A church	not a private foundat	tion because it is: (Fo	ganizations must or lines 1 through 12, or	check on	v one h	part.) See instruct	ions.
2						V1VAVI	ux.)	
3								
4						by1yay	(III)	
٠ ١	name cit	research organization	on operated in conjun	ction with a hospital d	escribed	in secti	(iii). on 170(b)(1)(A)(iii). Er	
5	An organi	ization operated for t	he benefit of a college					ter the hospital's
6	A federal	/U(b)(1)(A)(iv). (Com	plete Part II.)	e or university owned	or opera	ted by a	governmental unit des	scribed in
7	X An organi	, state, or local gover	rnment or governmen	tal unit described in s	ection 17	0(b)(1)(AYV).	
	in section	Tation that normally re	ceives a substantial pa	rt of its support from a	overnme	ntal unit	A)(v). or from the general pub	
8	A commi	Inity trust described	omplete Part II.)		, , , , , , , ,	intal unit	or from the general pub	ic described
9	An agricu	litural research	n section 170(b)(1)(A	(Complete Part I	1.)			
	I agricu	itulal leseatch organiz	Stion donneit - 1			njunction	with a land-grant colleg	- Commission and Co
	university	y:	college of agriculture	(see instructions). Enter	the name	e, city, ar	n with a land-grant college and state of the college or	
10	An organ	pization that						علم الما الكاسب الم
	from acti investme June 30.	ivities related to its e ent income and unrelated to 1975. See section 5	receives (1) more that xempt functions, subjected business taxable	an 33-1/3% of its supp ect to certain exception income (less section	ort from ns; and 511 tax)	contribu (2) no m	tions, membership fee ore than 33-1/3% of its sinesses acquired by the	s, and gross receipts s support from gross
11	An organ	nization organized an	d operated exclusively	art III.) y to test for public safe		1.58	onicases acquired by ti	ne organization after
12	An organ	nization organized ar	nd operated exclusive	y to test for public safe	ety. See	section	509(a)(4). tions of, or to carry ou 2). See section 509(a)	
	lines 12	a through 12d that de	ganizations described scribes the type of su	in section 509(a)(1) or porting organization	r section	1 509(a)	tions of, or to carry ou (2). See section 509(a) es 12e, 12f, and 12e	t the purposes of one
a	organiza complet	supporting organization (s) the power to recte Part IV. Sections A	on operated, supervised gularly appoint or elect	I, or controlled by its sur a majority of the directo	ported or rs or trus	ganization	es 12e, 12f, and 12g. on(s), typically by giving the supporting organization	the supported
b	Type II	A cumparting and						
			VIIS A allu C.				and adaptorized ordanization	ones) ton
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d	I I I Vne III I	non-functionally into	ALC: A VA CONTRACTOR OF THE SECOND		., -,	4 6-1		
е	_ Check t	his box if the organiz	ation received a writte	en determination from			a Type I, Type II, Type	oquirement (see
17,	integrat	ed, or Type III non-fu	nctionally integrated	Mon Hollandian Holl	tne IRS 1 n.	that it is	a Type I, Type II, Type	III functionally
a	-inter tile i	idition of antibotted (organizations	THE RESIDENCE OF STREET STREET			sal as a section 501 A	(3)
	(1) Name of supp	orted organization	(ii) EIN					
	Public sign Public says	al , tromanue no 16. No estado hom ;	13 (files 8, column (r) 021 Schodule A, Per	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizati in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
10		Shirt Group State (Inc.)	e areastation (is) as the third et a publica	Licherth thin they are no Region and the grown	Yes	No	to \$2.100 War more, a	78,75 ×
(A)	TITLE OF	and and the	Control of the ang	offerch a box on the		Provide the		and the second
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(B)	Levi Santa	and the second						
			Cherry of the Charles	- which makes hery end	11 50	-	Control of the Contro	
(C)	A ML PARTOR LEVY	The Sales Bay 12 A	300 FEB. 17 A A 48 N	or the organization of	15,000	- 510 - 524	not may Explore A I	
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Total							No.	lab for own feet of

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Schedule A (Form 990) 2022 HYPEREMESIS EDUCATION AND RESEARCH 71-0912435

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	71,045.	63,107.	96,701.	198,780.	115,818.	545,451.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	71,045.	63,107.	96,701.	198,780.	115,818.	545,451.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						545,451.
Sec	tion B. Total Support	Santa (vii) La Funa, San San San San San San y Angelo.	SCHOOL STATE OF THE STATE OF TH	n carron and a carron and a	The second secon	ASSET LOSS ASSETS ASSETS ASSETS	
Cale	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	71,045.	63,107.	96,701.	198,780.	115,818.	545,451.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	(w) 2019	(h) (O 19	(c) 24 0	[0.351]		() Jan. 0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		382.	715.			1,097.
11	Total support. Add lines 7 through 10						546,548.
12	Gross receipts from related activity	ties, etc. (see ins	tructions)				0.
13	First 5 years. If the Form 990 is forganization, check this box and	or the organization	n's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
	ction C. Computation of Pub			The same popularies			
14	Public support percentage for 202	22 (line 6, column	(f), divided by lin	ne 11, column (f))		14	99.80%
200	Public support percentage from 2	the second secon	the second second second second second	THE RESERVE OF THE PARTY OF THE	American Control of the Control	AND THE RESIDENCE OF THE PERSON OF THE PERSO	99.76%
16a	33-1/3% support test—2022. If the and stop here. The organization of	e organization did qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	l line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2021. If the and stop here. The organization of	e organization did qualifies as a pub	not check a box licly supported or	on line 13 or 16a	, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances tes or more, and if the organization the organization meets the facts-a	neets the facts-ar	id-circumstances	test check this h	ov and cton here	Fynlain in Part V	how
b	10%-facts-and-circumstances tes or more, and if the organization morganization meets the facts-and-	neets the facts-ar	id-circumstances	test check this h	nov and ston here	Fynlain in Part V	I how the
18	Private foundation. If the organiza						

HYPEREMESIS EDUCATION AND RESEARCH Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (c) 2020 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.... Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5 ... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons...... b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... c Add lines 7a and 7b...... Public support. (Subtract line 7c from line 6.)..... Section B. Total Support (f) Total (c) 2020 (d) 2021 (e) 2022 (a) 2018 (b) 2019 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b ... Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ... Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))..... 16 Public support percentage from 2021 Schedule A, Part III, line 15. 16 용 Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))..... કૂ 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33-1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 b 33-1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

ection A. All Supporting Organizations	-1.00	- V	N-
 A briefy tracking of a gertral dissorbed (A see, Ma 80047) 	1 9.4	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents?			
If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	N. MICHAEL ST.	NAME OF TAXABLE PARTY.
2 Did the organization have any supported organization that does not have an IRS determination of status under section		N. S.	13.3
509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was	2		parasi da
described in section 509(a)(1) or (2).	- L		P. T. S.
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b	2.		-
and 3c below.	3a		2 10 10 10
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	No.	and the same of	Name of the last
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organizate made the determination.	on 3b	7.0	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		-	-
purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and			i de la constantina
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	Ten	200
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled	(rio	i de la constanti	
or supervised by or in connection with its supported organizations.	4b		1,000
c Did the organization support any foreign supported organization that does not have an IRS determination under			
sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure the all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	at 4c		in and
all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	40	DOM:	103500
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines			Pine.
5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			100
authority under the organization's organizing document authorizing such action: and (iv) how the action was	la constitución de la constituci		-
accomplished (such as by amendment to the organizing document).	5a	ı	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	ne l		
organization's organizing document?	5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by o	ne		
or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	ar and the second	- American
The first and the first of the first country of the first		W COSTO	-
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	interestation of the last of t	- Contract
			7500
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "complete Part I of Schedule L (Form 990).	Yes," 8		
그 그는 사람들이 가는 것이 되었다면 하는 사람들이 되었다. 그 사람들은 그 사람들이 그 살아 있다.		TO THE REAL PROPERTY.	1200
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and			15
as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2 if "Yes," provide detail in Part VI .	9:	a	
b Did one or more disqualified persons (as defined on line On) but	2000		1
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9	ь	
			-
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	^{1,} 9	c	
10a Was the organization subject to the excess business budies to the excess business budies.	Co. 1	TO THE OWNER OF THE OWNER OWNER OF THE OWNER	1
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If answer line 10b below.	Yes.	1	
	10	a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			Lance
whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	10	b	1 33

11 Has the organization accepted a gift or contribu			
a A person who directly or indirectly controls, either a	alone or together with persons described on lines 11b and 11c below		
the governing body of a supported organization	118	mail.	
b A family member of a person described on line	11a above? 11b		
c A 35% controlled entity of a person described on line 11a or	11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
Section B. Type I Supporting Organization	S		
4 Additional through St.	sing body officers acting in their official capacity or membership of any	Yes	No
or more supported organizations have the power officers, directors, or trustees at all times during organization(s) effectively operated, supervised that one supported organization, describe how	ring body, officers acting in their official capacity, or membership of one er to regularly appoint or elect at least a majority of the organization's g the tax year? If "No," describe in Part VI how the supported l, or controlled the organization's activities. If the organization had more the powers to appoint and/or remove officers, directors, or trustees ons and what conditions or restrictions, if any, applied to such powers		
2 Did the organization operate for the benefit of a	any supported organization other than the supported organization(s)		
that operated, supervised, or controlled the sup	porting organization? If "Yes," explain in Part VI how providing such ed organization(s) that operated, supervised, or controlled the		
	and the street could be a secretary than Marketing at 1994 AV 1994		
Section C. Type II Supporting Organizatio	nis	Yes	No
1 Ware a majority of the argenization's diseases on the		162	M
of each of the organization's supported organiz	rustees during the tax year also a majority of the directors or trustees ation(s)? If "No," describe in Part VI how control or management of the e persons that controlled or managed the supported organization(s).		
Section D. All Type III Supporting Organiz	ations	ut in the	
(Book in Distance in Book of	The second of th	Yes	N
Did the organization provide to each of its supportanization's tax year. (i) a written notice design	ported organizations, by the last day of the fifth month of the cribing the type and amount of support provided during the prior tax	medina	775
year, (ii) a copy of the Form 990 that was most	recently filed as of the date of notification, and (iii) copies of the		
organization's governing documents in effect of	n the date of notification, to the extent not previously provided?	I PORTOR	er (er
	body of a supported organization? If "No," explain in Part VI how		
A Maria and a discount of the continu	dous working relationship with the supported organization(s).	+2015-700	-
By reason of the relationship described on line 2, a voice in the organization's investment policies all times during the tax year? If "Yes " describe	above, did the organization's supported organizations have a significant and in directing the use of the organization's income or assets at in Part VI the role the organization's supported organizations played		
Section E. Type III Functionally Integrated	Supporting Organizations		400
1 Check the box next to the method that the arganise			
a The organization satisfied the Asticity	tion used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Tes	t. Complete line 2 below.		
The organization state parent of each of its	supported organizations. Complete line 3 below.		
The organization supported a governmental	entity. Describe in Part VI how you supported a governmental entity (see instru	uction	15).
2 Activities Test. Answer lines 2a and 2b below.	and the second of the second o		_
a Did substantially all as u	Select Not as a net forestephile invested how IV at receive remark	Yes	N
responsive to those support how these activities	es during the tax year directly further the exempt purposes of the was responsive? If "Yes," then in Part VI identify those supported directly furthered their exempt purposes, how the organization was and how the organization determined that these activities constituted		
		35	
more of the organization's supported organization reasons for the organization's position that its s	onstitute activities that, but for the organization's involvement, one or on(s) would have been engaged in? If "Yes," explain in Part VI the upported organization(s) would have engaged in these activities 2b		o din ya
the organization's involvement.	2b		
Parent of Supported Organizations. Answer line a Did the organization beauty	s 3a and 3h below	N. S. Marrier	Or Grand
a Did the organization have the power to regularly	appoint or elect a majority of the officers, directors, or trustees of "No," provide details in Part VI		
each of the supported organizations? If "Yes" of	of direction over the policies, programs, and activities of each of its last VI the role played by the organization in this regard.		12

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (optional) (A) Prior Year Section B — Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990) 2022

Activities A (Town St. II) 2

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continue	ed)	vita, Art
Sec	tion D - Distributions			ulest	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes	Card Salant	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	ns,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
-	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)	in market 2.	5	- A248
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	many franchis	20 2	7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				and the second s
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			E Ny	
	From 2017				
	From 2018				
	From 2019	pledeby, Library M			
	d From 2020				
	e From 2021		2017 14 14 15		
	f Total of lines 3a through 3e			a facility	
	g Applied to underdistributions of prior years				
	h Applied to 2022 distributable amount	and the second of the second of the second			
	i Carryover from 2017 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years		WORLD TO THE REST OF THE REST	i i	
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
	Breakdown of line 7:		Punit Meser	4.56	Georgia Children
_	Excess from 2018		10.04		

Schedule A (Form 990) 2022

Page 7

b Excess from 2019...... c Excess from 2020..... d Excess from 2021..... e Excess from 2022

Schedule	A	(Form	990	2022	
Julicanic	"	(1 01111	220)	2022	

Part VI

HYPEREMESIS EDUCATION AND RESEARCH

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	trilog.	2022	202	21	2020	2019	2018
OTHER INC	TOTAL 3	20 6	de Nation	\$	715.	\$ 382.	
	TOTAL S	The this according to). <u>\$</u>	0. \$	715.	\$ 382.	\$ 0.

the Charles are the second and the control of the control of the body that General Rules and a Trackel Rules were provided as

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer Identification number

	912435
0.000.	
ed as a private foundation	
Total solinitations	Type of contribution
	Description [8]
a private foundation	
15,000	hour con
	Chapman Part II 65
	Arreston controctions.)
76	(9)
General Rule and a Special F	Rule. See instructions.
	Parada - X
	Payroll []
10,000	Interestable 1
g the year, contributions totalii	
1. See manactions for determining	9 Complete Part 2 for Longosh contributions.)
and the second	Tell Control
Total epicocouthors	Type of contribution
Z that met the 33-1/3% supports A (Form 990), Part II, line 13, 1 ributions of the greater of (1) 5 Z, line 1. Complete Parts I and	6a, or \$5,000; or
· 990-EZ that received from any of ively for religious, charitable, so nor animals. Complete Parts I I.	cientific.
pego or 990-EZ that received from the etc., purposes, but no such the total contributions that were complete any of the parts unless y religious, charitable, etc., contributions.	n e received ess the ontributions

Total considerior	Typn of contributes
	g the year, contributions totaling. It is a private foundation as General Rule and a Special Figure 1. See instructions for determining a A (Form 990), Part II, line 13, 1 ributions of the greater of (1) St., line 1. Complete Parts I and the parts I are seen and the parts I line total contributions that were complete any of the parts unline total contributions that were contributions that were contributions that were contributions that were contributions

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Page 3

HYPEREMESIS EDUCATION AND RESEARCH

1 1 Pa

71-0912435

(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	\$	
Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
the Province of all the of plants	\$ and Described on of	(4)
Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions	(d) Date received
(c) Use of grift		magis la held
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
	\$	rantisles
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
होता किसान ६० हो हुन्यू	\$\$	
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	See instructions.) Second column

edule B	3 (Form 990) (2022)	reformation to Fund 9	The American State of the Control of	Employer identification number		
-famon	dization	in consider the interview of the spec-	A was drawn	71-0912435		
rt III	ESIS EDUCATION AND RESEARCH Exclusively religious, charitable, etc or (10) that total more than \$1,000 fo the following line entry. For organizations con contributions of \$1,000 or less for the year. (I Use duplicate copies of Part III if additional s	mpleting Part III, enter the total of Enter this information once. See in	exclusively religious, nstructions.)	\$N		
) No.	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
art I	N/A					
		770LS		27,195		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of t	ransferor to transferee		
	The second secon					
) No.	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held		
Part I			proles	010E5106		
181		(e) Transfer of gift	Market Age Con-			
	Transferee's name, address	* ************************************	Relationship of transferor to transferee			
	THE CHARACTERS AND ACCRESS EX			1000 - 100000 777 8 6 37		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
	DEK FURDALAUR SERLISTUR IS		ERSTALL, BUL	PORT AND		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of t	transferor to transferee		
	PROTECT OF STREET	enti le sue lo leu re	TAUSEA ASD/O	L MONTTING, AND		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
		r govice alternic	ace caus:	 		
- SON	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee		
	The Taylor of the State of the		Man demonstra			
	District and Distr	TEEA0704L 07/22/22	a service and a	Schedule B (Form 990) (20		

Page 4

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HYPEREMESIS EDUCATION AND RESEARCH FOUNDATION

Employer Identification number

71-0912435

FORM 990-EZ	PART I,	LINE 16
OTHER EXPE	NSES	

ADVERTISING AND PROMOTION	\$	1,259.
ADVERTISING AND PROMOTION AMORTIZATION AND MEETINGS		5,710.
		15,365. 17,196.
INFORMATION TECHNOLOGY		2,108.
THE TUNENCEC		3,389.
PROCEDIM EVERNSES AND SUPPLIES		11,198.
TRAVEL.	_	2,498.
TOTAL	\$	58, 123.

FORM 990-EZ, PART II, LINE 24

-STRATEGIC POLICE DEVELOPMENT AND ENGLATION OF THOSE AND	_B	EGINNING	 ENDING
ACCOUNTS RECEIVABLE	\$	8,171. 8,564.	\$ 0. 2,854.
INTANGIBLE ASSEIS	\$	16,735.	\$ 2,854.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

(V) THE AME ORGANITATION DESCRIPTING THE ASSAULT NOT AND ACCOUNT OF	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,772. \$ 4,772.	\$ 2,344. \$ 2,344.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE HER FOUNDATION'S MISSION IS TO PROVIDE EDUCATION, RESEARCH, SUPPORT AND ADVOCACY TO IMPROVE MANAGEMENT OF HG. HYPEREMESIS GRAVIDARUM (HG) IS DEFINED AS A POTENTIALLY LIFE-THREATENING PREGNANCY DISEASAE THAT MAY CAUSE WEIGHT LOSS, MALNUTRITION, DEHYDRATION, AND DEBILITY DUE TO SEVERE NAUSEA AND/OR VOMITING, AND MAY CAUSE LONG-TERM HEALTH ISSUES FOR MOTHER AND BABY(IES).

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE HER FOUNDATION'S 2022 PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE:

- -EDUCATION OF MEDICAL PROFESSIONALS AT ACOG & NASPOG CONFERENCES.
- -SPEAKING AT ACOG AND INTERNATIONAL HG CONFERENCE (LONDON).
- -WEBINARS/SPEAKING FOR PUBLIC HEALTH AND PERINATAL PROFESSIONALS.

Name of the organization HYPEREMESIS EDUCATION AND RESEARCH

Employer Identification number 71-0912435

FOUNDATION

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- -FILMING OF HG EDUCATIONAL PROGRAM.
- -PUBLICATION OF SCIENTIFIC RESEARCH WITH UCLA AND USC.
- -LAUNCH OF ADVOCACY NEWSLETTER TO US CONGRESSIONAL STAFFERS.
- -EDUCATION ON HG WITH DEPARTMENT OF HHS.
- -LAUNCH OF HEBREW RESOURCES.
- -JEWISH COMMUNITY OUTREACH PROGRAM.
- -RESEARCH PARTNERSHIP WITH SCRIPPS POWERMOM.
- -DEVELOPMENT OF PATIENT TREATMENT OVERVIEW RESOURCE.
- -STRATEGIC POLICY DEVELOPMENT AND EDUCATION OF TEXAS HHS.
- -SUPPORT OF APPROXIMATELY 25,000 FAMILIES FACING HG.
- -EDUCATION ON HG VIA SOCIAL MEDIA AND WEBSITE.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....
- DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO