

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

OMB No. 1545-0047

**2000**Open to Public  
Inspection**A** For the 2000 calendar year, OR tax year period beginning

and ending

**B** Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return (use also for state reporting)

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

**C** Name of organization**HEALTH AND MEDICINE POLICY  
RESEARCH GROUP**

Number and street (or P.O. box if mail is not delivered to street address)

**29 EAST MADISON**

Room/suite

**602**

City or town, state or country, and ZIP

**CHICAGO, IL 60602****D** Employer identification number**36-3143826****E** Telephone number**(312) 372-4292****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 527  
OR ☐ 4947(a)(1)

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

**J** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ 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.

(H and I are not applicable to section 527 orgs.)

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? (If "No," attach a list.) ☐ Yes ☒ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>397733.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>397733.</b> noncash \$ )	<b>1d</b>	<b>397733.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>16222.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>4510.</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>9833.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe )	<b>7</b>			
Expenses	<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
	<b>9</b> Special events and activities (attach schedule)			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>428298.</b>		
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>381556.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>40719.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>422275.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>6023.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>257289.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>263312.</b>		

023001  
12-19-00

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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HEALTH AND MEDICINE POLICY  
RESEARCH GROUP

36-3143826

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**Part II** Statement of  
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) .....				
cash \$ ..... noncash \$ .....				
23 Specific assistance to individuals (attach schedule) .....				
24 Benefits paid to or for members (attach schedule) .....				
25 Compensation of officers, directors, etc. ....	0.	0.	0.	0.
26 Other salaries and wages .....	197261.	187271.	9990.	
27 Pension plan contributions .....				
28 Other employee benefits .....	23722.	15815.	7907.	
29 Payroll taxes .....	15854.	14835.	1019.	
30 Professional fundraising fees .....				
31 Accounting fees .....	3000.		3000.	
32 Legal fees .....				
33 Supplies .....	4001.	3304.	697.	
34 Telephone .....	7270.	6111.	1159.	
35 Postage and shipping .....	7497.	6242.	1255.	
36 Occupancy .....	21035.	17493.	3542.	
37 Equipment rental and maintenance .....	2160.	1440.	720.	
38 Printing and publications .....	10743.	9436.	1307.	
39 Travel .....	6440.	5555.	885.	
40 Conferences, conventions, and meetings .....	6454.	4733.	1721.	
41 Interest .....				
42 Depreciation, depletion, etc. (attach schedule) ..	1413.		1413.	
43 Other expenses (itemize):				
a .....	43a			
b .....	43b			
c .....	43c			
d .....	43d			
e See Statement 1 .....	43e	115425.	109321.	6104.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	422275.	381556.	40719.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? .....

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ .....; (ii) the amount allocated to Program services \$ .....

(iii) the amount allocated to Management and general \$ .....; and (iv) the amount allocated to Fundraising \$ .....

**Part III** Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service  
Expenses  
(Required for 501(c)(3) and  
(4) orgs., and 4947(a)(1)  
trusts; but optional for others.)

a RESEARCH STUDIES OF TOPICS OF PUBLIC INTEREST IN AREAS OF HEALTH	
(Grants and allocations \$ .....	381556.
b	
(Grants and allocations \$ .....	
c	
(Grants and allocations \$ .....	
d	
(Grants and allocations \$ .....	
e Other program services (attach schedule)	(Grants and allocations \$ .....
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	381556.

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	14510.	45	17689.
	46 Savings and temporary cash investments .....	120354.	46	183272.
	47 a Accounts receivable .....	47a		
	b Less: allowance for doubtful accounts .....	47b	47c	
	48 a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b	48c	
	49 Grants receivable .....	129000.	49	67918.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....	51a		
	b Less: allowance for doubtful accounts .....	51b	51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments - securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment, basis .....	55a		
	b Less: accumulated depreciation .....	55b	55c	
	56 Investments - other .....		56	
	57 a Land, buildings, and equipment: basis .....	57a	32341.	
	b Less: accumulated depreciation .....	57b	32341.	57c
58 Other assets (describe ► .....		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	265277.	59	268879.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	7988.	60	5567.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ► .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65) .....	7988.	66	5567.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted .....	29794.	67	43299.
	68 Temporarily restricted .....	227495.	68	220013.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	257289.	73	263312.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	265277.	74	268879.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



# HEALTH AND MEDICINE POLICY RESEARCH GROUP

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Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> ILLINOIS			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		5

91 The books are in care of ☐ MARGIE SCHAPS Telephone no. ☐ 312-372-4292  
Located at ☐ 29 EAST MADISON ZIP code ☐ 60602

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 92 ☐ N/A

**Part VII Analysis of Income-Producing Activities**Enter gross amounts unless otherwise  
indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>PROGRAM SERVICE FEES</b>					16222.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					4510.
<b>95</b> Interest on savings and temporary cash investments			14	9833.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> <b>MISCELLANEOUS</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		9833.	20732.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					30565.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A INFORM AND ADVISE THE PUBLIC OF CURRENT HEALTH CARE ISSUES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information 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? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  
all information of which preparer has any knowledge (Important: See General Instruction W)

Date

10/11/01

MARILYN SCHAPS, Treasurer Director

Type or print name and title

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust)

**Supplementary Information**

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

OMB No. 1545-0047

**2000**

Name of the organization **HEALTH AND MEDICINE POLICY  
RESEARCH GROUP**

Employer identification number  
**36 3143826**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
None				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
None		
Total number of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

**Part III** Statements About Activities

	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 ► \$ .....	1	X
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 of its 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:		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e Transfer of any part of its income or assets? .....	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	3	X
4 a Do you have a section 403(b) annuity plan for your employees? .....	4a	X
b 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. (See page 2 of the instructions.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 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, page 5.)
- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	326366.	284078.	236060.	272540.	1119044.
<b>16</b> Membership fees received	5175.	5405.	5510.		16090.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	9197.	56194.	13014.	13299.	91704.
<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	8303.	6110.	4176.	3179.	21768.
<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	28.	5769.	3919.	150.	9866.
<b>23</b> Total of lines 15 through 22	349069.	357556.	262679.	289168.	1258472.
<b>24</b> Line 23 minus line 17	339872.	301362.	249665.	275869.	1166768.
<b>25</b> Enter 1% of line 23	3491.	3576.	2627.	2892.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add: Amounts from column (e) for lines: 15 1119044. 16 16090. 17 91704. 20 _____ 21 _____					<b>27c</b> 1226838.
d Add: Line 27a total 0. and line 27b total 0.					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 1226838.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 1258472.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 97.4863%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 1.7297%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

None

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

N/A

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

Schedule A (Form 990 or 990-EZ) 2000

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ If the organization belongs to an affiliated group.Check here ☐ If you checked "a" above 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												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37													
38	Total lobbying expenditures (add lines 36 and 37) .....	38													
39	Other exempt purpose expenditures .....	39													
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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 .....	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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 .....														
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44													

**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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount .....		0.	0.	0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....		0.	0.	0.
48	Grassroots nontaxable amount .....		0.	0.	0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....		0.	0.	0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

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
a Volunteers .....		X	
b Paid staff or management (include compensation in expenses reported on lines c through h) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h) .....			0.

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

## Part VII.

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable

### Exempt Organizations

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash

(ii) Other assets

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(III) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the

Code (other than section 501(c)(3)) or in section 527?

☐ **Yes**☒ No

**b If "Yes," complete the following schedule:**

N/A

[illegible]

## 2000 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	EQUIPMENT	VARIES	SL	.000	19	9056.			9056.	9056.		0.
2	COMPUTER EQUIPMENT	03/31/19	SL	5.00	19	6494.			6494.	6494.		0.
3	EQUIPMENT	06/30/20	SL	5.00	19	3809.			3809.	3809.		0.
4	EQUIPMENT	06/01/20	SL	5.00	19	3787.			3787.	3787.		0.
5	COMPUTER EQUIPMENT	07/01/20	SL	5.00	19	6731.			6731.	6057.		674.
6	COMPUTER EQUIPMENT	07/01/20	SL	5.00	19	2464.			2464.	1725.		739.
* Total 990 Page 2 Depr						32341.		0.	32341.	30928.	0.	1413.

Form 990	Other Expenses			Statement	1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
PROFESSIONAL FEES-STIPENDS	62250.	62250.			
PROFESSIONAL FEES	26491.	22333.	4158.		
TELECOMMUNICATIONS	1406.	1057.	349.		
LOCAL TRANSPORTATION MEETINGS	0.				
DUES AND MEMBERSHIPS	11982.	11242.	740.		
SUBSCRIPTIONS	1165.	943.	222.		
MISCELLANEOUS	1226.	950.	276.		
BANK CHARGES	9232.	9232.			
UTILITIES	491.	327.	164.		
	1182.	987.	195.		
Total to Fm 990, ln 43	115425.	109321.	6104.		

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	2
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### Explanation

STUDY AND DISSEMINATE INFORMATION REGARDING THE HEALTH CARE SYSTEM.

Form 990	Depreciation of Assets Not Held for Investment		Statement	3
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	
EQUIPMENT	9056.	9056.	0.	
COMPUTER EQUIPMENT	6494.	6494.	0.	
EQUIPMENT	3809.	3809.	0.	
EQUIPMENT	3787.	3787.	0.	
COMPUTER EQUIPMENT	6731.	6731.	0.	
COMPUTER EQUIPMENT	2464.	2464.	0.	
Total to Form 990, Part IV, ln 57	32341.	32341.	0.	

Schedule A	Other Income			Statement	4
Description	1999 Amount	1998 Amount	1997 Amount	1996 Amount	
MISCELLANEOUS	28.	5769.	3919.	150.	
Total to Schedule A, line 22	28.	5769.	3919.	150.	

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>HEALTH AND MEDICINE POLICY RESEARCH GROUP</b>	Employer identification number <b>36-3143826</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>332 S. MICHIGAN AVE., No. 500</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60604</b>	

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

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• 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 is for.

4 I request an additional 3-month extension of time until November 15, 2001.  
 5 For calendar year 2000, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return    ☐ Final return    ☐ Change in accounting period  
 7 State in detail why you need the extension  
ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN INFORMATION  
NECESSARY TO ACCURATELY PREPARE THE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **PROOF OF DELIVERY ONLY THIS IS NOT AN OFFICIAL RECEIPT**  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **AUG 13 2001**  
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **CHICAGO, IL (DEARBORN) N/A**

**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 [Signature] Title \_\_\_\_\_ Date 8/13/01

**Notice to Applicant - To Be Completed by the IRS**

- ☒ We **have** approved this application. Please attach this form to the organization's return.  
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.  
☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Lee H. Tockman, Ltd.</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>105 West Adams/Suite 3000</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Chicago, IL 60603-6209</b>