

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

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

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

OMB No. 1545-0047

**2004**

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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 + 4

**CHICAGO, IL 60602**

D Employer identification number

**36-3143826**

E Telephone number

**(312) 372-4292**

F Accounting method

☐ Cash ☒ Accrual

Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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? ☐ Yes ☒ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ **www.hmprg.org**J Organization type (check only one) ☒ 501(c) ( 3 ) (Insert no.) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**486870.**M Check ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a

**469132.**

b Indirect public support

1b

c Government contributions (grants)

1c

Total (combine lines 1a through 1c) (cash \$ **469132.** noncash \$ )

1d

**469132.**

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

**13920.**

3 Membership dues and assessments

3

**25.**

4 Interest on savings and temporary cash investments

4

**2543.**

5 Dividends and interest from securities

5

6a Other income (rents)

6a

6b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶ )

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances-

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

**1250.**

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

**486870.**

13 Program services (from line 44, column (B))

13

**429245.**

14 Management and general (from line 44, column (C))

14

**45257.**

15 Fundraising (from line 44, column (D))

15

**2912.**

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17

**477414.**

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

**9456.**

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

**262697.**

20 Other changes in net assets or fund balances (attach explanation)

20

**5644.**

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

**277797.**

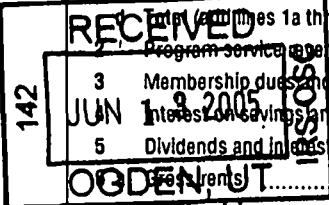
See Statement 1

423001  
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

SCANNED JUL 25 2005



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21

**HEALTH AND MEDICINE POLICY  
RESEARCH GROUP**

36-3143826

**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.

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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	197231.	167646.	29585.	
27	Pension plan contributions				
28	Other employee benefits	12902.	10967.	1935.	
29	Payroll taxes	15279.	12987.	2292.	
30	Professional fundraising fees				
31	Accounting fees	3100.		3100.	
32	Legal fees				
33	Supplies	4575.	3889.	686.	
34	Telephone	7876.	7876.		
35	Postage and shipping	5210.	5210.		
36	Occupancy	35222.	31700.	3522.	
37	Equipment rental and maintenance	689.		689.	
38	Printing and publications	5559.	5559.		
39	Travel	3565.	3565.		
40	Conferences, conventions, and meetings	2660.	2660.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1305.		1305.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 2	182241.	177186.	2143.	2912.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	477414.	429245.	45257.	2912.

Joint Costs. Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 3**

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.)

<b>a</b>	<b>RESEARCH STUDIES OF TOPICS OF PUBLIC INTEREST IN AREAS OF HEALTH</b>	(Grants and allocations \$ 486870.)	429245.
<b>b</b>		(Grants and allocations \$ )	
<b>c</b>		(Grants and allocations \$ )	
<b>d</b>		(Grants and allocations \$ )	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ )	
<b>f</b>	Total of Program Service Expenses (should equal line 44, column (B), Program services)		429245.

# HEALTH AND MEDICINE POLICY RESEARCH GROUP

Form 990 (2004)

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## 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 .....	19626.	46	23939.
	46 Savings and temporary cash investments .....	202766.	46	176402.
	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 .....	40000.	49	78750.
	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	41298.	
	b Less: accumulated depreciation Stmt 4 .....	57b	35341.	
58 Other assets (describe ► <u>SECURITY DEPOSIT</u> )	3054.	57c	5957.	
58	3219.	58	3219.	
59 Total assets (add lines 45 through 58) (must equal line 74) .....	268665.	59	288267.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	5968.	60	10470.
	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 Total liabilities (add lines 60 through 65) .....	5968.	66	10470.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	142801.	67	152257.
	68 Temporarily restricted .....	119896.	68	125540.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	262697.	73	277797.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	268665.	74	288267.

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.

**RESEARCH GROUP**

**36-3143826**

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### Part IV-A

## Part IV-B

### Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 486870.
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments ..... \$	
<b>(2)</b> Donated services and use of facilities ... \$	
<b>(3)</b> Recoveries of prior year grants ... \$	
<b>(4)</b> Other (specify): \$	
Add amounts on lines (1) through (4) .....	<b>b</b> 0.
<b>c</b> Line a minus line b .....	<b>c</b> 486870.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 ... \$	
<b>(2)</b> Other (specify): \$	
Add amounts on lines (1) and (2) .....	<b>d</b> 0.
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) .....	<b>e</b> 486870.

a	Total expenses and losses per audited financial statements	▶	a	<u>477414.</u>
b	Amounts included on line a but not on line 17, Form 990:			
(1)	Donated services and use of facilities	\$		
(2)	Prior year adjustments reported on line 20, Form 990	\$		
(3)	Losses reported on line 20, Form 990	\$		
(4)	Other (specify):	\$		
	Add amounts on lines (1) through (4)	▶	b	<u>0.</u>
c	Line a minus line b	▶	c	<u>477414.</u>
d	Amounts included on line 17, Form 990 but not on line a:			
(1)	Investment expenses not included on line 6b, Form 990	\$		
(2)	Other (specify):	\$		
	Add amounts on lines (1) and (2)	▶	d	<u>0.</u>
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	<u>477414.</u>

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)
---------------	--

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

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## Part VI Other Information

	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?	78b	N/A
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 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions	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 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	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
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	N/A
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 on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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 <u>ILLINOIS</u>		
b Number of employees employed in the pay period that includes March 12, 2004	90b	4
91 The books are in care of <u>MARGIE SCHAPS</u> Telephone no <u>312-372-4292</u>		

Located at 29 EAST MADISON

ZIP + 4 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

**HEALTH AND MEDICINE POLICY  
RESEARCH GROUP**

Form 990 (2004)

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: 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	
93 Program service revenue:					
a <b>PROGRAM SERVICE FEES</b>					13920.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					25.
95 Interest on savings and temporary cash investments			14	2543.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS</b>					1250.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2543.	15195.
105 Total (add line 104, columns (B), (D), and (E))					17738.

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** (See page 34 of the instructions.)

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** (See page 34 of the instructions.)

(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** (See page 34 of the instructions.)

(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).

I am preparing this return on behalf of the organization. I am a duly authorized officer or agent of the organization, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge.

Date 6/7/05 **MARILE SATAP, Executive Director**  
Type or print name and title

Date 6/6 Check if self- ☐ Preparer's SSN or PTIN

**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(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2004**

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 page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

0

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2004 RESEARCH GROUP

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

Yes No

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

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 substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

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

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)? See Part V, Form 990.

2d X

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

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....

3a X

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

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....

4b X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  
 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  
 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  
 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  
 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2004 **RESEARCH GROUP**

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**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	405686.	347425.	319705.	397733.	1470549.
16 Membership fees received	25.	255.	3754.	4510.	8544.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	140295.	7793.	9473.	16222.	173783.
18 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	2266.	2819.	6715.	9833.	21633.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		131.	See Statement 5		131.
23 Total of lines 15 through 22	548272.	358423.	339647.	428298.	1674640.
24 Line 23 minus line 17	407977.	350630.	330174.	412076.	1500857.
25 Enter 1% of line 23	5483.	3584.	3396.	4283.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d N/A
22 _____ 26b _____					26e N/A
e Public support (line 26c minus line 26d total)					26f N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2003) 0. (2002) 0. (2001) 0. (2000) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add Amounts from column (e) for lines: 15 1470549. 16 8544.					27c 1652876.
17 173783. 20 _____ 21 _____					27d 0.
d Add Line 27a total 0. and line 27b total 0.					27e 1652876.
e Public support (line 27c total minus line 27d total)					27f 1674640.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g 98.7004%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 1.2918%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2004 **RESEARCH GROUP**

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**Part V****Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

	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) 2004

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2004 **RESEARCH GROUP**

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

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

Check ☐ a ☐ If the organization belongs to an affiliated group. Check ☐ b ☐ If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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 -			
If the amount on line 40 is -			
Not over \$500,000 .....	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 .....	\$1,000,000		
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....		0.	0.	0.	0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....		0.	0.	0.	0.
48 Grassroots nontaxable amount .....		0.	0.	0.	0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....		0.	0.	0.	0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	EQUIPMENT	Varies	SL	.000	16	9056.			9056.	9056.		0.
2	COMPUTER EQUIPMENT	033191	SL	5.00	16	6494.			6494.	6494.		0.
3	EQUIPMENT	063092	SL	5.00	16	3809.			3809.	3809.		0.
4	EQUIPMENT	060194	SL	5.00	16	3787.			3787.	3787.		0.
5	COMPUTER EQUIPMENT	070195	SL	5.00	16	6731.			6731.	6731.		0.
6	COMPUTER EQUIPMENT	070196	SL	5.00	16	2464.			2464.	2464.		0.
* 990 Page 2 Total Other						32341.		0.	32341.	32341.	0.	0.
Management and General												
7	COMPUTER EQUIPMENT	060101	SL	5.00	16	3240.			3240.	1620.		648.
8	COMPUTER EQUIPMENT	091603	SL	5.00	16	1508.			1508.	75.		302.
9	COMPUTER EQUIPMENT	051104	SL	5.00	16	2134.			2134.			285.
10	COMPUTER EQUIPMENT	101904	SL	5.00	16	1065.			1065.			36.
11	COMPUTER EQUIPMENT	111504	SL	5.00	16	1009.			1009.			34.
* 990 Page 2 Total Management and General						8956.		0.	8956.	1695.	0.	1305.
* Grand Total 990 Page 2 Depr						41297.		0.	41297.	34036.	0.	1305.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
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Description	Amount
	5644.
Total to Form 990, Part I, line 20	5644.

Form 990	Other Expenses	Statement	2
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PROFESSIONAL FEES-STIPENDS	51095.	51095.		
MEETINGS	10634.	10634.		
DUES AND MEMBERSHIPS	2330.	2330.		
SUBSCRIPTIONS	1196.	1196.		
UTILITIES	2233.	2233.		
CONSULTANT FEES	95183.	95183.		
SCHWEITZER MENTORS	2000.	2000.		
SITE OCCUPANCY	7000.	7000.		
INSURANCE	1596.		1596.	
MISCELLANEOUS	5327.	2415.		2912.
OTHER PAYROLL EXPENSES	3647.	3100.	547.	
Total to Fm 990, ln 43	182241.	177186.	2143.	2912.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	3
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Explanation

STUDY AND DISSEMINATE INFORMATION REGARDING THE HEALTH CARE SYSTEM.

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Form 990      Depreciation of Assets Not Held for Investment      Statement      4

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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.
COMPUTER EQUIPMENT	3240.	2268.	972.
COMPUTER EQUIPMENT	1508.	377.	1131.
COMPUTER EQUIPMENT	2134.	285.	1849.
COMPUTER EQUIPMENT	1065.	36.	1029.
COMPUTER EQUIPMENT	1009.	34.	975.
Total to Form 990, Part IV, ln 57	41297.	35341.	5956.

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Schedule A      Other Income      Statement      5

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Description	2003 Amount	2002 Amount	2001 Amount	2000 Amount
MISCELLANEOUS	0.	131.	0.	0.
Total to Schedule A, line 22	0.	131.	0.	0.

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

OMB No. 1545-1709

► File a separate application for each return.

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

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <b>HEALTH AND MEDICINE POLICY RESEARCH GROUP</b>	Employer identification number <b>36-3143826</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>29 EAST MADISON, No. 602</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60602</b>	

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

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

- The books are in the care of ► **MARGIE SCHAPS**  
Telephone No ► **312-372-4292** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **August 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2004** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2004)

Internal Revenue Service  
**RECEIVED**

MAY 11 2005

Chicago, IL