

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)

OMB No 1545-0047

**2006**Open to Public  
Inspection

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

**A** For the 2006 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  
Instruc-  
tions**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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **www.hmprg.org****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross  
receipts are normally not more than \$25,000. A return is not required, but if the organization  
chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**773938.****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>	Contributions to donor advised funds		<b>1a</b>	
	<b>b</b>	Direct public support (not included on line 1a)		<b>1b</b>	<b>764134.</b>
	<b>c</b>	Indirect public support (not included on line 1a)		<b>1c</b>	
	<b>d</b>	Government contributions (grants) (not included on line 1a)		<b>1d</b>	
	<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>764134.</b> noncash \$ )		<b>1e</b>	<b>764134.</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	
	<b>3</b>	Membership dues and assessments		<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>	<b>9792.</b>
	<b>5</b>	Dividends and interest from securities		<b>5</b>	
Expenses	<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>	
	<b>8 a</b>	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	<b>b</b>	Less: cost or other basis and sales expenses		<b>8a</b>	
	<b>c</b>	Gain or (loss) (attach schedule)		<b>8b</b>	
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8c</b>	
	<b>8d</b>				
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
Net Assets	<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)		<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>
	<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>	<b>773938.</b>
	<b>13</b>	Program services (from line 44, column (B))		<b>13</b>	<b>531769.</b>
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b>	<b>81083.</b>
<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b>	<b>74506.</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>687358.</b>	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12		<b>18</b>	<b>86580.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	<b>331602.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>20</b>	<b>111015.</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		<b>21</b>	<b>529197.</b>	

See Statement 1

832001  
01-18-07

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

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A Stmt 3	<b>25a</b> 65319.	52255.	9798.	3266.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 169020.	135217.	25352.	8451.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 25424.	20339.	3814.	1271.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 8444.	7177.	1267.	
<b>29</b> Payroll taxes	<b>29</b> 20481.	17409.	3072.	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 3100.		3100.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 7259.	6170.	1089.	
<b>34</b> Telephone	<b>34</b> 4034.	4034.		
<b>35</b> Postage and shipping	<b>35</b> 9610.	9610.		
<b>36</b> Occupancy	<b>36</b> 39888.	32309.	7579.	
<b>37</b> Equipment rental and maintenance	<b>37</b> 4506.	347.	4159.	
<b>38</b> Printing and publications	<b>38</b> 10431.	4946.		5485.
<b>39</b> Travel	<b>39</b> 10499.	9383.		1116.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 3576.	3576.		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 2541.		2541.	
<b>43</b> Other expenses not covered above (itemize):				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
<b>g</b> See Statement 2	<b>43g</b> 303226.	228997.	19312.	54917.
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 687358.	531769.	81083.	74506.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► See Statement 4

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 \$ ) If this amount includes foreign grants, check here ► ☐

531769.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 531769.

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**Part IV Balance Sheets** (See the instructions.)**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	25430.	45	-13764.	
	46 Savings and temporary cash investments	235235.	46	365568.	
	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	71250.	49	176496.	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	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	784.	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
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	48951.			
b Less: accumulated depreciation Stmt 5	57b	39735.			
58 Other assets, including program-related investments (describe <input type="checkbox"/> SECURITY DEPOSIT )		3219.	58	3219.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		341159.	59	541519.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	9557.	60	12322.	
	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 <input type="checkbox"/> )		65		
	66 <b>Total liabilities.</b> Add lines 60 through 65		9557.	66	12322.
<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	163352.	67	249932.	
	68 Temporarily restricted	168250.	68	279265.	
	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 <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)		331602.	73	529197.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		341159.	74	541519.

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**Part IV-A\* Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	773938.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	773938.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	773938.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	687358.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities .....	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 .....	<b>b3</b>	
<b>4</b>	Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	687358.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify) .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	687358.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions.)

[illegible]

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	Yes	No
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- |   |            |          |
|---|------------|----------|
| <p><b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings _____ <b>25</b></p>   |            |          |
| <p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>                             | <b>75b</b> | <b>X</b> |
| <p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."</p> | <b>75c</b> | <b>X</b> |
| <p>If "Yes," attach a statement that includes the information described in the instructions</p>   |            |          |
| <p><b>d</b> Does the organization have a written conflict of interest policy?</p>   | <b>75d</b> | <b>X</b> |

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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- |      |   |     |    |   |
|------|---|-----|----|---|
| 76   | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  | 76  |    | X |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>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 <b>Form 990-T</b> 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 <b>N/A</b>   |     |    |   |
|      | 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 <b>Form 1120-POL</b> for this year?   | 81b |    | X |

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**Part VI Other Information** (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
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?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85a	N/A		
85b	N/A		
	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.		
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 a	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		
88a			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
88b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed IL		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	5
91 a	The books are in care of MARGIE SCHAPS Telephone no. 312-372-4292		
	Located at 29 EAST MADISON ZIP + 4 60602		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
91b			X
	If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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**HEALTH AND MEDICINE POLICY  
RESEARCH GROUP**

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**Part VI Other Information** (continued)

**Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country **N/A**

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** (See 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>					0.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9792.	
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>				12.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		9804.	0.
105 Total (add line 104, columns (B), (D), and (E))					9804.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

Form 990 (2006)

## HEALTH AND MEDICINE POLICY

Form 990 (2006)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

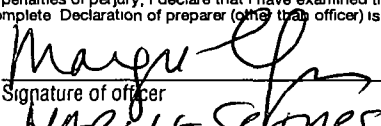
Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 7/30/07

Type or print name and title: MARGIE SCHAPS

Paid Preparer's Use Only: Preparer's signature: Lee H. Tockman Date: 6/28/07 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Lee H. Tockman, Ltd. 105 West Adams/Suite 3000 Chicago, Illinois 60603   
 EIN:   
 Phone no.: 312-987-1118

Form 990 (2006)

**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 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

**2006**

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 2 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
<b>MARGIE SCHAPS</b> <b>29 EAST MADISON, CHICAGO, IL</b>	<b>EXEC. DIR</b> <b>40.00</b>	<b>65319.</b>		
Total number of other employees paid over \$50,000	<b>0</b>			

**Part II-A 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
<b>LEE-LIN WANG</b> <b>25 EAST MADISON, CHICAGO, IL 60602</b>	<b>RESEARCH/CONSULTING</b>	<b>54214.</b>
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of other contractors receiving over \$50,000 for other services	<b>0</b>	

# HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2006 **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 <b>►</b> \$ _____ \$ _____ (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-A, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year <b>►</b>		0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>►</b>		0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>►</b>		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year <b>►</b>		0.

Schedule A (Form 990 or 990-EZ) 2006

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2006 **RESEARCH GROUP**

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**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2006 **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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	603822.	469132.	405686.	347425.	1826065.
16 Membership fees received		25.	25.	255.	305.
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	9926.		140295.	7793.	158014.
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	2969.	2543.	2266.	2819.	10597.
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		1250.	See Statement 6	131.	1381.
23 Total of lines 15 through 22	616717.	472950.	548272.	358423.	1996362.
24 Line 23 minus line 17	606791.	472950.	407977.	350630.	1838348.
25 Enter 1% of line 23	6167.	4730.	5483.	3584.	
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 2002 through 2005 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 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e 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: (2005) 0. (2004) 0. (2003) 0. (2002) 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 11b, 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: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 1826065. 16 305. 17 158014. 20 _____ 21 _____					27c 1984384.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1984384.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f 1996362.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.4000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5308%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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) 2006 **RESEARCH GROUP**

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## Part V Private School Questionnaire (See page 9 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) 2006

## HEALTH AND MEDICINE POLICY

Schedule A (Form 990 or 990-EZ) 2006 **RESEARCH GROUP**

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount				0.	0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures				0.	0.
<b>48</b> Grassroots nontaxable amount				0.	0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures				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 13 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		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** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

Yes	No
-----	----

<b>51a(i)</b>	<b>X</b>
<b>a(ii)</b>	<b>X</b>
<b>b(i)</b>	<b>X</b>
<b>b(ii)</b>	<b>X</b>
<b>b(iii)</b>	<b>X</b>
<b>b(iv)</b>	<b>X</b>
<b>b(v)</b>	<b>X</b>
<b>b(vi)</b>	<b>X</b>
<b>c</b>	<b>X</b>

(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]

## 2006 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	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
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.	2916.		324.
8	COMPUTER EQUIPMENT	091603	SL	5.00	16	1508.			1508.	679.		302.
9	COMPUTER EQUIPMENT	051104	SL	5.00	16	2134.			2134.	682.		427.
10	COMPUTER EQUIPMENT	101904	SL	5.00	16	1066.			1066.	249.		213.
11	COMPUTER EQUIPMENT	111504	SL	5.00	16	1009.			1009.	135.		202.
12	FAX	022405	SL	5.00	16	528.			528.	53.		106.
13	COMPUTER EQUIPMENT	012005	SL	5.00	16	993.			993.	99.		199.
14	PRINTER	102005	SL	5.00	16	400.			400.	40.		80.
15	COMPUTER EQUIPMENT	032306	SL	5.00	16	615.			615.			92.
16	COMPUTER EQUIPMENT	051606	SL	5.00	16	1683.			1683.	1683.		196.

528102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	Current Year Deduction
17	COMPUTER EQUIPMENT	051606SL		5.00	16	985.			985.			115.
18	COMPUTER EQUIPMENT	060706SL		5.00	16	1683.			1683.			196.
19	COMPUTER EQUIPMENT	060706SL		5.00	16	766.			766.			89.
	* 990 Page 2 Total					16610.		0.	16610.	4853.	0.	2541.
	* Grand Total 990 Page 2 Depr					48951.		0.	48951.	37194.	0.	2541.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
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Description	Amount
	111015.
Total to Form 990, Part I, line 20	111015.

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	64500.	64500.		
MEETINGS	51844.	20456.		31388.
DUES AND MEMBERSHIPS	3740.	3740.		
SUBSCRIPTIONS	1003.	1003.		
UTILITIES	2912.	2912.		
CONSULTANT FEES	169755.	135619.	10607.	23529.
INSURANCE	6760.		6760.	
PAYROLL SERVICE CHARGE	2352.	407.	1945.	
MISCELLANEOUS	360.	360.		
Total to Fm 990, ln 43	303226.	228997.	19312.	54917.

Form 990	Officer Compensation Allocation Part II, Line 25a	Statement	3
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Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
MARGIE SCHAPS	65319.			65319.
A. Program Services	52255.			52255.
B. Management and General	9798.			9798.
C. Fundraising	3266.			3266.

Total Program Services	52255.
Total Management and General	9798.
Total Fundraising	3266.
Total Officer, etc., Compensation Included on Part II, Line 25a	65319.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	4
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Explanation

STUDY AND DISSEMINATE INFORMATION REGARDING THE HEALTH CARE SYSTEM.

Form 990	Depreciation of Assets Not Held for Investment	Statement	5
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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.	3240.	0.
COMPUTER EQUIPMENT	1508.	981.	527.
COMPUTER EQUIPMENT	2134.	1109.	1025.

## HEALTH AND MEDICINE POLICY RESEARCH GROU

36-3143826

COMPUTER EQUIPMENT	1066.	462.	604.
COMPUTER EQUIPMENT	1009.	337.	672.
FAX	528.	159.	369.
COMPUTER EQUIPMENT	993.	298.	695.
PRINTER	400.	120.	280.
COMPUTER EQUIPMENT	615.	92.	523.
COMPUTER EQUIPMENT	1683.	196.	1487.
COMPUTER EQUIPMENT	985.	115.	870.
COMPUTER EQUIPMENT	1683.	196.	1487.
COMPUTER EQUIPMENT	766.	89.	677.
Total to Form 990, Part IV, ln 57	48951.	39735.	9216.

Schedule A	Other Income			Statement 6
Description	2005 Amount	2004 Amount	2003 Amount	2002 Amount
MISCELLANEOUS	0.	1250.	0.	131.
Total to Schedule A, line 22	0.	1250.	0.	131.

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\* on leave of absence

**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).Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>HEALTH AND MEDICINE POLICY RESEARCH GROUP</b>	Employer identification number <b>36-3143826</b>
	RECEIVED MAY 14 2007 CHICAGO, IL (DEARBORN)	
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.

- I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶ ☒ calendar year **2006** or  
 ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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. 12-2006)