Form

Return of Organization Exempt From Income Tax

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

2007 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2007 calendar year, or tax year beginning and ending Please Employer identification number Name of organization Check if applicable use IRS Health and Medicine Policy Research 36-3143826 Address change label or Group Telephone number print or Name change 312-372-4292 type Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return See 29 E Madison Street 602 Accounting method. | Cash Specific Termination City or town, state or country, and ZIP + 4 Accrual Other (specify) Instruc IL 60602 Chicago Amended return tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ) H(a) Is this a group return for affiliates? H(b) If "Yes." enter number of affiliates ▶ Website: N hmprg.org H(c) Are all affiliates included? Organization type X 501(c) ( 3 ) **◄** (insert no ) 4947(a)(1) or (check only one) (If "No," attach a list. See instructions.) **H(d)** Is this a separate return filed by an if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return Check ▶ If the organization is not required 684,763 to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received 1 Contributions to donor advised funds 1a а 564,728 Direct public support (not included on line 1a) 1b b 100,000 Indirect public support (not included on line 1a) 1c Government contributions (grants) (not included on line 1a) 1d d 664,728 664,728 noncash \$ Total (add lines 1a through 1d) (cash \$ е 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 3 13,156 4 4 Interest on savings and temporary cash in 5 Dividends and interest from securitie PCL 5 6a Gross rents line 60 from line 6a Less rental expenses 6b b Net rental income or (loss) Subtes С 6c 7 7 Other investment income (desc Gross amount from sales of assets other GD 8a (B) Other than inventory 8a Less cost or other basis and sales expenses 86 b Gain or (loss) (attach schedule) Net gain or (loss) Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule) If any amount is from gaming, check here See Worksheet 1,500 of Gross revenue (not including \$ contributions reported on line 1b) 9a Less: direct expenses other than fundraising expenses 9b ಅ್ಯ Net income or (loss) from special events. Subtract line 9b from line 9a 9c **≱**pa Gross sales of inventory, less returns and allowances 10a Less cost of goods sold 10b Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a С 10c 11 Other revenue (from Part VII, line 103) 11 12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 684,763 12 600,604 13 Program services (from line 44, column (B)) 13 Expenses 98,585 14 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 51,622 15 16 Payments to affiliates (attach schedule) 16 Total expenses. Add lines 16 and 44, column (A) 750,811 17 17 Net Assets -66,048 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 529,197 19 Other changes in net assets or fund balances (attach explanation) 20 463,149 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21

For Privacy Act and Paperwork Reduction Act Notice, see the separate

instructions.

Form 990 (2007)

Form 990 (2007) Health and Medicine Policy Research 36-3143826

| Part II            | Statement of   | All organizations | must co   | emplete column (A) Co    | olumns (B), (C), and (D      | ) are required for section    | 501(c)(3) and (4)  |
|--------------------|--|-------------------|-----------|--------------------------|------------------------------|-------------------------------|--------------------|
|                    | Functional Expenses  |                   | d section | 1 4947(a)(1) nonexem     | pt chantable trusts but      | optional for others (See      | the instructions ) |
| Do n               | ot include amounts reporte<br>6b, 8b, 9b, 10b, or 16 of Pa |                   |           | (A) Total                | (B) Program<br>services      | (C) Management<br>and general | (D) Fundraising    |
| 22a Grants         | paid from donor advised funds (atta                        | ch schedule)      |           |                          |                              |                               |                    |
| (cash \$           |  | )                 |           |                          |                              |                               |                    |
|                    | mount includes foreign grants, chec                        | k here 🕨 💹        | 22a       |                          |                              |                               |                    |
| -                  | ants and allocations (attach schedule)                     |                   |           |                          |                              |                               |                    |
| •                  | non-<br>cash \$  |                   |           |                          |                              |                               |                    |
|                    | mount includes foreign grants, chec                        | k here 🕨 📋        | 22b       |                          |                              |                               |                    |
| •                  | assistance to individuals (attach                          |                   |           | ·                        |                              |                               |                    |
| schedul            |  |                   | 23        |                          |                              |                               |                    |
|                    | paid to or for members (attach                             |                   |           | ·                        |                              |                               |                    |
| schedul            | •  |                   | 24        |                          |                              |                               |                    |
| •                  | nsation of current officers, directors                     | 1                 |           |                          |                              |                               |                    |
| key em<br>Part V-/ | oloyees, etc listed in<br>A See Stater                     | ment              | 25a       | 47,722                   | 38,177                       | 5,884                         | 3,661              |
|                    | nsation of former officers, directors,                     |                   | 238       | 11,122                   | 30,11                        | 3,001                         | 3,001              |
| •                  | ployees, etc. listed in                                    |                   | 1         |                          |                              |                               |                    |
| Part V-I           |  |                   | 25b       |                          |                              |                               |                    |
|                    | nsation and other distributions, not                       | included above.   | 1         |                          |                              |                               | <del></del>        |
| •                  | alified persons (as defined under s                        |                   | 1 1       |                          |                              |                               |                    |
| •                  | (1)) and persons described in section                      |                   | 25c       |                          |                              |                               |                    |
| , ,                | s and wages of employees not inclu                         |                   |           |                          |                              |                               |                    |
|                    | 25a, b, and c  |                   | 26        | 236,988                  | 189,100                      | 29,238                        | 18,650             |
| 27 Pension         | plan contributions not included on                         |                   |           |                          |                              |                               |                    |
| lines 25           | a, b, and c  |                   | 27        | 11,000                   | 8,964                        | 1,132                         | 904                |
| 28 Employ          | ee benefits not included on lines                          |                   |           | •                        |                              |                               |                    |
| 25a - 2            | 7  |                   | 28        | 22,237                   | 17,120                       | 3,647                         | 1,470              |
| 29 Payroll         | taxes  |                   | 29        | 22,819                   | 18,215                       | 2,815                         | 1,789              |
| 30 Profess         | ional fundraising fees                                     |                   | 30        |                          |                              |                               |                    |
| 31 Accoun          | ting fees  |                   | 31        | 4,500                    | 2,700                        | 1,350                         | 450                |
| 32 Legal fe        | ees  |                   | 32        |                          |                              |                               |                    |
| 33 Supplie         | s  |                   | 33        | 8,710                    | 5,226                        | 2,613                         | 871                |
| 34 Telepho         |  |                   | 34        | 4,186                    | 2,512                        | 1,256                         | 418                |
| _                  | e and shipping   |                   | 35        | 5,855                    | 3,514                        | 1,757                         | 584                |
| 36 Occupa          | •  |                   | 36        | 50,581                   | 30,348                       | 15,174                        | 5,059              |
|                    | ent rental and maintenance                                 |                   | 37        | 6,668<br>9,495           | 4,002<br>5,696               | 2,000                         | 666<br>951         |
| -                  | and publications   |                   | 38        | 10,355                   | 8,802                        | 2,848<br>1,035                | 518                |
| 39 Travel          | and an arrange and market                                  |                   | 39        | 4,152                    | 3,736                        | 1,033                         | 416                |
| 41 Interest        | ences, conventions, and meetings                           |                   | 40        | 7,132                    | 3,730                        |                               | 710                |
|                    | iation, depletion, etc. (attach sched.                     | ulo)              | 42        | 3,269                    | 1,962                        | 981                           | 326                |
| •                  | expenses not covered above (itemize                        | •                 | 42        | 3,205                    | 1,502                        |                               |                    |
|                    | e Statement  | ,                 | 43a       | 302,274                  | 260,530                      | 26,855                        | 14,889             |
| b                  |  |                   | 43b       | 002,272                  |                              |                               |                    |
| С                  |  |                   | 43c       |                          | · · · · -                    |                               | ···                |
| d                  |  |                   | 43d       |                          |                              |                               |                    |
| е                  |  |                   | 43e       |                          |                              |                               |                    |
| f                  |  |                   | 43f       |                          |                              |                               |                    |
| g                  |  |                   | 43g       |                          |                              |                               |                    |
| 44 Total fo        | unctional expenses. Add lines 22a                          | 1                 |           |                          |                              |                               |                    |
| through            | 43g (Organizations completing                              |                   | 1 1       |                          |                              |                               |                    |
| column             | s (B)-(D), carry these totals to lines                     |                   |           |                          |                              |                               |                    |
| <u>13-15)</u>      |  |                   | 44        | 750,811                  | 600,604                      | 98,585                        | 51,622             |
|                    | s. Check 🕨 📗 if you are followin                           | -                 |           | ·                        |                              |                               |                    |
|                    | it costs from a combined education                         |                   | fundraisi | ng solicitation reported | in (B) Program servic        | es?                           | Yes X No           |
| If "Yes," ente     | r (i) the aggregate amount of these joint (                | costs \$          |           |                          | int allocated to Program se  | 4                             |                    |
|                    | int allocated to Management and general                    | \$                |           | , and (iv) the amou      | int allocated to Fundraising | \$                            |                    |
| DAA                |  |                   |           |                          |                              |                               | Form 990 (2007)    |

#### 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  | Program Service Expenses (Required for 501(c)(3) and |
|--|--|
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number  | (4) orgs , and 4947(a)(1)                            |
| of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4)   | trusts, but optional for                             |
| organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )  | others )   |
| a Schweitzer Fellows - creating opportunities for young  |  |
| health professionals in training to commit themselves  |  |
| to projects that serve the poor and underserved. Placed  |  |
| 30 Fellows in Chicago communities to augment capacities  |  |
| of health providers to improve health care access and  |  |
| foster commitment to public service.   |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  | 203,333  |
| b Women's/Girls' Health - work within penal system and with  |  |
| prisoner support groups to ensure adequate health  |  |
| services for court involved girls. Work to establish   |  |
| rules and regulations for freestanding birth centers in  |  |
| Illinois.  |  |
|  |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  | 84,802   |
| c Long Term Care- Provide leadership and support on IL   | 1 2 7 7 5 2  |
| Older Adult Services Advisory Committee, conducting  |  |
| research and evaluation, including assessments of nursing  |  |
| facility transition demonstration, focus group studies   |  |
| with health and social service professionals on problems   |  |
| coordinating care across systems for older clients.  |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  | 242,491  |
| d Safety Net - organized to identify gaps in needed health   | 242,401  |
| services and funding while developing policy   |  |
| recommendations to strengthen health care in the region.   |  |
| recommendations to strengthen hearth care in the region.   |  |
|  |  |
|  |  |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here  | 60 070   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶<br>e Other program services (attach schedule)  | 69,978   |
|  | 1  |
| (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) | 600 604  |
| - Total of Frogram oct foc Expenses (should equal line 44, column (b), Program services)   | 600,604<br>Form <b>990</b> (2007)                    |
|  | Form 330 (2007)                                      |

| _ <u>P</u>                  | <u>art IV</u> | Balance Sheets (See the instructions.)  |                   |                        |                                       |           |                                       |
|-----------------------------|---------------|---|-------------------|------------------------|---------------------------------------|-----------|---------------------------------------|
|                             | Note:         | Where required, attached schedules and amounts within column should be for end-of-year amounts only | n the des         | scription              | (A)<br>Beginning of year              |           | (B)<br>End of year                    |
|                             | 45            | Cash—non-interest-bearing   | _                 |                        | -13,764                               | 45        | 33,848                                |
|                             | 46            | Savings and temporary cash investments  |                   |                        | 365,568                               | 46        | 296,543                               |
|                             |               |   | 1 1               |                        |                                       |           |                                       |
|                             | 47a           | Accounts receivable   | 47a               |                        |                                       |           |                                       |
|                             | ь             | Less allowance for doubtful accounts  | 47b               |                        |                                       | 47c       |                                       |
|                             |               | <b>-</b>  | 40-               |                        |                                       |           |                                       |
|                             | 48a           | Pledges receivable  | 48a               |                        |                                       | 40.       |                                       |
|                             | 10 b          | Less allowance for doubtful accounts  | 48b               |                        | 176,496                               | 48c<br>49 | 157,756                               |
|                             | 49<br>50a     | Grants receivable  Receivables from current and former officers, directors,                         | tructoos          | and                    | 170,450                               | 49        |                                       |
|                             | Jua           | key employees (attach schedule)   | , ii usiees       | , and                  |                                       | 50a       |                                       |
|                             | h             | Receivables from other disqualified persons (as defined   | d under s         | ection 4958(f)(1)) and |                                       | 304       |                                       |
|                             |               | persons described in section 4958(c)(3)(B) (att schedu  |                   | (1)(1)) dila           |                                       | 50b       |                                       |
|                             | 51a           | Other notes and loans receivable (attach  | ,                 | Ţ                      | <u> </u>                              | 002       |                                       |
|                             |               | schedule)   | 51a               |                        |                                       |           |                                       |
| Assets                      | Ь             | Less allowance for doubtful accounts  | 51b               |                        |                                       | 51c       |                                       |
|                             | 52            | Inventories for sale or use   |                   |                        |                                       | 52        |                                       |
|                             | 53            | Prepaid expenses and deferred charges   |                   |                        | 784                                   | 53        | 1,713                                 |
|                             | 54a           | Investments—publicly-traded securities  |                   | Cost FMV               |                                       | 54a       |                                       |
|                             | b             | Investments—other securities (attach schedule)  |                   | Cost FMV               | <u> </u>                              | 54b       |                                       |
|                             | 55a           | Investments—land, buildings, and equipment basis  | 55a               |                        |                                       |           |                                       |
|                             | b             | Less accumulated depreciation (attach   |                   |                        |                                       | , ,       |                                       |
|                             |               | schedule)   | 55b               |                        |                                       | 55c       |                                       |
|                             | 56            | Investments—other (attach schedule)   |                   |                        |                                       | 56        |                                       |
|                             | 57a           | Land, buildings, and equipment basis  | 57a               | 20,482                 |                                       |           |                                       |
|                             | b             | Less accumulated depreciation (attach   |                   |                        |                                       |           |                                       |
|                             |               | schedule) See Statement   | 57b               | 7,423                  | 9,216                                 | 57c       | 13,059                                |
|                             | 58            | Other assets, including program-related investments   |                   |                        |                                       |           |                                       |
|                             |               | (describe ► See Statement   | 3,219             | $\overline{}$          | 3,219                                 |           |                                       |
|                             | 59            | Total assets (must equal line 74) Add lines 45 through  | า 58              |                        | 541,519                               | 59        | 506,138                               |
|                             | 60            | Accounts payable and accrued expenses   |                   | }                      | 12,322                                | 60        | 42,989                                |
|                             | 61            | Grants payable Deferred revenue   |                   |                        | · · · · · · · · · · · · · · · · · · · | 61        |                                       |
|                             | 63            | Loans from officers, directors, trustees, and key employ  | voos (att         | ach                    |                                       | 62        | · · · · · · · · · · · · · · · · · · · |
| Liabilities                 |               | schedule)   | yees (all         | 3011                   |                                       | 63        | •                                     |
| jab.                        | 64a           | Tax-exempt bond liabilities (attach schedule)   |                   |                        |                                       | 64a       |                                       |
| _                           | b             | Mortgages and other notes payable (attach schedule)   |                   |                        |                                       | 64b       |                                       |
|                             | 65            | Other liabilities (describe   |                   | )                      |                                       | 65        |                                       |
|                             | 66            | Total link dates Add lines 00 the second of   |                   |                        | 10 200                                |           | 42.000                                |
|                             | 66<br>Orga    | Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here ► X a        |                   | olete lines            | 12,322                                | 66        | 42,989                                |
|                             | Orga          | 67 through 69 and lines 73 and 74   | and com           | Diete inies            |                                       |           |                                       |
| S                           | 67            | Unrestricted  |                   |                        | 249,932                               | 67        | 303,149                               |
| nce                         | 68            | Temporarily restricted  |                   |                        | 279,265                               |           | 160,000                               |
| ala                         | 69            | Permanently restricted  |                   |                        | 69                                    |           |                                       |
| B P                         | Orga          | anizations that do not follow SFAS 117, check here  | ▶   a             | and                    |                                       | 1         |                                       |
| Fur                         |               | complete lines 70 through 74  |                   |                        |                                       |           |                                       |
| ō                           | 70            | Capital stock, trust principal, or current funds  |                   | 70                     |                                       |           |                                       |
| Net Assets or Fund Balances | 71            | Paid-in or capital surplus, or land, building, and equipme  |                   | 71                     |                                       |           |                                       |
| Ass                         | 72            | Retained earnings, endowment, accumulated income, of  | unds              |                        | 72                                    |           |                                       |
| det.                        | 73            | Total net assets or fund balances. Add lines 67 throu   | ıgh 69 <b>o</b> ı | rlines                 |                                       |           |                                       |
| Ź                           |               | 70 through 72 (Column (A) must equal line 19 and column   | umn (B)           | must                   |                                       |           |                                       |
|                             |               | equal line 21)  |                   | [                      | 529,197                               |           | 463,149                               |
| _                           | 74            | Total liabilities and net assets/fund balances. Add li  | nd 73             | 541,519                | 74                                    | 506,138   |                                       |

| Form | 990 (2007) Health and Medicine Policy R                                  | esearch 36-314382                                    | 26                |          |  | Page 5                          |
|------|--|--|-------------------|----------|--|---------------------------------|
|      | rt IV-A Reconciliation of Revenue per Audited Final                      | ncial Statements With Reve                           | nue per Re        | eturn    | (See the   |                                 |
|      | instructions.)   |  |                   |          |  |                                 |
| а    | Total revenue, gains, and other support per audited financial statements |  |                   | а        |  | 684,763                         |
| b    | Amounts included on line a but not on Part I, line 12                    |  |                   |          |  |                                 |
| 1    | Net unrealized gains on investments                                      | b1   |                   |          |  |                                 |
| 2    | Donated services and use of facilities                                   | b2   |                   |          |  |                                 |
| 3    | Recoveries of prior year grants  | b3   |                   |          |  |                                 |
| 4    | Other (specify)  |  |                   |          |  |                                 |
|      |  | b4   |                   |          |  |                                 |
|      | Add lines b1 through b4  |  |                   | b        |  |                                 |
| С    | Subtract line b from line a  |  |                   | C        |  | 684,763                         |
| d    | Amounts included on Part I, line 12, but not on line a:                  |  |                   |          |  |                                 |
| 1    | Investment expenses not included on Part I, line 6b                      | d1   |                   |          |  |                                 |
| 2    | Other (specify)  |  |                   |          |  |                                 |
|      |  | d2   |                   |          |  |                                 |
|      | Add lines d1 and d2  |  |                   | d        |  |                                 |
| е    | Total revenue (Part I, line 12) Add lines c and d                        |  | •                 | е        |  | 684,763                         |
| Pa   | art IV-B Reconciliation of Expenses per Audited Financian                | ancial Statements With Exp                           | enses per         | Retu     | rn   |                                 |
| а    | Total expenses and losses per audited financial statements               |  |                   | а        |  | 750,811                         |
| b    | Amounts included on line a but not Part I, line 17                       |  |                   |          |  |                                 |
| 1    | Donated services and use of facilities                                   | b1   |                   |          |  |                                 |
| 2    | Prior year adjustments reported on Part I, line 20                       | b2   |                   |          |  |                                 |
| 3    | Losses reported on Part I, line 20                                       | b3   |                   |          |  |                                 |
| 4    | Other (specify)  |  |                   |          |  |                                 |
|      |  | ь4   |                   |          |  |                                 |
|      | Add lines b1 through b4  |  |                   | b        |  |                                 |
| С    | Subtract line b from line a  |  |                   | С        |  | 750,811                         |
| d    | Amounts included on Part I, line 17, but not on line a:                  |  |                   |          |  |                                 |
| 1    | Investment expenses not included on Part I, line 6b                      | d1   |                   |          |  |                                 |
| 2    | Other (specify)  |  |                   |          |  |                                 |
|      |  | d2   |                   |          |  |                                 |
|      | Add lines d1 and d2  |  |                   | d        |  |                                 |
| е    | Total expenses (Part I, line 17) Add lines c and d                       |  | •                 | e        |  | 750,811                         |
| Pa   | art V-A Current Officers, Directors, Trustees, and K                     | ev Employees (List each person                       | n who was an      |          |  |                                 |
|      | or key employee at any time during the year even if they w               |  |                   |          | ,, с облог,  |                                 |
|      |  | (B)  | (C) Compensat     | on (D)   | Contributions to   | (E) Expense                     |
|      | (A) Name and address   | Title and average hours per week devoted to position | (If not paid, ent | c, I bis | ins & deferred<br>ins and deferred<br>interpretation plans | account and other<br>allowances |
|      |  |  |                   | 1        | Derigation plans   |                                 |
| Se   | e Statement  |  |                   |          |  | -                               |
|      |  |  |                   |          |  |                                 |
|      |  |  |                   |          |  | 1                               |
|      |  |  |                   |          |  |                                 |
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| _    |  |  |                   |          |  |                                 |
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|      |  | İ  |                   | 1        |  |                                 |
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|      |  |  |                   |          |  |                                 |
|      |  |  |                   | +        |  |                                 |
|      |  |  |                   |          |  |                                 |
|      |  |  |                   | +        |  |                                 |
|      |  | 1  |                   |          |  |                                 |
|      |  |  |                   | 1        |  | L                               |

|     | 990 (2007) Health and Medicine Policy Reseat   |                            | 826  |  | - I   |  | age 6     |
|-----|--|----------------------------|--|--|-------|--|-----------|
|     | rt V-A Current Officers, Directors, Trustees, and Key Emplo                              |                            | <del></del>                                      |  |       | Yes  | <u>No</u> |
| 75a | Enter the total number of officers, directors, and trustees permitted to vote on organ   |                            | rd   |  |       |  |           |
|     | meetings   | ▶ 27                       |  |  |       |  |           |
| b   | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A     |                            | ď  |  |       |  |           |
|     | employees listed in Schedule A, Part I, or highest compensated professional and o        | ther independent           |  |  |       |  |           |
|     | contractors listed in Schedule A, Part II-A or II-B, related to each other through fam   | nily or business           |  |  |       |  |           |
|     | relationships? If "Yes," attach a statement that identifies the individuals and explain  | ns the relationship(s)     |  |  | 75b   |  | X         |
|     |  |                            |  |  |       |  |           |
| С   | 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 profi         | essional and other         |  |  |       |  |           |
|     | independent contractors listed in Schedule A, Part II-A or II-B, receive compensation    | on from any other          |  |  |       |  |           |
|     | organizations, whether tax exempt or taxable, that are related to the organization?      |                            |  |  |       |  |           |
|     | the definition of "related organization"   |                            |  |  | 75c   |  | X         |
|     | If "Yes," attach a statement that includes the information described in the instruction  | ins                        |  |  |       |  |           |
| а   | Does the organization have a written conflict of interest policy?                        | 713                        |  |  | 75d   | x  |           |
|     | art V-B Former Officers, Directors, Trustees, and Key Emplo                              | woos That Rossiy           | od Compon  | sation or Oth  |       |  |           |
| F 6 | · · · · · · · · · · · · · · · · · · ·  | •                          | •  |  |       |  |           |
|     | (If any former officer, director, trustee, or key employee received comp                 | •                          | -  |  | year, | iist tna   | ι         |
|     | person below and enter the amount of compensation or other benefits                      | in the appropriate colur   | <del>,</del>                                     |  |       |  |           |
|     | (A) Name and address   | (B) Loans and Advances     | (C) Compensation<br>(if not paid,                | (D) Contributions to<br>employee benefit<br>plans & deferred |       | E) Expe  |           |
|     | , ,  |                            | enter -0-)                                       | plans & deterred<br>compensation plans                       | ,     | allowan  |           |
| N/  | A  |                            | ļ  |  |       |  |           |
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|     | 110  |                            | <u> L</u>  | L  |       |  | T         |
|     | art VI Other Information (See the instructions.)   |                            |  |  |       | Yes  | No        |
| 76  | Did the organization make a change in its activities or methods of conducting activities | rities? 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          | ed to the IRS?             |  |  | 77    |  | X         |
|     | If "Yes," attach a conformed copy of the changes   |                            |  |  |       |  |           |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more duri        | ing the year covered by    |  |  | İ     |  |           |
|     | this return?   |                            |  |  | 78a   |  | х         |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?                         |                            |  |  |       | <del>                                     </del> |           |
| 79  | ·  | haa                        |  |  | 78b   |  |           |
| 13  | Was there a liquidation, dissolution, termination, or substantial contraction during t   | ne year / it "Yes," attacr |  |  |       |  | ٠,,       |
|     | a statement  |                            |  |  | 79    |  | X         |
| 80a | Is the organization related (other than by association with a statewide or nationwid     | •                          |  |  |       |  |           |
|     | common membership, governing bodies, trustees, officers, etc., to any other exert        | npt or nonexempt           |  |  | 1     |  |           |
|     | organization?  |                            |  |  | 80a   |  | X         |
| b   | If "Yes," enter the name of the organization   |                            |  |  |       |  |           |
|     | and check  | whether it is exem         | pt or non  | exempt   |       |  |           |
| 81a | Enter direct and indirect political expenditures (See line 81 instructions )             |                            | B1a  | 0  |       |  |           |
| b   | Did the organization file Form 1120-POL for this year?                                   | L                          |  | ·  | 81b   |  | x         |
|     |  |                            |  |  |       | 990  |           |
|     |  |                            |  |  | LOU   |  | (200/     |

| Part VI Other Information (continued)  25   | Form | 990 (2007) Health and Medicine Policy Research 36-3143826  |             | F            | age 7  |  |  |
|---|------|--|-------------|--------------|--|--|--|
| or at substantially less than fair rental value?  If "Yes," your periodicit the value of these extens here Do not include this amount as revenue in Part 1 or as an expense in Part 1!  If yes enstructions in Part 18   19   19   19   19   19   19   19   | Pa   | rt VI Other Information (continued)  |             | Yes          | No   |  |  |
| b   11 Yes, 1 you may indicate the value of these lens here Do not include this amount as reviewed in Part I of a an expense in Part I I    See enstructions in Part II    Del the origination comply with the disclosure requirements retaining to quel pire quo contributions?  | 82a  | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge   |             |              |  |  |  |
| ## Section 15(e) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |      | or at substantially less than fair rental value?   | 82a         | ļ            | X  |  |  |
| See instructions in Part III.)  State Del the organization comply with the disclosure requirements for returns and exemption applications?  by the organization condity with the disclosure requirements returning to quid private quid private and private and the organization include with every solicitation an express statement that such combutions or given were not as deductable?  Storigidal, 10, or 60) Were solicitation and exemption applications or given were not as deductable?  Storigidal, 10, or 60) Were solicitation in express statement that such combutions or given were not as deductable?  Storigidal, 10, or 60) Were solicitation in express statement that such combutions or given were not as deductable?  Storigidal, 10, or 60) Were solicitation and exemption applications or given were not as described in the provision of the organization and an account of the provision of th        | b    | If "Yes," you may indicate the value of these items here. Do not include this  |             |              |  |  |  |
| Dot the organization comply with the public inspection requirements for returns and exemption applications?  NA Bab   |      |  |             | ł            |  |  |  |
| b Did be organization control with the disclosure requirements relating to our dir to our dir to our direct our controlutions?  bid be organization relocation ground incompleted that where not as deductable?  bid be organization include with every solicitation an express statement that such controlutions or guide were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives were not as deductable?  bid lives an analyse only in the provises of the complete 85c through 65f below unless the organization received a waver for proxy tax owed for the proviser.  colors assessments, and similar amounts from members  disclosed 15 through 30 political expenditures  description of the proxy tax owed for the proviser.  colors assessments, and similar amounts for the proviser.  description of the proxy tax owed for the proviser.  description of the proxy tax owed for the proviser.  bid lives an analysis of the proxy tax owed for the proviser.  bid lives an analysis of the proxy tax owed for the proxy tax of the proxy tax        |      | (OCC MISH COMMITTEE MATERIAL)  |             |              |  |  |  |
| Basis   State   Sta           | 83a  |  |             |              |  |  |  |
| b If "Yes", "did the organization include with every solicitation an express statement that such contributions or gradies were not tax deductible?  \$350 (10(4), 15), or (6) Were substantially all dues nondeductible by members?  \$10 (10(4), 15), or (6) Were substantially all dues nondeductible by members?  \$10 (10(4), 15), or (6) Were substantially all dues nondeductible organization nake only in-house licibitying expenditures of \$2,000 or less?  \$10 (10(4), 15), or (6) Were substantially all dues nondeductible incommenders.  \$20 (10 (10), 15), or (6) Were substantially all dues nondeductible incommenders.  \$20 (10 (10), 15), or (6) Were substantially all dues nondeductible incommenders.  \$20 (10), or (10 | ь    | The transfer of the transfer o |             | <del> </del> | 77   |  |  |
| gifts were not tax deductible?  \$ 5010(1)(4), (5), of (5) Were substantially all dues nondeductible by members?  \$ 5010(1)(4), (5), of (5) Were substantially all dues nondeductible by members?  \$ 5010(1)(4), (5), of (5) Were substantially all dues nondeductible by members?  \$ 5010(1)(4), (5), of (5) Were substantially all dues nondeductible of the due to the du    | 84a  |  | 842         | -            | <u> </u>   |  |  |
| Sa  | b    |  | / 3   24    |              |  |  |  |
| b Did the organization make only windouse bothying expenditures of \$2,000 or less?  If "Yes" was answered to either 85 ard 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the proxy year  C Diess, assessments, and similar amounts from members  d Section 15(26) lobburgs and political expenditures (line 85d less 85e)  E T avable amount of libburgs and political expenditures (line 85d less 85e)  G Does the organization elect to pay the section 8033(e) 1X (A) less notices  F I seaches notification elect to pay the section 8033(e) 1X (A) the shot pay to the section         |      | 9  |             | +            | -  |  |  |
| 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  |      |  |             |              |  |  |  |
| consider a wawter for proxy tax owed for the pror year  C Dues, assessments, and smaler amounts from members  d Section 162(e) lobbying and political expenditures  Aggregate nondeductible amount of lobbying and political expenditures (line 850 less 85e)  f Taxable amount of lobbying and political expenditures (line 850 less 85e)  g Does the organization elect to pay the section 8032(e) tax on the amount on line 85f'  th if section 6033(e)(1)(A) dues notices were sent. does the organization agree to add the amount on line 85f  to ste reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  85 folic(X)7 crips. Enter a linitiation fees and capital contributions included on line 12  85 for secepts, included on line 12, for public use of club facilities  85 folic(X)2 orgs. Enter a clinisation fees and capital contributions included on line 12  86 folic(X)2 orgs. Enter a clinisation fees and capital contributions included on line 12.  87 for secepts, included on line 12, for public use of club facilities  87 folic(X)2 orgs. Enter a clinisation fees and capital contributions included on line 12.  87 for secepts, included on line 12, for public use of club facilities  88 feeb   | D    |  | A 031       | <del>'</del> | <del>                                     </del> |  |  |
| c Dues, assessments, and similar amounts from members d Section 15(2e) lobbings and political expenditures (line 85d less 85e) 85f   Shabel amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A 15   Shabel amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A 15   Shabel amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A 15   Shabel amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A 15   Shabel amount of lobbying and political expenditures for the following tax, year?  N/A 15   Shabel amount of lobbying and political expenditures for the following tax, year?  Shabel amount of lobes in political expenditures for the following tax, year?  Shabel amount of lobes in political expenditures for the following tax, year?  Shabel amount of lobes in political expenditures for the following tax, year?  Shabel amount of lobes in political expenditures for the following tax, year?  Shabel amount of lobes in political expenditures for the following tax, year?  Shabel amounts due or received from them 15 for year for path to their sources (Do not net amounts due or path to other sources (Do not net amounts due or path to other sources (Do not net amounts due or path to other sources (Do not net amounts due or path to other sources (Do not net amounts due or path to other sources (Do not net amounts due or path to other sources (Do not network) or path to other sources against amounts due or received from them 18 for a path text and the organization or a path to the same the organization or a path to section 491 for a path text and the organization or a path text and the organization organization organization during the year under section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a section 4911 for a sect         |      |  |             |              |  |  |  |
| d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 8.56  | _    | 1  | 1           |              |  |  |  |
| c Aggregate nondeductable amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and pollucal expenditures (line 564 less 565) g Does the reginancian elect to pay the section 6033(e) tax on the amount on line 857 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 857 to tis transcianable estimate of dues allocable to nondeductable lobbying and pollucal expenditures for the following tax year?  85 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86  |      |  | $\dashv$    | i            |  |  |  |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e)  g Does the organization elect to pay the section 803(a) jiax on the amount on line 85f?  h If section 603(a)(1)(14) dies notices were sent, does the organization agree to add the amount on line 85f to the reasonable estimate of dives allocable to nondeductible lobbying and political expenditures for the following tax year?  86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12  86 501(c)(7) orgs. Enter a Gross income from members or shareholders  87 501(c)(12) orgs. Enter a Gross income from members or shareholders  87 501(c)(12) orgs. Enter a Gross income from members or shareholders  87 501(c)(12) orgs. Enter a Gross income from them to grain stable composition or partnership, or an entity disregarded as separate from the organization under Regulations sections  9 27 3 301 7701-2 and 301 7701-37 il "Yes." complete Part IX  8 3 4 any time during the year, did the organization of the organization during the year under section 4911 ► 0 section 4912 ► 0 section 495 ► 0  8 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 section 4912 ► 0 section 495 excess benefit transaction during the year of did it become aware of an excess benefit transaction for a prior year? If "Yes." attach a statement explaining each transaction  9 2 2 Enter Amount of tax on line 85c, above, rembursed by the organization party to a prohibited tax shelter transaction?  1 3 4 Iorganizations but the organization acquire a direct or indirect interest in any applicable insurance contract?  9 4 For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations on active section 9 and 10 presents to 10 presents of 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents to 10 presents          |      |  |             |              |  |  |  |
| g Does the organization elect to pay the section 6033(e) tax on the amount on the 857  If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 857 to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  86 501(c)(7) forgs Enter a linitiation fees and capital contributions included on line 12  87 501(c)(7) forgs Enter a linitiation fees and capital contributions included on line 12  88 6 501(c)(7) forgs Enter a linitiation fees and capital contributions included on line 12  88 6 77 501(c)(12) orgs Enter a Gross income from members or shareholders  89 6 Gross receipts, included on line 12, for public use of club facilities  89 6 Gross income from other sources (Do not net amounts due or practice) and or part to other sources against amounts due or received from them.)  89 6 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 7701-31 11*Yes,** complete Part IX  89 6 501(c)(3) 3 organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0  89 5 501(c)(3) 3 organizations Enter Amount of tax imposed on the organization during the year under section 4911, 4955, and 4958  20 6 Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  21 6 Enter Amount of tax on line 89c, above, reimbursed by the organization  22 9 6 All organizations and sponsoring organizations maintaining donor advised funds Did the supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organizations and sponsoring organizations maintaining donor advised funds Did the suppo         | f    | 1-   |             |              |  |  |  |
| 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?  86 S01(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12. for public use of club facilities.  87 S01(c)(1) orgs. Enter a Gross income from members or shareholders.  87 S01(c)(1)(2) orgs. Enter a Gross income from members or shareholders.  87 S01(c)(1)(2) orgs. Enter a Gross income from members or shareholders.  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 7701-311111-3111111111111111111111111111  |      | 3.7  | /A 850      | .            |  |  |  |
| to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  following tax year?  following tax year?  for Glowing tax year?  for Gross receipts, included on line 12, for public use of club facilities  for Gross receipts, included on line 12, for public use of club facilities  for Gross receipts, included on line 12, for public use of club facilities  for Gross receipts, included on line 12, for public use of club facilities  for Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  for grant facility of the grant facility of the grant facility of the grant facility of the grant facility of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant facilities of grant f        |      |  | 11 00,      | <b>'</b>     | $\vdash$   |  |  |
| following tax year?  86 S01(c)(7) orgs Enter a Initiativin fees and capital contributions included on line 12  87 S01(c)(7) orgs Enter a Gross income from members or shareholders  88 S01(c)(12) orgs Enter a Gross income from members or shareholders  88 S01(c)(12) orgs Enter a Gross income from members or shareholders  89 S01(c)(12) orgs Enter a Gross income from them organization own a 50% or greater interest in a taxable corporation or partinership, or an entity disregarded as separate from the organization under Regulations sections  89 301 7701-2 and 301 7701-37 if "Yes," complete Part IX  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 IX  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 IX  b At any time during the year, did the organization of the organization during the year under section 4911 \( \bigcit{\big                | •••  |  |             |              | 1  |  |  |
| 86   S01(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12   86a   86b         |      |  | /A   851    | ,            | 1  |  |  |
| b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) orgs Enter a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or partices sources capainst amounts due or received from them) 88a 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 7701-31 "Fyes." complete Part IX  b At any time during the year, did the organization, directly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Part XI  section 4911 ▶ 0 , section 4912 ▶ 0 , section 4915 ▶ 0  b 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4915 ▶ 0  b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become ware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax imposed on the organization aparty to a prohibited tax sheller transaction?  f All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  Set Inter States with which a copy of this return is filed ▶ IL  Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  Located at ▶ Chicago, I         | 86   |  |             |              |  |  |  |
| Bo Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  88a 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 7701-37 if "Yes," complete Part IX  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 IX  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 IX  88b S01(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) orgs. Did the organization engage in any section 4956 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  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organization, have excess business holdings at any time during the vear?  90a List the states with which a copy of this return is filed ▶ II.  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  21P + 4 ▶ 606002  Located at ▶ Chicago, II.  A         | b    |  |             |              |  |  |  |
| sources against amounts due or received from them)  88a 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  b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(137) If "Yes," complete Part IX  b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(137) If "Yes," complete Part IX  b At any time during the year, did the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0  b 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) organization grapage 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 an assistement explaining each transaction managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction?  f All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization and prohibited tax shelter transaction?  g For supporting organizations, or a f         | 87   | 501(c)(12) orgs Enter a Gross income from members or shareholders 87a  |             |              |  |  |  |
| 88a 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 7701-37 if "Yes," complete Part IX  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  S01(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) orgs 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  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction?  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  891  | b    | Gross income from other sources (Do not net amounts due or paid to other   |             |              |  |  |  |
| 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  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  \$89a\$ \$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) orgs. Did the organization engage in any section 4956 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  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Enter Amount of tax on line 89c, above, reimbursed by the organization engage in any applicable insurance contract?  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations and sponsoring organization, have excess business holdings at any time during the year?  889a X  1 Est the states with which a copy of this return is filed ▶ II.  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  1 The books are in care of ▶ Margie Schaps  2 P E Madison #602  Located at ▶ Chicago, II.  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)?  1 If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filin    |      | sources against amounts due or received from them )  |             |              |  |  |  |
| 88a   | 88a  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or  |             |              |  |  |  |
| 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  |      | partnership, or an entity disregarded as separate from the organization under Regulations sections   |             |              |  |  |  |
| meaning of section 512(b)(13)? If "Yes," complete Part XI  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 0  501(c)(3) and 501(c)(4) orgs 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 pnor year? If "Yes," attach a statement explaining each transaction a statement explaining each transaction from a pnor year? If "Yes," attach a statement explaining each transaction from a pnor year? If "Yes," attach a statement explaining each transaction from a pnor year? If "Yes," attach a statement explaining each transaction during the year under sections 4912, 4955, and 4958  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  90a 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, 2007 (See instructions)  Telephone no ▶ 312-372-4292  29 E Madison #602  Located at ▶ Chicago, IL  ZIP+4 ▶ 60602  Located at ▶ Chicago, IL  ZIP+4 ▶ 60602  Located at ▶ Chicago, IS  Yes No 91b X  Yes No 91b X  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      | 301 7701-2 and 301 7701-3? If "Yes," complete Part IX  | 88          | <u> </u>     | X  |  |  |
| 89a 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) orgs 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  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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?  90a 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, 2007 (See instructions)  91a The books are in care of ▶ Margie Schaps  29 E Madison #602  Located at ▶ Chicago, IL  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 in a foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | þ    | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the  |             |              |  |  |  |
| section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0    b 501(c)(3) and 501(c)(4) orgs 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  c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90a 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, 2007 (See instructions)  7 Telephone no ▶ 312-372-4292  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      | meaning of section 512(b)(13)? If "Yes," complete Part XI  | ▶ 88        | <u> </u>     | X  |  |  |
| b 501(c)(3) and 501(c)(4) orgs 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  Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90a List the states with which a copy of this return is filed ▶ II  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91a The books are in care of ▶ Margie Schaps  29 E Madison #602  Located at ▶ Chicago, II  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | 89a  | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under  |             |              |  |  |  |
| 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  c. Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Enter Amount of tax on line 89c, above, reimbursed by the organization  e. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f. All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  90a. 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, 2007 (See instructions).  91a. The books are in care of. ▶ Margie Schaps  29 E. Madison #602  Located at. ▶ Chicago, IL  21P+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 in a foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  X   X  Light 4 ▶ 60602   |      | section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0   |             |              |  |  |  |
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| Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Enter Amount of tax on line 89c, above, reimbursed by the organization  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  90a 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, 2007 (See instructions)  91a The books are in care of ▶ Margie Schaps  29 E Madison #602  Located at ▶ Chicago, IL  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)?  If *Yes,* enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      | • • •  |             |              |  |  |  |
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| d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  90a 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, 2007 (See instructions)  91a The books are in care of ▶ Margie Schaps  29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank    See   X   | С    |  |             |              |  |  |  |
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| transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  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?  89g X  90a List the states with which a copy of this return is filled IL  b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  91a The books are in care of Margie Schaps  29 E Madison #602  Located at Chicago, IL  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)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  89g X  897 X  898 X  899 X  100 S  899 X  110 S  899 X  110 S  899 X  111 S  112 S  113 S  114 S  115 S  1        |      |  | <del></del> |              |  |  |  |
| f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  9 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?  90a 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, 2007 (See instructions.)  91a The books are in care of ▶ Margie Schaps  Telephone no ▶ 312-372-4292  29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | е    |  |             | .            |  |  |  |
| 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?  889  |      |  |             |              | T.   |  |  |
| supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  90a 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, 2007 (See instructions)  91a The books are in care of ▶ Margie Schaps  29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |      | • • •  | 89          | <del></del>  | +^   |  |  |
| at any time during the year?  100 List the states with which a copy of this return is filed  IL  10 Number of employees employed in the pay period that includes March 12, 2007 (See instructions)  11 Instructions         | y    |  |             |              | Ì  |  |  |
| Use 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, 2007 (See instructions)  90b 5  Telephone no ▶ 312-372-4292  29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      |  |             |              | v  |  |  |
| b Number of employees employed in the pay period that includes March 12, 2007 (See instructions )  90b 5  91a The books are in care of ▶ Margie Schaps 29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | 90a  | •  | [ 03        | <u> </u>     |  |  |  |
| Instructions )  91a The books are in care of ▶ Margie Schaps 29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      |  |             |              |  |  |  |
| Telephone no 312-372-4292 29 E Madison #602 Located at Chicago, IL  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)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   | ~    |  |             |              | 5  |  |  |
| 29 E Madison #602  Located at ▶ Chicago, IL  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)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   | 91a  |  | 12-37       | 2-42         | 292  |  |  |
| Located at Chicago, IL  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)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      |  |             |              |  |  |  |
| 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)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      |  |             |              |  |  |  |
| over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If " Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   | b    | · · · · · · · · · · · · · · · · · · ·  |             |              |  |  |  |
| account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |      |  |             | Yes          | No   |  |  |
| If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |      |  | 91          |              |  |  |  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |      | If " Yes," enter the name of the foreign country   | T           | 1            |  |  |  |
|   |      | · ·  |             |              |  |  |  |
|   |      |  |             | $\perp$      |  |  |  |

| a Program Service Revenue  b  c  d  e  f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 15 Interest on savings and temporary cash investments 16 Dividends and interest from securities 17 Net rental income or (loss) from real estate 28 debt-financed property 29 not debt-financed property 30 Gain or (loss) from sales of assets other than inventory 31 Net income or (loss) from sales of inventory 32 Gross profit or (loss) from sales of inventory 33 Other revenue a  34 development income 45 development income 46 development income 47 development income 48 development income 49 development income or (loss) from sales of inventory 40 development income 40 developm | Part VI       | Other Information (cont               |                                       |                      |                                       |                  |                                       |             | Yes        | No            |
|--|---------------|---------------------------------------|---------------------------------------|----------------------|---------------------------------------|------------------|---------------------------------------|-------------|------------|---------------|
| 28 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in leav of Form 1041—Check here and enter the amount of tax-exempt interest recoved or accrued wing the tax year.  Part VII  | c At any to   | ime during the calendar year, did the | organization maintain                 | an office outs       | side of the United St                 | ates?            |                                       | 91c         |            | X             |
| part VII Analysis of Income-Producing Activities (See the instructions.)  Determination of the exempt Interest received or accrued during the tay, year  Part VII Analysis of Income-Producing Activities (See the instructions.)  Determination of the exempt Interest of the Interest of th  | If "Yes,"     | enter the name of the foreign count   | ry 🕨                                  |                      |                                       |                  |                                       |             |            |               |
| Part VII Analysis of Income - Producing Activities (See the instructions.)  10to: Enter gross amounts unless otherwise   |               |                                       | -                                     |                      |                                       |                  | . 1                                   |             |            | ▶ [           |
| Other investment income or loss) from seales of inventory of the revenue a process profit or loss) from special events of the seales of inventory of the revenue a profit of the seales  | and ente      |                                       |                                       |                      |                                       |                  | ▶ 92                                  |             |            |               |
| Annount   Cache   Annount   Cache   Annount   Cache   Annount   Cache   Annount   Cache   Annount   Cache   Annount   Cache   Cache   Annount   Cache   Cache   Annount   Cache   Ca   | Part VII      | Analysis of Income-Pro                | ducing Activities                     | (See the             | instructions.)                        |                  |                                       |             |            |               |
| dicated program service revenue   Business code   Amount   Except   Amount   Except    ote: Enter gr | ross amounts unless otherwise         | -                                     | Unrelate             | d business income                     | Excluded         | by section 512, 513 or 514            | Re          | (E)        | r             |
| a Program Service Revenue   Gode   Gode    b C   G   G    d   G    f   Medicare/Medicaid payments   G    f   | dicated       |                                       |                                       | (A)<br>Business code | (B)<br>Amount                         | (C)<br>Exclusion | (D)<br>Amount                         |             |            |               |
| b  | _             |                                       | <u> </u> _                            |                      |                                       | code             |                                       |             | ncome      |               |
| the decicare/Medicard payments genes and contracts from government agencies Membership dues and assessments Membership dues and lemorary dues an | a Pro         | ogram Service Reve                    | nue                                   |                      |                                       |                  |                                       |             | <u>, 6</u> | 87            |
| d f Medicare/Medicaid payments g Fees and contracts from government agencies M Membership dues and assessments Interest on savings and temocrary cash investments Interest on savings and democrary cash investment income of the contract of | b             |                                       |                                       |                      | <del></del>                           |                  |                                       | <del></del> |            |               |
| g Fees and contracts from government agencies  Membership dues and assessments  Interest on savings and temborary cash investments  Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  [Big Fees and contracts from government agencies  Membership dues and assessments  Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  [Big Fees and contracts from government agencies  Membership of detivities of the decomplishment of each property  Membership of detivities to the Accomplishment of Exempt Purposes (See the instructions.)  [Big Fees and contracts from government agencies  Membership of detivities to the Accomplishment of Exempt Purposes  [Big Fees and contracts from government agencies  Membership of detivities to the Accomplishment of Exempt Purposes  [Big Fees and contracts from government agencies  Membership of detivities to the Accomplishment of Exempt Purposes  [Big Fees and contracts from government agencies  [Big Fees and contract from government agencies  [Big Fees and contracts from governmen  |               |                                       | <del></del> }                         |                      |                                       |                  |                                       |             |            |               |
| f Medicare/Medicand payments g Fees and contracts from government agencies 4 Membershy dues and assessments 5 Interest on savings and temporary cash investments 6 Dividends and interest from government agencies 4 Membershy dues and assessments 7 Net rental income or (loss) from real estate a debt-financed property 8 Net rental income or (loss) from personal property 10 Clear investment income 10 Gain or (loss) from sales of assets other than inventory 11 Net income or (loss) from sales of inventory 12 Closs profit or (loss) from sales of inventory 13 Other revenue a 15 Total (add line 104, columns (B), (D), and (E)) 16 Total (add line 104, columns (B), (D), and (E)) 17 Total (add line 104, columns (B), (D), and (E)) 18 Sublotal (add columns (B), (D), and (E)) 19 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) 19 Sa Forum fees  Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part XI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 10 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)                       | d             |                                       | <del></del>                           |                      |                                       |                  |                                       |             |            |               |
| g Fees and contracts from government agencies 4 Membership dues and assessments 5 Interest on aswings and temoroary cash investments 6 Dividends and interest from securities 7 Net rental income or (loss) from real estate 8 debt-financed property 9 not debt-financed property 9 not debt-financed property 9 Other investment income 10 Cann or (loss) from personal property 11 Net income or (loss) from sales of assets other than inventory 12 Cross profit or (loss) from sales of inventory 13 Other revenue a 15 Subtotal (edd columns (B), (D), and (E)) 16 Subtotal (edd columns (B), (D), and (E)) 17 Total (add line 104, columns (B), (D), and (E)) 18 Subtotal (edd columns (B), (D), and (E)) 19 Total (add line 104, columns (B), (D), and (E)) 19 Total (add line 104, columns (B), (D), and (E)) 20 Circline 105 plus line 1e. Part I, should equal the amount on line 12, Part I  21 Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) 22 Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  23 Forum fees  24 Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 25 Total income assets 26 Total income assets 27 Not the organization's exempt purposes (other than by providing funds for such purposes)  29 Total income assets 30 Not the organization's exempt purpose (other than by providing funds for such purposes)  30 Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) 31 (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  4 Yes   | ·             |                                       |                                       |                      |                                       |                  |                                       |             |            |               |
| 4 Membership dues and assessments 5 Interest on savings and temborary cash investments 6 Dividends and interest from securities 7 Net rental income or (loss) from real estate a debt-financed property 8 Net rental income or (loss) from personal property 9 Other investment income 10 Gain or (loss) from sales of assets other than inventory 11 Net income or (loss) from special events 12 Gross profit or (loss) from sales of inventory 13 Other revenue a 14 Subtotal (add columns (B), (D), and (E)) 15 Total (add line 104, columns (B), (D), and (E)) 16 Total (add line 104, columns (B), (D), and (E)) 17 Store: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I  18 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) 19 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 18 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) 19 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) 19 Yes 10 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) 19 Yes 10 Part X Information, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes   |               | · •                                   | -                                     |                      | · · · · · · · · · · · · · · · · · · · |                  |                                       |             |            |               |
| Interest on savings and temporary cash investments    14   | •             |                                       | ies                                   |                      |                                       |                  |                                       |             |            |               |
| Dividends and interest from securities   |               | •                                     | -                                     |                      |                                       | 7 /              | 13 150                                |             |            |               |
| Net rental income or (loss) from real estate a debt-financed property b not debt-financed property b Net rental income or (loss) from personal property b Net rental income or (loss) from personal property b Net rental income or (loss) from sales of assets other than inventory control Net income or (loss) from sales of assets other than inventory b Net income or (loss) from sales of inventory control Net inventory control Net inventory contro |               | •                                     | estments                              |                      |                                       | 14               | 13,156                                |             |            |               |
| a debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property b not debt-financed property controlled property b not debt-financed property b not debt-financed property controlled property b not debt-financed property controlled property  | •             |                                       | -                                     |                      |                                       |                  | <del> </del>                          |             |            |               |
| b not debt-financed property  86 Net rental income or (loss) from personal property  97 Other investment income  98 Odan or (loss) from sales of assets other than inventory  99 Net income or (loss) from special events  90 Corporation (loss) from special events  91 Other revenue a  92 Gross profit or (loss) from sales of inventory  93 Other revenue a  94 Subtotal (add columns (B), (D), and (E))  95 Total (add line 104, columns (B), (D), and (E))  96 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)  9 3 a Forum fees  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A)  Name, address, and EIN of corporation, percentage of ownership interest  N/A  94  95  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   |               | • •                                   | -<br> -                               |                      |                                       |                  |                                       |             |            |               |
| Net rental income or (loss) from personal property  Net income or (loss) from sales of assets other than inventory  Net income or (loss) from sales of inventory  Other revenue a  b  C  d  d  e  V  Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Total (add 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.)  Explan 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)  Part IX  Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  Rome, address, and Elin of corporation, parinership, or disregarded entity  N/A  Name, address, and Elin of corporation, parinership, or disregarded entity  N/A  Name, address, and Elin of corporation, parinership, or disregarded entity  N/A  Name, address, and Elin of corporation, parinership, or disregarded entity  N/A  Name, address, and Elin of corporation, parinership, or disregarded entity  N/A  Name, address, and Elin of corporation, parinership, or disregarded entity  N/A  Nature of activities  Total income  End-of-ty asset  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  Nature of activities  Notation and parinership, or disregarded entity  Nature of activities  Notation and parinership, or disregarded entity  Notation and parinership, or disregarded entity  Notation and parinership.   |               | · ', ',                               | F                                     |                      |                                       |                  |                                       |             |            |               |
| Other investment income Of Gain or (loss) from sales of assets other than inventory Other investment income Of Gain or (loss) from special events Of Gross profil or (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Other revenue a  Description of Company (loss) from sales of inventory Othe |               | • • •                                 |                                       | <del> </del>         |                                       |                  |                                       |             |            |               |
| Gain or (loss) from sales of assets other than inventory  10 Net income or (loss) from special events  10 Gors profit or (loss) from sales of inventory  10 Net income or (loss) from sales of inventory  10 Other revenue a  10 Subtotal (add columns (B), (D), and (E))  10 Total (add line 104, columns (B), (D), and (E))  10 Total (add line 104, columns (B), (D), and (E))  10 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)  10 Subtotal (add columns (B), (D), and (E))  11 Total (add line 104, columns (B), (D), and (E))  12 Ote: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I  12 Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  12 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)  13 Forum fees  14 Subtotal (add columns (B), (D), and (E))  25 Total (add line 104, columns (B), (D), and (E))  26 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)  15 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  16 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  17 Otal income in the part of activities in the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment of the accomplishment o |               | . , , , ,                             | operty                                |                      |                                       |                  |                                       |             |            |               |
| Net income or (loss) from special events    Coross profit or (loss) from sales of inventory  |               |                                       | -                                     |                      |                                       |                  |                                       |             |            |               |
| Oz Gross profit or (loss) from sales of inventory Oz Other revenue a    D  |               |                                       | in inventory                          |                      |                                       |                  |                                       |             |            |               |
| Other revenue a  b  c  d  d  e  Other Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  (B) (C) (C) (D) (E) (E) (E) (E) (Total income assets)  N/A  (A) %  (B) %  (B) %  (C) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E  |               | · · ·                                 | -                                     |                      |                                       |                  |                                       |             |            |               |
| b c d d e e e e e e e e e e e e e e e e e  |               | •                                     | <u> </u>                              |                      |                                       |                  |                                       |             |            |               |
| c d e e 04 Subtotal (add columns (B), (D), and (E))  | L.            |                                       |                                       |                      | <u>-</u>                              |                  |                                       |             |            |               |
| d e  |               |                                       |                                       |                      |                                       |                  |                                       |             |            |               |
| e  |               |                                       |                                       |                      |                                       |                  |                                       |             |            |               |
| Subtotal (add columns (B), (D), and (E))  Total (add line 104, columns (B), (D), and (E))  Dote: 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.)  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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  (B)  (B)  (C)  (D)  (E)  Total income  End-of-ye asset:  N/A  %  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  |               |                                       |                                       |                      |                                       |                  |                                       |             |            |               |
| Total (add line 104, columns (B), (D), and (E))  ote: 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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) Name, address, and ElN of corporation, partnership, or disregarded entity  N/A  (B) (C) (D) (E)  Percentage of ownership interest  N/A  (B) Nature of activities  N/A  (C) (D) (E)  Rodried income  End-of-ye assets  N/A  (B) (C) (D) (E)  Ford-of-ye assets  N/A  (B) (C) (D) (E)  Ford-of-ye assets  N/A  (B) (C) (D) (E)  Ford-of-ye assets  N/A  (B) (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D)  (C) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D)  (C) (D) (D)  (E)  Nature of activities  (C) (D) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D)  (C) (D) (D)  (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D)  (C) (D) (D)  (D) (E)  Nature of activities  (D) (D) (D) (E)  Total income  End-of-ye assets  N/A  (B) (B) (C) (D) (D)  (C) (D) (D)  (D) (D) (E)  Nature of activities  (D) (D) (D) (D)  (D) (D) (D  | -             | d (add solumns (P) (D) and (E))       |                                       |                      |                                       |                  | 13 156                                |             |            | , 87          |
| ote: 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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E) (D) (E) Name, address, and EIN of corporation, percentage of ownership interest N/A  N/A %  96  97  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  |               |                                       |                                       |                      |                                       | <u> </u>         | 13,130                                |             |            |               |
| Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  Line No.  | •             | , , , , , ,                           | ••                                    | Doet I               |                                       |                  | <b>-</b>                              |             | 20,        | , 03          |
| 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)  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest  N/A %  9%  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   |               |                                       |                                       |                      | of Evennt Dur                         | /5               | 'aa tha matuuatian                    |             |            |               |
| of the organization's exempt purposes (other than by providing funds for such purposes)  93a Forum fees  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (E)  Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest  N/A %  96  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   |               | 1                                     |                                       |                      |                                       |                  |                                       |             |            |               |
| Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) (B) (C) (D) (D) (E) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest N/A  N/A %  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  | Lille NO.     |                                       |                                       |                      |                                       |                  | intly to the accomplishin             | nent        |            |               |
| Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)    Name, address, and EIN of corporation, partnership, or disregarded entity   Percentage of ownership interest   N/A  | 93a           | <del></del>                           |                                       |                      |                                       | <del>-,</del>    | <del></del>                           |             |            |               |
| Name, address, and EIN of corporation, partnership, or disregarded entity  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  %  %  Percentage of ownership interest  %  %  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   | <u> </u>      | 101441112000                          |                                       | ·                    |                                       |                  |                                       |             |            |               |
| Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  N/A  %  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   |               |                                       |                                       |                      | · · · · · · · · · · · · · · · · · · · |                  |                                       |             |            |               |
| Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  N/A  %  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   |               |                                       | · · · · · · · · · · · · · · · · · · · |                      |                                       |                  | · · · · · · · · · · · · · · · · · · · |             |            |               |
| Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Percentage of ownership interest  N/A  %  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   | Part IX       | Information Regarding                 | Taxable Subsidia                      | aries and F          | )isregarded En                        | tities /S        | ee the instruction                    | <u> </u>    |            |               |
| Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  Nature of activities  Total income End-of-yeassets  N/A  N/A  Nature of activities  Total income End-of-yeassets  N/A  N/A  N/A  N/B  Nature of activities  Total income End-of-yeassets  N/A  Yeas  Percentage of ownership interest  Nature of activities  Total income End-of-yeassets  N/A  Yeas  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  Yes  |               | (A)                                   | (B)                                   | 1103 0110 1          |                                       | titles (O        |                                       |             | (E)        |               |
| N/A %  %  %  %  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  |               |                                       | Percentage of                         | 1                    | lature of activities                  | İ                |                                       |             |            | ır            |
| 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   |               |                                       | Ownership interest                    |                      |                                       |                  | •                                     |             | 33613      |               |
| 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   |               |                                       |                                       |                      |                                       |                  |                                       |             |            |               |
| 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   |               |                                       |                                       |                      |                                       |                  |                                       |             | -          |               |
| 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  |               |                                       | -                                     |                      |                                       |                  |                                       |             |            |               |
| (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | Part X        | Information Regarding                 | Transfers Assoc                       |                      | Personal Reno                         | fit Contr        | ects (See the inc                     | truction    | ne 1       |               |
| · · · · · · · · · · · · · · · · · · ·  |               |                                       |                                       |                      |                                       |                  |                                       |             |            | ΧN            |
| (a) The site of some state of the four basis and four basis and the sound of the so |               |                                       |                                       |                      |                                       |                  | Delient Countact?                     | -           | -          | <del>,,</del> |
| Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)   |               |                                       |                                       |                      | a personal benefit C                  | ontiact'         |                                       | `           | 1 es [-    | X N           |

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|----------------|---|--|--|----------------------------|--|----------|
| Part           |   |  |  | if the organizatio         | n                                      |          |
|                | is a controlling organization as d                      | efined in section 512(b)(                | 13).                                   |                            | т                                      |          |
|                |   |  |  |                            | Yes                                    | No       |
|                | Did the reporting organization make any transfers to    |  | section 512(b)(13) of                  |                            |  |          |
|                | the Code? If "Yes," complete the schedule below for     |  |  | <del></del>                | Ь                                      | <u> </u> |
| ļ              | (A)   | (B)                                      | (C)                                    | 1                          | (D)                                    |          |
|                | Name, address, of each                                  | Employer ID                              | Description of                         | Amour                      |  | ansfer   |
|                | controlled entity                                       | Number                                   | transfer                               |                            |  |          |
| -              |   |  |  |                            |  |          |
| а              |   |  |  |                            |  |          |
|                |   |  |  |                            |  |          |
|                |   |  |  |                            |  |          |
| b              |   |  |  |                            |  |          |
|                |   |  |  |                            |  |          |
| -              |   |  |  |                            |  |          |
| c              |   |  |  |                            |  |          |
|                |   |  |  |                            |  |          |
|                | Totals  |  |  |                            |  |          |
|                |   |  |  |                            | Т.,                                    | T        |
|                |   |  |  |                            | Yes                                    | No       |
|                | Did the reporting organization receive any transfers to | •  |  |                            |  |          |
|                | 512(b)(13) of the Code? If "Yes," complete the sched    |  | <del></del>                            | <del></del>                | ــــــــــــــــــــــــــــــــــــــ | <u> </u> |
|                | (A)<br>Name, address, of each                           | (B)<br>Employer ID                       | (C)<br>Description of                  |                            | (D)                                    |          |
|                | controlled entity                                       | Number                                   | transfer                               | Amour                      | nt of tr                               | ansfer   |
| -              |   | - Tunibor                                |  |                            |  |          |
|                |   |  |  |                            |  |          |
| a              |   |  |  |                            |  |          |
| +              |   |  |  |                            |  |          |
| b              |   |  |  |                            |  |          |
| ٦              |   |  |  |                            |  |          |
| +              |   |  |  |                            |  |          |
| С              |   |  |  |                            |  |          |
|                |   |  |  |                            |  |          |
|                | <del></del>   |  | <del></del>                            |                            |  |          |
|                | Totals  |  |  |                            |  |          |
|                |   |  | <del></del>                            |                            | Yes                                    | No       |
| 108            | Did the organization have a binding written contract in | n effect on August 17, 2006, cov         | vering the interest                    |                            | 163                                    | 110-     |
|                | rents, royalties, and annuities described in question   | • • •                                    | cining the interest,                   |                            |  | -        |
|                | Under penalties of perjury, I declare that I have exa   |  | nying schedules and statements, and t  | n the best of my knowledge | ــــــــــــــــــــــــــــــــــــــ | <u> </u> |
|                | and belief, it is true, correct, and complete Declara   | tion of preparer (other than officer) is | based on all information of which prep | arer has any knowledge     | 5                                      |          |
| Please         | · NAMA  |  |  | 79725/DR                   |  |          |
| Sign           | Signature of officer                                    | 7  | <del></del>                            | A CITO                     |  |          |
| Here           | Signature or ornicer                                    | ( )                                      |  | Date                       |  |          |
|                | Type or print name and title                            |  |  |                            |  |          |
|                |   |  | Date Check if                          | Preparer's                 | SSN or                                 | PTIN     |
| Paid           | Preparer's signature                                    |  | self-                                  | (See Gen                   | Instr X                                | )        |
| Prepa          | rer's   | ggogistos GD3:                           | 5/19/08 employe                        | <del></del>                |  |          |
| Use O          |   | ssociates, CPA':<br>ard Suite #3A        | <del>&gt;</del>                        | EIN ▶ 36-4                 | ±333                                   | 550      |
|                |   |  |  | Phone                      | 3 C '                                  |          |
|                | address, and ZIP + 4 Chicago,                           | IL 60611                                 |  | no ▶ 312-2                 | <u> </u>                               | <u> </u> |

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

### 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

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information-(See separate instructions.)

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

Employer identification number Name of the organization Health and Medicine Policy Research Group 36-3143826 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE • Total number of other employees paid over \$50 000 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 NONE Total number of others receiving over \$50,000 for professional services Þ Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (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 Phyllis Mitzen 200 E Delaware Place IL 60611 Consultant 53,036 Total number of other contractors receiving over \$50,000 for other services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

| Scne | edule A (Form 990 or 990-EZ) 2007 Realth and Medicine Policy Research 30-3143828   |          | Page 2 |
|------|--|----------|--------|
| Pa   | art 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   \$   |          | 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 ) |          |        |
| а    | Sale, exchange, or leasing of property?  | 1        | x      |
| b    | Lending of money or other extension of credit?   | <u> </u> | x      |
| c    | Furnishing of goods, services, or facilities?  | С        | x      |
| Ġ    | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990   | d X      |        |
| е    | Transfer of any part of its income or assets?  | e        | x      |
| 3a   | 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 )   | a        | x      |
| b    | Did the organization have a section 403(b) annuity plan for its employees?   | b X      |        |
| С    | 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   | <u> </u> | x      |
| d    | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  | 4        | x      |
| 4a   | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g  | a        | ×      |
| b    | Did the organization make any taxable distributions under section 4966?  | 2        | -      |
| С    | Did the organization make a distribution to a donor, donor advisor, or related person?   | _ ا ء    |        |
| d    | Enter the total number of donor advised funds owned at the end of the tax year   |          |        |
| е    | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year   |          |        |
| f    | Enter the total number of separate funds or accounts owned at the end of the tax 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   |          | 0      |
| g    | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year   |          | 0      |

| Pa  | art I\  | V Reason for Non-Private Foundate  | tion Status (See p                                | ages 4 through 8  | of the instru                                   | ıctions.)        |                                       |  |  |  |  |
|---|---|--|---|---|---|------------------|---------------------------------------|--|--|--|--|
| cer<br>5  | tify th   | at the organization is not a private foundation bec<br>A church, convention of churches, or association      |   |   | ×.)   |                  |                                       |  |  |  |  |
| 6   |   | A school Section 170(b)(1)(A)(II) (Also complete   | e Part V.)  |   |   |                  |                                       |  |  |  |  |
| 7   |   | A hospital or a cooperative hospital service organ   | nization. Section 170(b)(1                        | l)(A)(III)  |   |                  |                                       |  |  |  |  |
| 8   |   | A federal, state, or local government or government  | ental unit Section 170(b)                         | (1)(A)(v)   |   |                  |                                       |  |  |  |  |
| 9   |   | A medical research organization operated in conj   | junction with a hospital S                        | Section 170(b)(1)(A)(iii)   | Enter the hos                                   | spital's name,   | city,                                 |  |  |  |  |
|   |   | and state ▶  |   |   |   |                  |                                       |  |  |  |  |
| 10  |   | An organization operated for the benefit of a colle<br>(Also complete the <b>Support Schedule</b> in Part IV | •   | or operated by a govern   | mental unit Se                                  | ection 170(b)(1) | )(A)(ıv)                              |  |  |  |  |
| 11a   | X   | An organization that normally receives a substant 170(b)(1)(A)(vi) (Also complete the <b>Support Sci</b>     |   | m a governmental unit o   | or from the ger                                 | eral public Se   | ction                                 |  |  |  |  |
| 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 III-Other  |  |   |   |   |                  |                                       |  |  |  |  |
|   |   | Provide the following information  | ation about the support                           | ted organizations. (Se  | e page 8 of the                                 | instructions)    |                                       |  |  |  |  |
| Provide the following information (a)  Name(s) of supported organization(s) |   |  | (b)<br>Employer<br>identification<br>number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | Is the su<br>organization<br>the sup<br>organiz | d)<br>apported   | (e)<br>Amount of<br>support<br>-      |  |  |  |  |
|   |   |  |   |   | V   |                  |                                       |  |  |  |  |
|   |   |  |   |   | Yes   | No               | <u> </u>                              |  |  |  |  |
|   |   |  |   |   |   |                  |                                       |  |  |  |  |
|   |   |  | <u></u>   |   |   |                  |                                       |  |  |  |  |
|   |   |  |   |   |   |                  | <del></del>                           |  |  |  |  |
|   |   |  |   |   |   |                  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| _   |   |  |   |   |   |                  |                                       |  |  |  |  |
|   |   |  |   |   | <u></u>   |                  |                                       |  |  |  |  |
| Tota  | al  |  |   |   |   | <b>&gt;</b>      |                                       |  |  |  |  |
| 14  |   | An organization organized and operated to test f   | for public safety Section                         | 509(a)(4) (See page 8   | of the instructi                                | ons.)            |                                       |  |  |  |  |

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 instruc  | tions for converting fron  | the accrual to the cas      | h method of accounting    | <u> </u>               |           |
|-------|---|----------------------------|-----------------------------|---------------------------|------------------------|-----------|
| Calen | dar year (or fiscal year beginning in)  | (a) 2006                   | (b) 2005                    | (c) 2004                  | (d) 2003               | (e) Total |
| 15    | Gifts, grants, and contributions received (Do   |                            |                             |                           |                        |           |
|       | not include unusual grants. See line 28.)   | 658,890                    | 603,822                     |                           | 405,686                |           |
| 16    | Membership fees received  |                            |                             | 25                        | 25                     | 5 50      |
| 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  |                            | 9,926                       |                           | 140,29                 | 150,221   |
| 18    | Gross income from interest, dividends,  |                            |                             |                           |                        |           |
|       | amounts received from payments on securities  |                            |                             |                           |                        |           |
|       | loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated | :                          |                             |                           |                        |           |
|       | business taxable income (less section 511   |                            |                             |                           |                        |           |
|       | taxes) from businesses acquired by the  |                            |                             |                           |                        |           |
|       | organization after June 30, 1975  | 9,792                      | 2,969                       | 2,543                     | 2,26                   | 17,570    |
| 19    | Net income from unrelated business  |                            |                             |                           |                        |           |
|       | activities not included in line 18  |                            |                             |                           |                        | 0         |
| 20    | Tax revenues levied for the organization's  |                            |                             |                           |                        |           |
|       | benefit and either paid to it or expended on  |                            |                             |                           |                        |           |
|       | its behalf  |                            |                             |                           |                        | 0         |
| 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   |                            |                             |                           |                        | 0         |
| 22    | Other income Attach a schedule Do not include gain or (loss) from                       |                            |                             |                           |                        |           |
|       | sale of capital assets Stmt   |                            |                             | 1,250                     |                        | 1,250     |
| 23    | Total of lines 15 through 22  | 668,682                    |                             |                           | 548,27                 |           |
| 24    | Line 23 minus line 17   | 668,682                    |                             |                           | 407,97                 |           |
| 25    | Enter 1% of line 23   | 6,687                      | 6,167                       | 4,730                     | 5,48                   |           |
| 26    | Organizations described on lines 10 or  |                            | • • •                       |                           | <b>▶</b> 26a           | 43,128    |
| b     | Prepare a list for your records to show the   | e name of and amount of    | contributed by each per     | son (other than a         |                        |           |
|       | governmental unit or publicly supported or  |                            |                             |                           |                        |           |
|       | amount shown in line 26a Do not file thi  | <u>-</u>                   | . Enter the total of all th | ese excess amounts        | ▶ <u>26t</u>           |           |
| С     | Total support for section 509(a)(1) test E  |                            |                             |                           | ▶ 260                  | 2,156,400 |
| ď     | Add Amounts from column (e) for lines   | 1817,                      | <u>570</u> 19               |                           |                        |           |
|       |   | $\frac{1}{2}$              | 250 26b                     | 966,928                   | ▶ 260                  |           |
| е     | Public support (line 26c minus line 26d tot   | al)                        |                             |                           | ▶ 266                  | 1,170,652 |
| f     | Public support percentage (line 26e (ni   | umerator) divided by I     | ıne 26c (denominator        | ))                        | ▶ 26f                  | 54.2873%  |
| 27    | Organizations described on line 12:   |                            |                             | 17 that were received t   |                        |           |
|       | person," prepare a list for your records to   |                            |                             | d in each year from, eac  | h "disqualified persor |           |
|       | Do not file this list with your return. En  | ter the sum of such am     | ounts for each year         |                           |                        | N/A       |
|       | ·   | 005)                       | (2004                       | •                         | (2003)                 |           |
| ь     | For any amount included in line 17 that wa  |                            |                             |                           |                        |           |
|       | show the name of, and amount received f   |                            |                             |                           |                        |           |
|       | (Include in the list organizations described  |                            |                             |                           |                        |           |
|       | the difference between the amount receiv  | ed and the larger amou     | nt described in (1) or (2   | 2), enter the sum of thes | se differences (the ex |           |
|       | amounts) for each year  |                            |                             |                           |                        | N/A       |
|       | ·   | 005)                       | (2004                       | )                         | (2003)                 |           |
| С     | Add Amounts from column (e) for lines   | 15                         | 16                          |                           |                        | 1         |
|       | 17  | 20                         | 21                          |                           | ▶ 270                  | :         |
| đ     |   | and line 27b               | total                       |                           | <b>▶</b> 270           | <u> </u>  |
| e     | Public support (line 27c total minus line 27  | •                          |                             | , 1 E                     | ▶ 276                  | •         |
| f     | Total support for section 509(a)(2) test Ei   |                            | • •                         | ▶ 27f                     |                        |           |
| g     | Public support percentage (line 27e (nu   |                            |                             |                           | <b>▶</b> 27g           | %         |
|       | Investment income percentage (line 18   |                            |                             |                           | <b>▶</b> 27h           | %         |
| 28    | Unusual Grants: For an organization des   |                            |                             |                           |                        |           |
|       | prepare a list for your records to show, for  |                            |                             |                           |                        |           |
|       | description of the nature of the grant Do i   | not file this list with yo | our return. Do not incli    | ude these grants in line  | 15.                    |           |

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 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? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 32d 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 Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b 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

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

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

| <u> </u> | res t | o any or | the above, | also attach | a statement | giving a | detailed ( | descriptio | n of the I | obbying | activities | s |
|----------|-------|----------|------------|-------------|-------------|----------|------------|------------|------------|---------|------------|---|
|          |       |          |            |             |             |          |            |            |            |         |            |   |

| i | Yes | No | Amount |
|---|-----|----|--------|
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     |    |        |
|   |     | L  |        |
|   |     |    | l      |

Schedule A (Form 990 or 990-EZ) 2007

|          | LTHMEDIC 05/0                         |                                       |                  |   |   |              |      |       |
|----------|---------------------------------------|---------------------------------------|------------------|---|---|--------------|------|-------|
|          |                                       |                                       |                  |   | icy Research 36-3143826                               |              | P    | age 7 |
| Pa       |                                       |                                       | -                | nsters to and transaction<br>e page 14 of the instruction | s and Relationships With Noncharitabl                 | 8            |      |       |
| 51       |                                       |                                       |                  |   | th any other organization described in section        | <del></del>  |      |       |
| ٠.       |                                       |                                       |                  | organizations) or in section 527, re                      |   |              |      |       |
| а        |                                       |                                       |                  | ncharitable exempt organization of                        |   |              | Yes  | No    |
| _        | (i) Cash                              | 3 - 3 -                               |                  | , •   |   | 51a(i)       |      | X     |
|          | ( )                                   | assets                                |                  |   |   | a(ii)        |      | Х     |
| b        | Other transa                          | ictions                               |                  |   |   |              |      |       |
|          | (ı) Sales                             | or exchanges of assets                | s with a noncl   | haritable exempt organization                             |   | b(i)         |      | X     |
|          |                                       | ases of assets from a r               |                  |   |   | b(ii)        |      | X     |
|          | (iii) Renta                           | I of facilities, equipmen             | it, or other ass | sets  |   | b(iii)       |      | X     |
|          | (iv) Reimb                            | oursement arrangemen                  | nts              |   |   | p(in)        |      | X     |
|          | (v) Loans                             | or loan guarantees                    |                  |   |   | b(v)         |      | X     |
|          | (vi) Perfor                           | mance of services or n                | nembership o     | r fundraising solicitations                               |   | b(vi)        |      | X     |
| С        | Sharing of fa                         | acilities, equipment, ma              | uling lists, oth | er assets, or paid employees                              |   | С            |      | X     |
| d        | If the answe                          | r to any of the above is              | "Yes," comp      | lete the following schedule Columr                        | n (b) should always show the fair market value of the | ;            |      |       |
|          | goods, other                          | r assets, or services giv             | ven by the rep   | porting organization. If the organiza                     | tion received less than fair market value in any      |              |      |       |
|          | transaction (                         | or sharing arrangemen                 | t show in coli   | umn (d) the value of the goods oth                        | er assets, or services received                       |              |      |       |
|          | (a)                                   | (b)                                   | l                | (c)   | (d)   |              |      |       |
|          | Line no                               | Amount involved                       | Name of          | noncharitable exempt organization                         | Description of transfers, transactions, and shann     | arrangem (   | ents |       |
| N/       | <u>A</u>                              |                                       | ļ                |   |   |              |      |       |
|          |                                       |                                       | -                |   |   |              |      |       |
|          | ····                                  |                                       | <u> </u>         |   |   |              |      |       |
|          |                                       |                                       |                  |   |   |              | -    |       |
|          |                                       |                                       | <del> </del>     |   |   |              |      |       |
|          |                                       |                                       | <del> </del>     | <del>-</del>  |   |              |      |       |
|          |                                       |                                       | <del> </del>     | <u>.                                    </u>              |   |              |      |       |
|          |                                       |                                       | <b>_</b>         |   |   |              |      |       |
|          |                                       |                                       |                  |   |   |              |      |       |
|          |                                       |                                       | <del> </del>     | <del></del>   |   |              |      |       |
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| 52a      |                                       |                                       |                  | with, or related to, one or more tax                      |   |              | 15   | F     |
| _        |                                       | ` '                                   | •                | nan section 501(c)(3)) or in section                      | 52/7  | <b>-</b>   Y | es 🛂 | Ņο    |
| <u>b</u> | ii fes, con                           | nplete the following sch              | iedule           | 45  | T   |              |      |       |
|          |                                       | (a)<br>Name of organization           |                  | (b) Type of organization                                  | (c) Description of relationship                       |              |      |       |
|          | N/A                                   |                                       |                  |   |   | ···          |      |       |
|          | 11/12                                 |                                       |                  |   |   |              |      |       |
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| ,,   |                           |  | S                        | pecial Eve                             | ents So          | hedule |                  |                  |                          |
|--|---------------------------|--|--------------------------|--|------------------|--------|------------------|------------------|--------------------------|
| Form 9   | 90                        |  |                          | •                                      |                  |        |                  |                  | 2007                     |
|  |                           | For calendar ye                                  | ear 2007, or tax year b  | eginning                               |                  | , ar   | id ending        |                  |                          |
| <sub>lame</sub><br>Health  | and                       | Medicine   | Policy Res               | search                                 |                  |        |                  | Employer Id      | entification Number      |
| Group  |                           |  |                          |  |                  |        |                  | 36-314           | 3826                     |
|  |                           |  | (A)                      | (B)                                    |                  | (C)    | (                | Others           | Total                    |
| Gross receipt Less contri Gross revenu Less direct Net income (I | butions<br>ie<br>expenses | -<br>-<br>-<br>-                                 | 1,500<br>1,500<br>0<br>0 |  | 0<br>0<br>0<br>0 |        | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 1,500<br>1,500<br>0<br>0 |
| Description  | (A)                       | <u>Speci</u>                                     | al Event                 |  |                  |        |                  |                  |                          |
|  | (B)                       |  |                          |  |                  |        |                  |                  |                          |
|  | (C)                       |  |                          |  |                  |        |                  |                  |                          |
|  | Others                    |  |                          |  | -                |        |                  |                  |                          |
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HEALTHMEDIC Health and Medicine Policy Research

Federal Statements

36-3143826 FYE: 12/31/2007

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| Name                                 | Program<br>Services | Management &<br>General | Fundraising |
|--------------------------------------|---------------------|-------------------------|-------------|
| Expenses                             | w.                  | ಭ                       | w           |
| Officer Compensation<br>Compensation | 38,177              | 5,884                   | 3,661       |
| Total \$49,                          | 47,722 \$ 38,177    | \$ 5,884                | \$ 3,661    |
| See Statement 6                      |                     |                         |             |

HEALTHMEDIC Health and Medicine Policy Research 36-3143826 Federal Statements

36-3143826

FYE: 12/31/2007

## Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

| Description               |     | otal<br>enses | Program<br>Service |     | Mgt &<br>General | _   | Fund-<br>Raising |
|---------------------------|-----|---------------|--------------------|-----|------------------|-----|------------------|
| Expenses                  | \$  | \$            | 3                  | \$  |                  | \$  | _                |
| Bank and Credit Card Fees |     | 2,345         | 938                | }   | 469              |     | 938              |
| Contract Services         | 2   | 57,761        | 225,964            | :   | 19,544           |     | 12,253           |
| Dues and Subscriptions    |     | 3,542         | 1,417              | ,   | 1,771            |     | 354              |
| Insurance                 |     | 4,307         | 2,584              | :   | 1,292            |     | 431              |
| Meetings and Forums       |     | 31,529        | 28,376             | 5   | 3,153            |     |                  |
| Miscellaneous             |     | 2,790         | 1,251              | : . | 626              | _   | 913              |
| Total                     | \$3 | 02,274 \$     | 260,530            | \$_ | 26,855           | \$_ | 14,889           |

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HEALTHMEDIC Health and Medicine Policy Research
36-3143826 Federal Statements 36-3143826

FYE: 12/31/2007

# Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

Study and disseminate information regarding the health care system

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HEALTHMEDIC Health and Medicine Policy Research
36-3143826 Federal Statements

FYE: 12/31/2007

## Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

| Des       | scription |    |                      |     |               |     |                |     |               |
|-----------|-----------|----|----------------------|-----|---------------|-----|----------------|-----|---------------|
|           |           |    | Beginning<br>of Year |     | Accum<br>Depr |     | End of<br>Year |     | Accum<br>Depr |
| Equipment |           |    |                      |     |               |     |                |     |               |
|           |           | \$ | 48,951               | \$_ | 39,735        | \$_ | 20,482         | \$_ | 7,423         |
| Total     |           | \$ | 48,951               | \$_ | 39,735        | \$_ | 20,482         | \$_ | 7,423         |

### Statement 5 - Form 990, Part IV, Line 58 - Other Assets

| Description      | Beginning<br>of Year | End of<br><u>Year</u> |
|------------------|----------------------|-----------------------|
| Security Deposit | \$3,219              | \$ 3,219              |
| Total            | \$ 3,219             | \$ 3,219              |

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| HEALTHMEDIC Health and Medicine Policy Research<br>36-3143826<br>FYE: 12/31/2007 | search<br>Federal Statements | atements                      |  | 5/8/200  | 5/8/2008 1:21 PM |
|--|------------------------------|-------------------------------|--|----------|------------------|
| Statement 6 - Form 990, Part V-A   |                              | f Officers, Directors<br>yees | -List of Officers, Directors, Trustees, and Key<br>Employees |          | •                |
| Name and<br>Address  | Title                        | Average<br>Hours              | Compensation   | Benefits | Expenses         |
| Margie Schaps<br>29 E Madison #602<br>Chicago IL 60602                           | Exec Directo                 | 40                            | 47,722   | 10,913   | 0                |
| Laura McAlpine<br>29 E Madison #602<br>Chicago IL 60602                          | Interim ED                   | 40                            | 47,930   | 0        | 0                |
| Quentin D Young<br>29 E Madison #602<br>Chicago IL 60602                         | Director                     | 2                             | 0  | 0        | 0                |
| Lon Berkeley<br>29 E Madison #602<br>Chicago IL 60602                            | Director                     | 2                             | 0  | 0        | 0                |
| Leatrice Berman Sandler<br>29 E Madison #602<br>Chicago IL 60602                 | Director                     | 2                             | 0  | 0        | 0                |
| Tom Wilson<br>29 E Madison #602<br>Chicago IL 60602                              | Director                     | 8                             | 0  | 0        | 0                |
| Claudia Fegan<br>29 E Madison #602<br>Chicago IL 60602                           | Director                     | 0                             | 0  | 0        | 0                |
| Tracy Fischman<br>29 E Madison #602<br>Chicago IL 60602                          | Director                     | N                             | 0  | 0        | 0                |
| Arthur F Kohrman<br>29 E Madison #602<br>Chicago IL 60602                        | Director                     | 7                             | 0  | 0        | 0                |

| 21 PM  | •  | Expenses            | 0   | 0  | 0  | 0                                | 0   | 0   | 0   | 0  | 0  |
|--|--|---------------------|---|--|--|----------------------------------|---|---|---|--|--|
| 5/8/2008 1:21 PM   |  |                     | 10  | 0  | 0  | 0                                | 0   | 0   | 0   | 0  | 0  |
| Ŋ  |  | Benefits            |   |  |  |                                  |   |   |   |  |  |
|  | and Key  | sation              | 0   | 0  | 0  | 0                                | 0   | 0   | 0   | 0  | 0  |
|  | Part V-A - List of Officers, Directors, Trustees, and Key<br>Employees (continued) | Compensation        |   |  |  |                                  |   |   |   |  |  |
| y,   | Directors,   | ge<br>.s            |   |  |  |                                  |   |   |   |  |  |
| tement   | Officers, I  | Average<br>Hours    | 2   | ,  | 1  | T.                               | н   | ч   | н   | 1  | T  |
| ral Sta  | t V-A - List of Officers,<br>Employees (continued)                                 |                     |   |  |  |                                  |   |   |   |  |  |
| HEALTHMEDIC Health and Medicine Policy Research<br>36-3143826<br>FYE: 12/31/2007 |  | Title               | Director                                  | Director   | Director                                       | Director                         | Director                                      | Director  | Director  | Director                                     | Director   |
| licy Rese  | Statement 6 - Form 990,  |                     |   | П  | Ц  | Ц                                | Ц   | Ц   | Ω   | Д  | Ω  |
| dicine Po  | tement 6   |                     |   |  |  |                                  |   |   |   |  |  |
| h and Me   | Sta  | and<br>ess          |   |  |  |                                  |   |   |   |  |  |
| OIC Healt  |  | Name and<br>Address | Rae Murray<br>1adison #602<br>30 IL 60602 | m #602<br>60602                                    | ıglass<br>lison #602<br>IL 60602               | chello<br>lison #602<br>IL 60602 | Hall<br>dison #602<br>IL 60602                | tein<br>n #602<br>60602                                 | lm<br>n #602<br>60602                                 | ie<br>on #602<br>60602                       | Quinn<br>lison #602<br>IL 60602                        |
| HEALTHMEDIC<br>36-3143826<br>FYE: 12/31/2007                                     |  |                     |   | Joe Zanoni<br>29 E Madison #60<br>Chicago IL 60602 | Joe Feinglass<br>29 E Madison<br>Chicago IL 60 | Gia<br>Mad<br>go                 | Yolanda Hall<br>29 E Madison<br>Chicago IL 60 | Martha Holstein<br>29 E Madison #60<br>Chicago IL 60602 | Sara Lindholm<br>29 E Madison #60<br>Chicago IL 60602 | Rob McKersie<br>29 E Madison<br>Chicago IL 6 | Camille Quinn<br>29 E Madison #602<br>Chicago IL 60602 |
| HE, 36-;   |  |                     | Linda<br>29 E l<br>Chicae                 | Joe<br>29 E<br>Chic                                | Joe<br>29<br>Chi                               | Aida<br>29 E<br>Chica            | Yol<br>29 Chio                                | Mart<br>29 F<br>Chic                                    | Sara<br>29 l<br>Chic                                  | Rob<br>29 E<br>Chic                          | Cam:<br>29 I<br>Chic                                   |

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|--|--|---------------------|--|--|---|--|---|--|---|---|---|
| 5/8/2008 1:21 PM   | •  | Expenses            | 0  | 0  | 0   | 0  | 0   | 0  | 0   | 0   | 0   |
| 5/8/20   |  | Benefits            | 0  | 0  | 0   | 0  | 0   | 0  | 0   | 0   | 0   |
| :  | ors, Trustees, and Key   | Compensation        | 0  | 0  | 0   | 0  | 0   | 0  | 0   | 0   | 0   |
| Statements   | t V-A - List of Officers, Directo<br>Employees (continued)   | Average<br>Hours    | 1  | г  | г   | п  | П   | П  | г   | H   | ч   |
| olicy Research<br><b>Federa</b>  | Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key<br>Employees (continued) | Title               | Director   | Director   | Director  | Director   | Director  | Director   | Director  | Director  | Director  |
| HEALTHMEDIC Health and Medicine Policy Research<br>36-3143826<br>FYE: 12/31/2007 | Statement 6  | Name and<br>Address | Catharine Quinn<br>29 E Madison #602<br>Chicago IL 60602 | Fred D. Rachman<br>29 E Madison #602<br>Chicago IL 60602 | Gayle Riedmann<br>29 E Madison #602<br>Chicago IL 60602 | Steven K Rothschild<br>29 E Madison #602<br>Chicago IL 60602 | Jack Warren Salmon<br>29 E Madison #602<br>Chicago IL 60602 | Hank Scheff<br>29 E Madison #602<br>Chicago IL 60602 | Richard H Sewell<br>29 E Madison #602<br>Chicago IL 60602 | Benjamin M Squires<br>29 E Madison #602<br>Chicago IL 60602 | Carmen Velasquez<br>29 E Madison #602<br>Chicago IL 60602 |

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Federal Statements Title Director Name and Address Ray Werntz 29 E Madison #602 Chicago IL 60602 FYE: 12/31/2007

HEALTHMEDIC Health and Medicine Policy Research
36-3143826 Federal Statements

36-3143826

FYE: 12/31/2007

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Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

| Description   |     | 2006 | _   | 2005         | _   | 2004  | _   | 2003 |
|---------------|-----|------|-----|--------------|-----|-------|-----|------|
| Miscellaneous | \$_ |      | \$_ | <del>.</del> | \$_ | 1,250 | \$_ |      |
| Total         | \$  | 0    | \$_ | 0            | \$_ | 1,250 | \$  | 0    |

### Health and Medicine Policy Reasearch Group Form 990 - 2007

FEIN: 36-3143826

Part II, Line 42 - Depreciation
Part IV, Line 57 - Land, buildings, and equipment:

|                               | <u>2007</u>     | <u>2006</u>     |
|-------------------------------|-----------------|-----------------|
| Equipment                     | \$20,482        | \$48,951        |
| Less Accumulated Depreciation | <u> 7,423</u>   | <u>39,735</u>   |
|                               | <u>\$13,059</u> | <u>\$ 9,216</u> |

Depreciation expense for the year ended December 31, 2007 was \$3,269.