Department of the Treasur

| calendar year, or tax year beginning 01 |
| :--- |
| C Name of organization <br> HEALTH AND MEDICINE POLICY RESEARCH <br> GROUP |
| Doing business as |
| Number and street (or P O box If mall is not <br> 29 E MADISON STREET RM/STE 602 |
| City or town, state or province, country, and Z <br> CHICAGO, IL 60602 |
| F Name and address of principal officer <br> MARGIE SCHAPS <br> 29 EMADISON 602 <br> CHICAGO, IL 60602 |

I Tax-exempt status

B Check If applicable
$\square$ Address change
$\square$ Name change
$\square$ Initial return
$\square$ Final return/terminate
$\square$ Amended return $\square$ Application pending

## Summary

1 Briefly describe the organization's mission or most significant activities AN INDEPENDENT POLICY CENTER THAT CONDUCTS RESEARCH, EDUCATES AND COLLABORATES WITH OTHER GROUPS TO ADVOCATE POLICIES AND IMPACT HEALTH SYSTEMS TO IMPROVE THE HEALTH STATUS OF ALL PEOPLE THE MISSION IS TO PROMOTE SOCIAL JUSTICE AND CHALLENGE INEQUITIES IN HEALTH AND HEALTH CARE THE ORGANIZATION DERIVES ITS UNIQUENESS FROM THE DIVERSITY OF ISSUES IT ADDRESSES AND THE SINGLE-MINDEDNESS OF ITS VISION AN EQUITABLE HEALTH CARE SYSTEM WHICH PROVIDES ACCESS TO QUALITY, AFFORDABLE HEALTH CARE FOR ALL

2 Check this box $\square$ if the organization discontınued its operations or disposed of more than $25 \%$ of its net assets 3 Number of voting members of the governing body (Part $\mathrm{V} \mid$, line 1a)
$\mathbf{H ( a )}$ Is this a group return for subordınates?
$\square$ Yes $\nabla_{\text {no }}$
H(b) Are all subordinates included? $\square$ Yes $\square$ No If "No," attach a list (see instructions) H(c) Group exemption number

L Year of formation 1981
M State of legal domicile IL


## Part II Signature Block

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

Sigr Here
******
Signature of officer
MARGIE SCHAPS EXEC DIRECTOR
Type or print name and title

| Print/Type preparer's name | Preparer's signature |
| :--- | :--- | :--- | :--- | :--- | :--- | \left\lvert\, | Date |
| :--- |
| $2019-08-20$ | | Check $\square$ If |
| :--- |
| self-employed | | PTIN |
| :--- |
| P00733684 |\right.

Paid
Preparer Use Only

2019-06-20
Date

D Employer identification number 36-3143826

E Telephone number
(312) 372-4292

G Gross receIpts \$ 2,084,955

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in thıs Part III .
1 Briefly describe the organization's mission
AN INDEPENDENT POLICY CENTER THAT CONDUCTS RESEARCH, EDUCATES AND COLLABORATES WITH OTHER GROUPS TO ADVOCATE POLICIES AND IMPACT HEALTH SYSTEMS TO IMPROVE THE HEALTH STATUS OF ALL PEOPLE THE MISSION IS TO PROMOTE SOCIAL JUSTICE AND CHALLENGE INEQUITIES IN HEALTH AND HEALTH CARE THE ORGANIZATION DERIVES ITS UNIQUENESS FROM THE DIVERSITY OF ISSUES IT ADDRESSES AND THE SINGLE-MINDEDNESS OF ITS VISION AN EQUITABLE HEALTH CARE SYSTEM WHICH PROVIDES ACCESS TO QUALITY, AFFORDABLE HEALTH CARE FOR ALL

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or $990-\mathrm{EZ}$ ?
If "Yes," describe these new services on Schedule 0
3 Did the organization cease conducting, or make significant changes in how it conducts, any program
services?
$\square$ Yes $\quad$ No
If "Yes," describe these changes on Schedule O
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(\mathrm{c})(3)$ and $501(\mathrm{c})(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported


4d Other program services (Describe in Schedule 0 )
(Expenses \$ 376,958 including grants of \$ (Revenue \$ )

4 e Total program service expenses $\Rightarrow \quad 1,271,848$

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
4 Section 501(c)(3) organizations.
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule $C$, Part II

5 Is the organization a section $501(c)(4), 501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1 .
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or hıstoric structures? If "Yes," complete Schedule D, Part 11 )
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ${ }^{\circ}$.
9 Did the organization report an amount in Part $X$, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part $X$, or provide credit counseling, debt management, credit repair, or debt negotiation services PIf "Yes," complete Schedule D, Part IV 。

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quası-endowments? If "Yes," complete Schedule D, Part V "ل .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or $X$ as applicable
a Did the organization report an amount for land, buildings, and equipment in Part $X$, line 10 ? If "Yes," complete Schedule D, Part VI ل. .
b Did the organization report an amount for investments-other securities in Part $X$, line 12 that is $5 \%$ or more of its total assets reported in Part X, line 162 If "Yes," complete Schedule D, Part VII ${ }^{\circ}$.
c Did the organization report an amount for investments-program related in Part $X$, line 13 that is 5\% or more of its total assets reported in Part X, line 16 ? If "Yes," complete Schedule D, Part VIII ل ل
d Did the organization report an amount for other assets in Part $X$, line 15 that is 5\% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ل
$f$ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740) ? If "Yes," complete Schedule D, Part X

12a Did the organızation obtaın separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D,
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13 Is the organization a school described in section $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{II})$ ? If "Yes," complete Schedule $E$
14a Did the organization maintain an office, employees, or agents outside of the United States?
b Did the organization have aggregate revenues or expenses of more than $\$ 10,000$ from grantmaking, fundraising, business, Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part |X, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organizatıon? If "Yes," complete Schedule F, Parts II and IV .

16 Did the organization report on Part IX, column (A), line 3, more than $\$ 5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .
17 Did the organization report a total of more than $\$ 15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part /(see instructions)
18 Did the organization report more than $\$ 15,000$ total of fundraising event gross income and contributions on Part VIII, lines ic and 8a? If "Yes," complete Schedule G, Part II
19 Did the organization report more than $\$ 15,000$ of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than $\$ 5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1 I If "Yes," complete Schedule I, Parts I and II .
22 Did the organization report more than $\$ 5,000$ of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .

|  | Yes | No |
| :---: | :---: | :---: |
| 1 | Yes |  |
| 2 | Yes |  |
| 3 |  | No |
| 4 |  | No |
| 5 |  | No |
| 6 |  | No |
| 7 |  | No |
| 8 |  | No |
| 9 |  | No |
| 10 |  | No |
|  |  |  |
| 11a | Yes |  |
| 11b |  | No |
| 11c |  | No |
| 11d |  | No |
| 11e | Yes |  |
| 11 f |  | No |
| 12a | Yes |  |
| 12b |  | No |
| 13 |  | No |
| 14a |  | No |
| 14b |  | No |
| 15 |  | No |
| 16 |  | No |
| 17 |  | No |
| 18 | Yes |  |
| 19 |  | No |
| 20a |  | No |
| 20b |  |  |
| 21 |  | No |
| 22 |  | No |

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $\$ 100,000$ as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or $990-E Z$ ? If "Yes," complete Schedule L, Part 1 .
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a $35 \%$ controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, PartIV.
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? If "Yes, " complete Schedule $M$.
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, termınate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

32 Did the organization sell, exchange, dispose of, or transfer more than 25\% of its net assets? If "Yes," complete Schedule N, Part II .
33 Did the organization own 100\% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 If "Yes," complete Schedule R, Part I .
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .

35a Did the organization have a controlled entity within the meaning of section $512(\mathrm{~b})(13)^{2}$
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13) P If "Yes," complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organizatıon make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
37 Did the organization conduct more than $5 \%$ of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule $O$ and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule 0

|  | Yes | No |
| :---: | :---: | :---: |
| 23 | Yes |  |
| 24a |  | No |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 25a |  | No |
| 25b |  | No |
| 26 |  | No |
| 27 |  | No |
| 28a |  | No |
| 28b |  | No |
| 28c |  | No |
| 29 |  | No |
| 30 |  | No |
| 31 |  | No |
| 32 |  | No |
| 33 |  | No |
| 34 |  | No |
| 35a |  | No |
| 35b |  |  |
| 36 |  | No |
| 37 |  | No |
| 38 | Yes |  |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.
1a Enter the number reported in Box 3 of Form 1096 Enter -0- If not applicable
b Enter the number of Forms $W$-2G included in line 1a Enter - 0 - If not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?


2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
b If at least one is reported on line $2 a$, did the organization file all required federal employment tax returns? Note.If the sum of lines $1 a$ and $2 a$ is greater than 250 , you may be required to e-file (see instructions)
3a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year? .
b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule 0 .
4a 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)?
b If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T" .

6a Does the organization have annual gross receıpts that are normally greater than $\$ 100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $\$ 75$ made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds.
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9a Did the sponsoring organization make any taxable distributions under section 4966?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

| 10 a |
| :---: |
| 10 b |

11 Section 501(c)(12) organizations. Enter
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources aganst amounts due or received from them )


12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041)
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

## 12b

## 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule $O$
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand

| $13 b$ |
| :---: |
| $13 c$ |

14a Did the organization receive any payments for indoor tanning services during the tax year? .
b If "Yes," has it filed a Form 720 to report these payments 'If "No," provide an explanation in Schedule O .
15 Is the organization subject to the section 4960 tax on payment(s) of more than $\$ 1,000,000$ in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.


6

## Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule $O$
b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .
5 Did the organization become aware during the year of a significant diversion of the organization's assets? *
6 Did the organization have members or stockholders?
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
a The governing body?
b Each committee with authority to act on behalf of the governing body?
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? If "Yes," provide the names and addresses in Schedule $O$

|  | Yes | No |
| :---: | :---: | :---: |
| 27 |  |  |
|  |  |  |
|  |  | No |
|  |  | No |
| $\mathbf{4}$ |  | No |
| $\mathbf{5}$ |  | No |
| $\mathbf{6}$ |  | No |
| $\mathbf{7 a}$ |  | No |
| $\mathbf{7 b}$ |  | No |
|  |  |  |
| $\mathbf{8 a}$ | Yes |  |
| $\mathbf{8 b}$ | Yes |  |
| $\mathbf{9}$ |  | No |

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b Describe in Schedule $O$ the process, if any, used by the organization to review this Form 990
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?
14 Did the organization have a written document retention and destruction policy?
15 Did the process for determınıng compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule $O$ (see instructions)
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

|  | Yes | No |
| :---: | :---: | :---: |
| 10a |  | No |
| 10b |  |  |
| 11a | Yes |  |
|  |  |  |
| 12a | Yes |  |
| 12b | Yes |  |
| 12c | Yes |  |
| $\mathbf{1 3}$ |  | No |
| 14 | Yes |  |
|  |  |  |
| 15a | Yes |  |
| 15b | Yes |  |
|  |  |  |
| $\mathbf{1 6 a}$ |  | No |
|  |  |  |
| $\mathbf{1 6 b}$ |  |  |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) avalable for public inspection Indicate how you made these avalable Check all that apply
$\square$ Own website $\quad \square$ Another's website $\quad \nabla$ Upon request $\square$ Other (explain in Schedule O)
19 Describe in Schedule $O$ whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records -MARGIE SCHAPS 29 E MADISON 602 CHICAGO, IL 60602 (312) 372-4292

## Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns ( D ), ( E ), and ( F ) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $\$ 100,000$ from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than $\$ 100,000$
of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $\$ 10,000$ of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such personsCheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee

> (A)
> Name and Title

See Additional Data Table

| (A) <br> Name and Title | (B) <br> Average hours per week (list any hours for related organizatıons below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organızation (W-2/1099-MISC) | (E) <br> Reportable compensation from related organizations (W-2/1099MISC) | (F) <br> Estimated amount of other compensation from the organization and related organızatıons |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 策 |  |  |  |  |  |  |
| See Additional Data Table |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |

(A)
$e$ and Title

Name and Title


2 Total number of individuals (including but not limited to those listed above) who received more than $\$ 100,000$ of reportable compensation from the organization 1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule $J$ for such individual .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organızation and related organızations greater than $\$ 150,000$ ? If "Yes," complete Schedule J for such individual

5 Did any person listed on line la receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|  | Yes | No |
| :---: | :---: | :---: |
| $\mathbf{3}$ |  | No |
|  |  |  |
| $\mathbf{4}$ | Yes |  |
|  |  |  |
| $\mathbf{5}$ |  | No |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $\$ 100,000$ of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

|  | (A) <br> Name and business address | (B) <br> Description of services |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
| Total numbensation <br> compensation from the organization |  |  |

Check if Schedule O contains a response or note to any line in this Part VIII

| (A) |
| :---: | :---: | :---: | :---: |
| Total revenue | | (B) |
| :---: |
| Related or |
| exempt |
| function |
| revenue |$\quad$| (C) |
| :---: |
| Unrelated |
| business |
| revenue |$\quad$| (D) |
| :---: |
| Revenue |
| excluded from |
| tax under sections |
| $512-514$ |

9Total. Add lines 2a-2f . . . . $\quad$ Investment income (including dividends, interest, and other
similar amounts) $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$
4 Income from investment of tax-exempt bond proceeds
5 Royalties . . . . . . . . . . . .

| 1a Federated campaigns <br> b Membership dues <br> c Fundraising events <br> d Related organizations <br> e Government grants (contributions) | 1a |  |
| :---: | :---: | :---: |
|  | 1b |  |
|  | 1c | 25,000 |
|  | 1d |  |
|  | 1e | 110,158 |
| f All other contributions, gifts, grants, and simılar amounts not included above | 1 f | 1,682,365 |

g Noncash contributions included
in lines 1a-1f \$ $\qquad$
h Total. Add lines 1a-1f . . . . . . .
1,817,523

|  |  |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |


| Business Code |  |  |  |  |
| ---: | ---: | ---: | ---: | ---: |
| 611430 | 120,046 |  |  | 120,046 |
| 611430 | 5,235 |  |  | 5,235 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

125,281

6a Gross rents










| (I) Securities | (II) Other |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |



 See Part IV, line 18
b Less direct expenses . '
$\square$
Rental income or (loss)


| 696 |  |  | 696 |
| ---: | ---: | :--- | :--- |


c Net income or (loss) from gam returns and allowances.
b Less cost of goods sold
C Net income or (loss) from sales of inventory . . $\quad$


## PartIX Statement of Functional Expenses

Section $501(\mathrm{c})(3)$ and 501 (c)(4) organizations must complete all columns All other organizations must complete column (A)
Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21
2 Grants and other assistance to domestic individuals See Part IV, line 22

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16
4 Benefits paid to or for members
5 Compensation of current officers, directors, trustees, and key employees
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
7 Other salaries and wages
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)

9 Other employee benefits
10 Payroll taxes
11 Fees for services (non-employees)
a Management
b Legal
c Accounting
d Lobbying
e Professional fundraising services See Part IV, line 17
f Investment management fees
g Other (If line 11 g amount exceeds $10 \%$ of line 25 , column (A) amount, list line 11 g expenses on Schedule 0 )

12 Advertising and promotion
13 Office expenses
14 Information technology
15 Royalties
16 Occupancy
17 Travel
18 Payments of travel or entertainment expenses for any federal, state, or local public officials
19 Conferences, conventions, and meetings
20 Interest
21 Payments to affiliates
22 Depreciation, depletion, and amortization.

24 Other expenses Itemıze expenses not covered above (List miscellaneous expenses in line 24e If line 24 e amount exceeds $10 \%$ of line 25 , column (A) amount, list line 24 e expenses on Schedule O )
a TELEPHONE
b DUES AND SUBSCRIPTIONS
c EQUIPMENT AND REPAIRS
d
e All other expenses
25 Total functional expenses. Add lines 1 through $24 e$
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here $\square$ if following SOP 98-2 (ASC 958-720)

| (A) <br> Total expenses | (B) <br> Program service expenses | (C) <br> Management and general expenses | (D) Fundraisingexpenses |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 188,179 | 112,907 | 28,227 | 47,045 |
|  |  |  |  |
|  |  |  |  |
| 610,354 | 461,893 | 67,610 | 80,851 |
|  |  |  |  |
| 129,867 | 79,389 | 35,484 | 14,994 |
| 61,059 | 43,948 | 7,324 | 9,787 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 8,600 | 6,622 | 946 | 1,032 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 369,456 | 368,269 | 973 | 214 |
| - | - |  |  |
|  |  |  |  |
| 33,048 | 14,948 | 1,504 | 16,596 |
| 20,610 | 13,659 | 1,770 | 5,181 |
|  |  |  |  |
| 106,348 | 81,888 | 11,698 | 12,762 |
| 20,293 | 19,702 | 313 | 278 |
|  |  |  |  |
| 33,480 | 30,538 | 855 | 2,087 |
|  |  |  |  |
|  |  |  |  |
| 16,043 | 12,353 | $1,765$ | 1,925 |
| 5,239 | 4,034 | 576 | 629 |
|  |  |  |  |
| 12,244 | 9,428 | 1,347 | 1,469 |
| 7,713 | 6,241 | 655 | 817 |
| 7,643 | 6,029 | 772 | 842 |
|  |  |  |  |
|  |  |  |  |
| 1,630,176 | 1,271,848 | 161,819 | 196,509 |
|  |  |  |  |

Check if Schedule O contains a response or note to any line in this Part IX .

1 Cash-non-interest-bearıng
2 Savings and temporary cash investments
3 Pledges and grants receivable, net
4 Accounts receivable, net
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part Il of Schedule L
7 Notes and loans receivable, net
8 Inventories for sale or use
9 Prepaid expenses and deferred charges
10a Land, buildıngs, and equipment cost or other basis Complete Part VI of Schedule D
b Less accumulated depreciation
11 Investments-publicly traded securities .
12 Investments-other securities See Part IV, line 11
13 Investments-program-related See PartIV, line 11
14 Intangible assets
15 Other assets See Part IV, line 11
16 Total assets.Add lines 1 through 15 (must equal line 34)
17 Accounts payable and accrued expenses
18 Grants payable
19 Deferred revenue
20 Tax-exempt bond liabilities
21 Escrow or custodial account liability Complete Part IV of Schedule D
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified
persons Complete Part II of Schedule L
23 Secured mortgages and notes payable to unrelated third parties
24 Unsecured notes and loans payable to unrelated third parties.
25 Other liabilities (includıng federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D
26 Total liabilities.Add lines 17 through 25


| (A) <br> Beginning of year |  | (B) <br> End of year |
| ---: | ---: | ---: |
| 18,781 | $\mathbf{1}$ | 5,351 |
| 557,246 | $\mathbf{2}$ | 944,367 |
| 262,948 | $\mathbf{3}$ | 316,408 |
|  | $\mathbf{4}$ |  |
|  | $\mathbf{5}$ |  |
|  |  |  |
|  | $\mathbf{6}$ |  |
|  | $\mathbf{7}$ |  |
|  | $\mathbf{8}$ |  |
|  | $\mathbf{9}$ |  |
|  | $\mathbf{3 9}, 433$ | $\mathbf{3 3}$ |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)

| . | $. \quad . \quad$. |
| :---: | ---: |
| $\mathbf{1}$ |  |
| $\mathbf{2}$ | $2,026,915$ |
| $\mathbf{3}$ | $1,630,176$ |
| $\mathbf{4}$ | 396,739 |
| $\mathbf{5}$ |  |
| $\mathbf{6}$ |  |
| $\mathbf{7}$ |  |
| $\mathbf{8}$ |  |
| $\mathbf{9}$ |  |
| $\mathbf{1 0}$ |  |

## Part XII Financial Statements and Reporting

Check if Schedule $O$ contains a response or note to any line in this Part XII .

1 Accounting method used to prepare the Form 990
$\qquad$
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basısConsolidated basısBoth consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
( Separate basısConsolidated basısBoth consolidated and separate basis
c If "Yes," to line $2 a$ or $2 b$, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule $O$ and describe any steps taken to undergo such audits

|  | Yes | No |
| :---: | :---: | :---: |
| 2a |  |  |
|  |  | No |
| 2b | Yes |  |
|  |  |  |
| 2c | Yes |  |
|  |  |  |
| 3a |  | No |
| 3b |  |  |

Form $990(2018)$

## Additional Data

## Software ID:

## Software Version:

EIN: 36-3143826
Name: HEALTH AND MEDICINE POLICY RESEARCH GROUP

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) <br> Name and Title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensatıon from the organization (W-2/1099MISC) | (E) <br> Reportable compensation from related organizations (W-2/1099MISC) | (F) <br> Estımated amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 易 |  |  | $\stackrel{\text { T }}{\substack{\text { I }}}$ |  |  |  |
| LON BERKELEY <br> PAST PRESIDE | 200 | X |  | $x$ |  |  |  | 0 | 0 | 0 |
| CLAUDIA FEGAN <br> PRESIDENT | 200 | X |  | X |  |  |  | 0 | 0 | 0 |
| STEVEN K ROTHSCHILD <br> VICE PRESIDE | \% 200 | $x$ |  | $x$ |  |  |  | 0 | 0 | 0 |
| ARTHUR F KOHRMAN <br> DIRECTOR | ................ | X |  |  |  |  |  | 0 | 0 | 0 |
| LINDA RAE MURRAY <br> DIRECTOR | ............... | X |  |  |  |  |  | 0 | 0 | 0 |
| JOSEPH ZANONI <br> SECRETARY | 200 | X |  | X |  |  |  | 0 | 0 | 0 |
| HEATHER O'DONNELL <br> TREASURER | \% 200 | X |  | $x$ |  |  |  | 0 | 0 | 0 |
| MISTY DRAKE <br> DIRECTOR | \% 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| JOE FEINGLASS <br> DIRECTOR | , 1000 | X |  |  |  |  |  | 0 | 0 | 0 |
| AIDA GIACHELLO <br> DIRECTOR | +............. 100 | X |  |  |  |  |  | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) <br> Name and Title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organization (W-2/1099MISC) | (E) <br> Reportable compensation from related organizations (W-2/1099MISC) | (F) <br> Estımated amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 易 |  |  | $\stackrel{\text { T }}{\substack{\text { I }}}$ |  |  |  |
| ROBYN L GOLDEN <br> DIRECTOR | +.............. | X |  |  |  |  |  | 0 | 0 | 0 |
| SARA LINDHOLM <br> DIRECTOR | \% 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| SUZANNE CARLBERG-RACICH <br> DIRECTOR | +.............. | $x$ |  |  |  |  |  | 0 | 0 | 0 |
| GAYLE RIEDMANN <br> DIRECTOR | +.............. | X |  |  |  |  |  | 0 | 0 | 0 |
| AMY LULICH <br> DIRECTOR | \%............. | X |  |  |  |  |  | 0 | 0 | 0 |
| MILDRED WILLIAMSON <br> DIRECTOR | \% 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| RACHEL REICHLIN <br> DIRECTOR | +............. 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| MELISSA SIMON <br> DIRECTOR | \% 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| TOM WILSON <br> DIRECTOR | \%r........... ${ }^{100}$ | X |  |  |  |  |  | 0 | 0 | 0 |
| ELENA QUINTANA <br> DIRECTOR | \% 1000 | X |  |  |  |  |  | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) <br> Name and Title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organization (W-2/1099MISC) | (E) <br> Reportable compensation from related organizations (W-2/1099MISC) | (F) <br> Estımated amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | - |  |  |  |  |  |  |
| VIRGINIA BISHOP DIRECTOR | rr............ 100 | X |  |  |  |  |  | 0 | 0 | 0 |
| MICHAEL GELDER <br> DIRECTOR | , $\ldots$............. ${ }^{\text {r }}$ | X |  |  |  |  |  | 0 | 0 | 0 |
| JENNIFER MCGOWAN <br> DIRECTOR | +............. ${ }^{100}$ | X |  |  |  |  |  | 0 | 0 | 0 |
| $\begin{aligned} & \text { ELIZABETH SALISBURY-AFSHAR } \\ & \text { \#.......................................................... } \\ & \text { DIRECTOR } \end{aligned}$ |  | X |  |  |  |  |  | 0 | 0 | 0 |
| KAI TAO <br> DIRECTOR | +............... | X |  |  |  |  |  | 0 | 0 | 0 |
| ROHAN D JEREMIAH <br> DIRECTOR | +............... ${ }^{100}$ | $x$ |  |  |  |  |  | 0 | 0 | 0 |
| MARGIE SCHAPS EXEC DIRECTO | 4000 $\ldots . . . . . . . . . . . .$. |  |  | X |  |  |  | 162,586 | 0 | 25,592 |

## Name of the organization

HEALTH AND MEDICINE POLICY RESEARCH GROUP
Part I Reason for Public Charity Status (All organızatıons must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box )
$1 \square$ A church, convention of churches, or association of churches described in section $170(b)(1)(A)(i)$.
$2 \square$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
$3 \quad \square$ A hospital or a cooperative hospital service organization described in section $\mathbf{1 7 0}(\mathbf{b})(\mathbf{1})(\mathbf{A})(\mathrm{iii})$.
$4 \square$ A medical research organızatıon operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
$5 \quad \square$ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section $\mathbf{1 7 0}$ (b)(1)(A)(iv). (Complete Part II )
$6 \quad \square$ A federal, state, or local government or governmental unit described in section $\mathbf{1 7 0 ( b ) ( 1 ) ( A ) ( v ) .}$
$7 \sqrt{ } \sqrt{ }$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
$8 \quad \square$ A community trust described in section $170(b)(1)(A)(v i)$ (Complete Part II)
$9 \quad \square$ An agricultural research organization described in $\mathbf{1 7 0 ( b ) ( 1 ) ( A ) ( i x ) ~ o p e r a t e d ~ i n ~ c o n j u n c t i o n ~ w i t h ~ a ~ l a n d - g r a n t ~ c o l l e g e ~ o r ~ u n i v e r s i t y ~ o r ~ a ~}$ non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

An organization that normally receives (1) more than $331 / 3 \%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than $331 / 3 \%$ 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). (Complete Part III)
$11 \quad \square$ An organization organized and operated exclusively to test for public safety See section 509(a)(4).
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organızations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12 a through 12 d that describes the type of supporting organization and complete lines $12 \mathrm{e}, 12 \mathrm{f}$, and 12 g
a $\quad \square$ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
b $\quad \square$ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections $A$ and $C$.
c $\quad \square$ Type III functionally integrated. A supportıng organization operated in connection with, and functionally integrated with, its supported organızation(s) (see instructions) You must complete Part IV, Sections A, D, and E.
d $\square$ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.
e $\quad \square$ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organızations
g Provide the following information about the supported organization(s)
(i) Name of supported organization
(iii) Type of organization (described on lines 1-10 above (see instructions))
(iv) Is the organization listed
in your governing document?
(v) Amount of
monetary support
(see instructions)
(vi) Amount of other support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support <br> Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
3 The value of services or facilities furnished by a governmental unit to the organization without charge
4 Total. Add lines 1 through 3
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds $2 \%$ of the amount shown on line 11, column (f)

6 Public support. Subtract line 5 from line 4

## Section B. Total Support

 Calendar year (or fiscal year beginning in)7 Amounts from line 4
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
9 Net income from unrelated business activities, whether or not the business is regularly carried on
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)
11 Total support. Add lines 7 through 10
12 Gross recelpts from related activities, etc (see instructions)

|  | (c) 2016 | (d) 2017 |  |
| :---: | :---: | ---: | ---: |
| 30 | $1,678,624$ | $1,269,002$ |  |
| 30 | $1,678,624$ | $1,269,002$ |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |


| (e) 2018 | (f) Total |
| :---: | :---: |
| 1,817,523 | 8,004,557 |
|  |  |
|  |  |
| 1,817,523 | 8,004,557 |
|  | 2,577,708 |
|  | 5,426,849 |



13 First five years. If the Form 990 is for the organizatıon's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage for 2017 Schedule A, Part II, line 14

| $\mathbf{1 4}$ | $64450 \%$ |
| :--- | :--- |
| $\mathbf{1 5}$ | $65380 \%$ |

16a $331 / 3 \%$ support test-2018. If the organization did not check the box on line 13 , and line 14 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization
b $\mathbf{3 3 1 / 3 \%}$ support test-2017. If the organization did not check a box on line 13 or $16 a$, and line 15 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a $\mathbf{1 0 \%}$-facts-and-circumstances test-2018. If the organizatıon did not check a box on line 13, 16a, or 16b, and line 14 is $10 \%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organızation
b 10\%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is $10 \%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line $13,16 a, 16 b, 17 a$, or $17 b$, check this box and see instructions

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization faıls to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

## Calendar year

(or fiscal year beginning in)
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")
2 Gross recelpts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
3 Gross receipts from activities that are not an unrelated trade or business under section 513
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
5 The value of services or facilities furnished by a governmental unit to the organization without charge
6 Total. Add lines 1 through 5
7a Amounts included on lines 1, 2, and 3 received from disqualified persons
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $\$ 5,000$ or $1 \%$ of the amount on line 13 for the year
c Add lines 7a and 7b
8 Public support. (Subtract line 7c from line 6)

## Section B. Total Support

## Calendar year

(or fiscal year beginning in)
9 Amounts from line 6
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
b Unrelated busıness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
c Add lines 10a and 10b
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)
13 Total support. (Add lines 9, 10c, 11, and 12 )
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organızation, check this box and stop here

| (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Tota |
| :--- | :--- | :--- | :--- | :--- | :--- |
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## Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))
16 Public support percentage from 2017 Schedule A, Part III, line 15

## 15

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))
18 Investment income percentage from 2017 Schedule A, Part III, line 17

| 17 |
| :--- |
| 18 |

19a $\mathbf{3 3 1 / 3 \%}$ support tests-2018. If the organization did not check the box on line 14 , and line 15 is more than $331 / 3 \%$, and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
b $331 / 3 \%$ support tests-2017. If the organization did not check a box on line 14 or line $19 a$, and line 16 is more than $331 / 3 \%$ and line 18 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

3a Did the organization have a supported organızation described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(C)(2)(B)$ purposes

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (If applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (II) the reasons for each such action, (III) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detall in Part VI.

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35 \%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 ? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detall in Part VI.
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detall in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 (f) (regarding certaın Type II supportıng organızatıons, and all Type III non-functıonally integrated supporting organızations)? If "Yes," answer line 10b below
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

|  | Yes | No |
| :---: | :---: | :---: |
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| 3a |  |  |
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| 9a |  |  |
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| 9b |  |  |
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| 9c |  |  |
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| 10a |  |  |
|  |  |  |
| 10b |  |  |

11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
b A family member of a person described in (a) above?
c A $35 \%$ controlled entity of a person described in (a) or (b) above? If "Yes" to $a, b$, or $c$, provide detail in Part VI

|  | Yes | No |
| :---: | :--- | :--- |
|  |  |  |
|  |  |  |
| 11a |  |  |
| 11b |  |  |
| 11c |  |  |

## Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organızatıon's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

|  | Yes | No |
| :--- | :--- | :--- |
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| 1 |  |  |
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## Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (I) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iII) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (1) appointed or elected by the supported organization (s) or (il) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
| 1 |  |  |

## Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
a $\quad \square$ The organization satisfied the Activities Test Complete line $\mathbf{2}$ below
b $\quad \square$ The organization is the parent of each of its supported organizations Complete line $\mathbf{3}$ below
c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organızatıon was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
3 Parent of Supported Organizations Answer (a) and (b) below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide detalls in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard

|  | Yes | No |
| :---: | :--- | :--- |
|  |  |  |
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| 2a |  |  |
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| 2b |  |  |
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| 3a |  |  |
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| 3b |  |  |

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E
## Section A-Adjusted Net Income

| $\mathbf{1}$ | Net short-term capital gaın |  |
| :--- | :--- | :--- |
| $\mathbf{2}$ | Recoveries of prıor-year dıstrıbutions |  |
| $\mathbf{3}$ | Other gross income (see instructıons) |  |
| $\mathbf{4}$ | Add lines 1 through 3 |  |
| $\mathbf{5}$ | Depreciation and depletıon | Portıon of operatıng expenses paıd or incurred for productıon or collectıon of gross <br> income or for management, conservatıon, or maintenance of property held for <br> production of income (see instructıons) |
| $\mathbf{7}$ | Other expenses (see instructıons) |  |
| $\mathbf{8}$ | Adjusted Net Income (subtract lines 5,6 and 7 from line 4) |  |
|  | Section B - Minimum Asset Amount |  |

1 Aggregate farr market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
a Average monthly value of securities
b Average monthly cash balances
c Fair market value of other non-exempt-use assets
d Total (add lines 1a, 1b, and 1c)
e Discount claımed for blockage or other factors (explain in detaıl in Part VI)
2 Acquisition indebtedness applicable to non-exempt use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use Enter 1-1/2\% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3)
6 Multiply line 5 by 035
7 Recoveries of prior-year distributions
8 Minimum Asset Amount (add line 7 to line 6)

## Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85\% of line 1
3 Minımum asset amount for prior year (from Sectıon B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
$7 \quad \square$ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-FZ) 2018

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations
4 Amounts pard to acquire exempt-use assets
5 Qualified set-aside amounts (prior IRS approval required)
6 Other distributions (describe in Part VI) See instructions
7 Total annual distributions. Add lines 1 through 6
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions

9 Distributable amount for 2018 from Section C, line 6
10 Line 8 amount divided by Line 9 amount

## Section E - Distribution Allocations (see instructions)

1 Distributable amount for 2018 from Section C, line 6
2 Underdıstributions, If any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions
3 Excess distributions carryover, If any, to 2018
a From 2013.
b From 2014.
c From 2015.
d From 2016.
e From 2017.
f Total of lines 3a through e
g Applied to underdıstributions of prior years
h Applied to 2018 distributable amount
i Carryover from 2013 not applied (see instructions)
j Remainder Subtract lines 3g, 3h, and 3ı from 3f 4 Distributions for 2018 from Section D, line 7 \$
a Applied to underdistributions of prior years
b Applied to 2018 distributable amount
c Remainder Subtract lines 4a and 4b from 4
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3 g and 4 a from line 2 If the amount is greater than zero, explain in Part VI See instructions
6 Remaining underdistributions for 2018 Subtract lines 3 h and 4 b from line 1 If the amount is greater than zero, explain in Part VI See instructions
7 Excess distributions carryover to 2019. Add lines 3j and 4c
8 Breakdown of line 7
a Excess from 2014.
b Excess from 2015.
c Excess from 2016.
d Excess from 2017.
e Excess from 2018.

| (i) <br> Excess Distributions | (ii) <br> Underdistributions <br> Pre-2018 | (iii) <br> Distributable <br> Amount for 2018 |
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|  |  |  | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

## Facts And Cırcumstances Test

## 990 Schedule A, Supplemental Information

| Return Reference |  | Explanation |
| :--- | :--- | :--- |
| PART II, LINE 10 | PROGRAM INCOME 288,248 |  |

- Go to www.irs.qov/Form990 for the latest information.
Name of the organization
HEALTH AND MEDICINE POLICY RESEARCH
GROUP

1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year

| (a) Donor advised funds |  |
| :---: | :---: |
|  |  |
|  |  |
|  |  |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
(b) Funds and other accounts

Part 11 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)
 structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $-$
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year - $\qquad$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(\mathrm{~h})(4)(\mathrm{B})(1)$ and section $170(\mathrm{~h})(4)(\mathrm{B})(11)$ ?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part 1 II Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

 Complete if the organızation answered "Yes" on Form 990, Part IV, line 8.1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1

- $\$$ $\qquad$
(ii) Assets included in Form 990, Part $X$
- $\$$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1

- \$
b Assets included in Form 990, Part X


## Part III

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply)Public exhibition
d $\quad \square$ Loan or exchange programs
b
$\square$ Scholarly research
eOther
$\square$ Preservation for future generations
4
Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?Yes
Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part $X$, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Begınnıng balance
d Additions during the year
e Distributions during the year
f Ending balance

|  | Amount |
| :---: | :---: |
| 1c |  |
| 1d |  |
| 1e |  |
| 1f |  |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . $\square$ Yes $\square$ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
Part V Endowment Funds. Complete if the organızatıon answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Adminıstrative expenses
g End of year balance

| (a)Current year | (b)Proor year | (c)Two years back | (d)Three years back | (e)Four years back |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
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2 Provide the estimated percentage of the current year end balance (line 1 g , column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines $2 a, 2 b$, and $2 c$ should equal $100 \%$
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizatıons
(ii) related organızations
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?

|  | Yes | No |
| :---: | :---: | :---: |
| 3a(i) |  |  |
| 3a(ii) |  |  |
| 3b |  |  |

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment.

Complete if the organızatıon answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, lıne 10.

| Description of property | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land <br> b Buildings <br> c Leasehold improvements <br> d Equipment <br> e <br> Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | 109,765 | 70,890 | 38,875 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), Inne 10(c) ) . . |  |  |  | 38,875 | See Form 990, Part X, line 12.


| (a) Description of security or category <br> (Including name of security) |
| :--- | <br> \section*{Total. (Column (b) must equal Form 990, Part X, col (B) line 12 , <br> \section*{Total. (Column (b) must equal Form 990, Part X, col (B) line 12 , <br> Total. (Column (b) must equal Form 990, Part X, col (B) line 1.

Part VIII Investments-Program Related.}

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(1) Financial derivatives
(2) Closely-held equity interests
(3) (3)Other

| (a) Description of investment | (b) Book value | (c) Method of valuation <br> Cost or end-of-year market value |
| :--- | :--- | :--- |
| $(1)$ |  |  |
| (2) |  |  |
| (3) |  |  |
| $(4)$ |  |  |
| (5) |  |  |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |
| (9) |  |  |
| Total. (Column (b) must equal Form 990, Part $X$, col (B) line 13) |  |  |



Other Liabilities. Complete if the organızatıon answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability

|  | (b) Book value |
| ---: | ---: |
|  |  |
|  | 47,773 |
|  |  |
|  |  |

## Part XI <br> Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1 Total revenue, gains, and other support per audited financial statements .
2 Amounts included on line 1 but not on Form 990, Part ViII, line 12
a Net unrealized gans (losses) on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII)
e Add lines 2a through 2d .
3 Subtract line $\mathbf{2 e}$ from line $\mathbf{1}$
4 Amounts included on Form 990, Part ViII, line 12, but not on line 1
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII)

| 2a |  |  |  |
| :--- | :--- | :--- | :--- |
| 2b |  |  |  |
| 2c |  |  |  |
| 2d |  |  |  |

c Add lines 4a and 4b
5 Total revenue Add lines $\mathbf{3}$ and $\mathbf{4 c}$. (This must equal Form 990, Part I, line 12 )
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part IX, line 25
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII )
e Add lines 2a through 2d
3 Subtract line $\mathbf{2 e}$ from line $\mathbf{1}$
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part ViII, line 7b
b Other (Describe in Part XIII )

| 2a |  |  |  |
| :--- | :--- | :--- | :--- |
| 2b |  |  |  |
| 2c |  |  |  |
| 2d |  |  |  |

c Add lines 4a and 4b
5 Total expenses Add lines $\mathbf{3}$ and $\mathbf{4 c}$. (This must equal Form 990, Part I, line 18 )

| $\mathbf{1}$ |  |
| :---: | ---: |
|  |  |
|  |  |
|  |  |
| $\mathbf{2 e}$ |  |
| $\mathbf{3}$ |  |
|  | $1,630,176$ |
| $\mathbf{4 c}$ |  |
| $\mathbf{5}$ |  |

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI , lines 2 d and 4 b , and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treason Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $\$ 15,000$ on Form 990-EZ, line $6 a$ Attach to Form 990 or Form 990-EZ.
Go to www irs gov/Form990 for instructions and the latest information

Part I Fundraising Activities. Complete if the organızatıon answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply
a $\quad \square$ Mall solicitationsSolicitation of non-government grants
b $\quad \square$ Internet and email solicitations
f $\square$
Solicitation of government grants
c $\square$ Phone solicitations
g $\quad \square$ Special fundraising events
d $\quad \square$ In-person solicitations
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $\$ 5,000$ by the organization


3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $\$ 15,000$ of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6 b . List events with gross receipts greater than \$5,000.


Part III Gaming. Complete if the organizatıon answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.


9 Enter the state(s) in which the organization conducts gaming activities
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain $\qquad$
$\qquad$
b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gamıng?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility

|  | $\square$ Yes $\square$ No |  |
| :---: | :---: | :---: |
|  | $\square$ Yes $\square$ No |  |
|  | $\square$ |  |
| 13a |  | $\%$ |
| 13b |  |  |

14 Enter the name and address of the person who prepares the organızation's gamıng/special events books and records

Name

Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization \$ $\qquad$ and the amount of gaming revenue retained by the third party \$ $\qquad$
c If "Yes," enter name and address of the third party
Name

Address

16 Gamıng manager ınformatıon
Name

Gaming manager compensation \$ $\qquad$

Description of services providedIndependent contractor

17 Mandatory distrıbutions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$
Part IV Supplemental Information. Provide the explanatıons required by Part I, line 2b, columns (III) and (v); and Part III, lınes 9, 9b, 10b, 15b, 15c, 16, and 17b, as applıcable. Also provide any additional information. See instructions.

| Return Reference |  | Explanation |  |
| :--- | :--- | :--- | :--- |

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
$\rightarrow$ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. - Attach to Form 990.

Open to Public
Inspection

## Name of the organization

HEALTH AND MEDICINE POLICY RESEARCH
GROUP

Employer identification number
36-3143826

## Part I Questions Regarding Compensation

1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line la Complete Part III to provide any relevant information regarding these items

$\square$
$\square$
$\square$
$\square$

First-class or charter travel Travel for companions
Tax idemnification and gross-up payments Discretionary spending account


Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e g , maid, chauffeur, chef)
b If any of the boxes in line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reımbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organızatıon's CEO/Executıve Director Check all that apply Do not check any boxes for methods used by a related organızation to establish compensation of the CEO/Executive Director, but explain in Part IIICompensation committeeWritten employment contract
Independent compensation consultant
Form 990 of other organızations
Compensation survey or study
Approval by the board or compensation committee
4 During the year, dıd any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization
a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines $4 a-c$, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, dıd the organization pay or accrue any compensation contingent on the revenues of
a The organization?
b Any related organizatıon?
If "Yes," on line 5a or 5b, describe in Part III
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organızatıon pay or accrue any compensation contingent on the net earnings of
a The organization?
b Any related organizatıon?
If "Yes," on line 6a or 6b, describe in Part III
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 67 If "Yes," describe in Part III
8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

|  | Yes | No |
| :---: | :---: | :---: |
| 1b |  |  |
| 2 |  |  |
| 4a |  | No |
| 4b |  | No |
| 4c |  | No |
| 5a |  | No |
| 5b |  | No |
| 6a |  | No |
| 6b |  | No |
| 7 |  | No |
| 8 |  | No |
| 9 |  |  |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual


## SCHEDULE 0

(Form 990 or 990EZ)

Department of the Treasur Nelation eftrergrakization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or $\mathbf{9 9 0}$-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to wwwirs.gov/Form990 for the latest information.

Open to Public Inspection

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| :--- | :--- |
| FORM 990- | AN INDEPENDENT POLICY CENTER THAT CONDUCTS RESEARCH, EDUCATES AND COLLABORATES WITH OTHER |
| ORGANIZATION'S | GROUPS TO ADVOCATE POLICIES AND IMPACT HEALTH SYSTEMS TO IMPROVE THE HEALTH STATUS OF ALL |
| MISSION | PEOPLE THE MISSION IS TO PROMOTE SOCIAL JUSTICE AND CHALLENGE INEQUITIES IN HEALTH AND HE |
|  | ALTH CARE THE ORGANIZATION DERIVES ITS UNIQUENESS FROM THE DIVERSITY OF ISSUES IT ADDRESS |
|  | ES AND THE SINGLE-MINDEDNESS OF ITS VISION AN EQUITABLE HEALTH CARE SYSTEM WHICH PROVIDES |
|  | ACCESS TO QUALITY, AFFORDABLE HEALTH CARE FOR ALL |


| Return <br> Reference | Explanation |
| :--- | :--- |
| FORM 990, | STUDENT AND COMMUNITY ASSISTANCE TO PROGRAMS AND GENERAL OFFICE BOARD OF DIRECTORS |
| PAGE 1, | ORGANIZATION GUIDANCE AND OVERSIGHT |
| PART I, LINE |  |
| 6 |  |


| $\begin{array}{c}\text { Return } \\ \text { Reference }\end{array}$ |
| :--- |
| FORM 990, |
| PAGE 1, |
| PART I, LINE |
| 6 |

STUDENT AND COMMUNITY ASSISTANCE TO PROGRAMS AND GENERAL OFFICE BOARD OF DIRECTORS ORGANIZATION GUIDANCE AND OVERSIGHT

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| PAGE 1, |
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990 Schedule O, Supplemental Information

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AREA HEALTH EDUCATION CENTER - WORKFORCE DEVELOPMENT PROGRAM DESIGNED TO RECRUIT, TRAIN, A ND RETAIN HEALTH PROFESSION WORKFORCE COMMITTED TO UNDERSERVED POPULATIONS WITH A SPECIAL FOCUS ON PROMOTING HEALTH CAREER TO MINORITIES AND UNDERSERVED POPULATIONS AND WORK WITHIN PENAL SYSTEM AND WITH PRISONER SUPPORT

FORM 990
PAGE 2
PART III,
LINE 4D

## 990 Schedule 0, Supplemental Information



Reference
FORM 990
PAGE 6
PART VI,
LINE 11B
FORM REVIEWED BY FINANCE COMMITTEE AND MANAGEMENT WITH RECOMMENDATION MADE AT BOARD MEETING TO ACCEPT THE FORM AS PRESENTED

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Reference
FORM 990,
PAGE 6
PART VI,
LINE 12C
CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY BOARD MEMBERS AND MANAGEME NT IT IS THE CONTINUING RESPONSIBILITY OF BOARD, OFFICERS, AND MANAGEMENT TO SCRUTINIZE T HEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES AND UPDATE DISCLOSURE FORM BOARD MEMBERS ARE PR ECLUDED FROM PARTICIPATION IN DISCUSSION OR VOTING RELATED TO ANY ENTITIES FOR WHICH A CON FLICT OF INTEREST HAS BEEN IDENTIFIED

990 Schedule 0, Supplemental Information

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FORM 990
PAGE 6.
PART VI,
LINE 15A
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPENSATION COMPARABILITY SURVEY, E VALUATES PAST PERFORMANCE, AND ANY BUDGET CONSIDERATIONS BEFORE COMPENSATION APPROVAL, THE PROCEDURES FOR WHICH ARE DULY DOCUMENTED IN THE MEETING MINUTES

990 Schedule O, Supplemental Information
990 Schedule O, Supplemental Information

| 990, | DOCUMENTED IN PERSONNEL FILE UPON CONSIDERATION OF EMPLOYEE PERFORMANCE AND |
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| 6, |  |
| vI, | CONSTRAINTS |
| 15 B |  |

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| LINE 15B |

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CONSTRAINTS

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| FORM 990, | DOCUMENTED IN PERSONNEL FILE UPON CONSIDERATION OF EMPLOYEE PERFORMANCE AND BUDGET |
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| CONSTRAINTS |  |
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PART VI,
LINE 19

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| FORM 990, | DOCUMENTS MADE AVAILABLE UPON EVALUATION OF WRITTEN REQUEST TO EITHER EXECUTIVE DIRECTOR OR <br> PAGE 6, <br> PART VI, <br> BOARD CHAIR <br> LINE 19 |

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| FORM 990, <br> PART IX, <br> LINE 11 G | CONTRACT SERVICES 366,894 777 0 OTHER 1,375 196 214 TOTAL 368,269 973 214 | Explanation 1 $-$ $-$ $-$

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