

Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CONSORTIUM OF ACADEMIC HEALTH FOR INTEGRATIVE MEDICINE. D Employer identification number: 56-2298880. E Telephone number: 612-626-2356. F Accounting method: Cash.

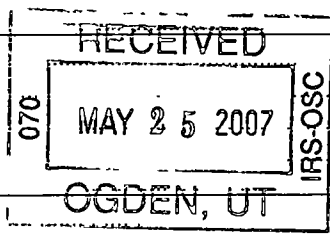
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

G Website: N/A. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 160,103.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUN 29 2007 Revenue

Table with 21 rows and 4 columns. Rows include: 1 Contributions, grants, and similar amounts received (105,000); 2 Program service revenue (55,000); 3 Membership dues and assessments (103); 4 Net gain or loss from sales of assets other than inventory; 5 Special events and activities; 6 Gross sales of inventory; 7 Other revenue (103); 12 Total revenue (160,103); 13 Program services (108,198); 14 Management and general (77,471); 17 Total expenses (185,669); 18 Excess or deficit (25,566); 19 Net assets at beginning (172,010); 21 Net assets at end (146,444).



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**Part II Statement of  
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>18,600.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 18,600.	18,600.	<b>STATEMENT 1</b>	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26 Other salaries and wages	26 59,686.		59,686.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 16,591.		16,591.	
33 Supplies	33 550.		550.	
34 Telephone	34 8,111.	8,111.		
35 Postage and shipping	35 108.		108.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,280.	1,280.		
39 Travel	39 7,152.	7,152.		
40 Conferences, conventions, and meetings	40 62,876.	62,876.		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a <u>BANK FEES</u>	43a 36.		36.	
b <u>INSURANCE (LIABILITY)</u>	43b 500.		500.	
c <u>MEDIA FOR MAY 2006</u>	43c			
d <u>RESEARCH CONFERENCE</u>	43d 10,000.	10,000.		
e <u>SURVEY (TECHNOLOGY)</u>	43e 179.	179.		
f _____	43f			
g _____	43g			
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 185,669.	108,198.	77,471.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

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

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

What is the organization's primary exempt purpose? ► <b>SEE ATTACHED STATEMENT</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others )
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) -- organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) <b>a SEE ATTACHED SCHEDULE</b>	
(Grants and allocations \$ <u>18,600.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	108,198.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>108,198.</b>

Form **990** (2005)

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	172,010.	46	146,444.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe ▶ )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	172,010.	59	146,444.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65)	0.	66	0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.			
	67 Unrestricted	172,010.	67	146,444.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	172,010.	73	146,444.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	172,010.	74	146,444.

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

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

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED LIST				
	0.00	0.	0.	0.

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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ _____ 0</span>		
75 b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		<b>X</b>
75 c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		<b>X</b>
75 d	Does the organization have a written conflict of interest policy?		<b>X</b>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions)</i>		<b>Yes</b>	<b>No</b>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>X</b>	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? <span style="float:right">N/A</span>		<b>X</b>
78 b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>X</b>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<b>X</b>
80 b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) <span style="float:right">81 a   _____ 0.</span>		
81 b	Did the organization file Form 1120-POL for this year?		<b>X</b>

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**Part VI Other Information** (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed ▶ MN			
b Number of employees employed in the pay period that includes March 12, 2005	90b		2
91 a The books are in care of ▶ PAMELA CHERRY, ADMINISTRATIVE DIREC Telephone no ▶ 612-626-2356 Located at ▶ MAYO MEMORIAL BLDG, 420 DELAWARE ST SE, MINNEAPOLIS ZIP + 4 ▶ 55455			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments		0.			55,000.
<b>95</b> Interest on savings and temporary cash investments		0.	14	103.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		103.	55,000.
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					55,103.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>94</b>	MEMBERSHIP DUES AND ASSESSMENTS - SEE ATTACHED STATEMENT
<b>95</b>	INCOME GENERATED BY TRADE OR BUSINESS AS DEFINED IN IRC SEC 513

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

Signature: *Mary Jo Kreitzen* Date: 5/12/07 Name: MARY JO KREITZEN Title: VICE-CHAIR  
 Signature: *Carolyn DeValle* Date: 5/11/07  
 Firm: PULLMAN & COMLEY, LLC  
 253 POST ROAD WEST, P.O. BOX 3180  
 WESTPORT, CT 06880-8180  
 EIN: 06-0662400 Phone: (203) 254-5000

Form 990 (2005)



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

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

OMB No 1545-0047

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

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **CONSORTIUM OF ACADEMIC HEALTH FOR INTEGRATIVE MEDICINE** Employer identification number **56 2298880**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEANNIE SCHWARTZ	ADMIN-COORDINATOR	55,373.		
	40.00			
Total number of other employees paid over \$50,000	▶ 1			

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

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

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

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

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

CONSORTIUM OF ACADEMIC HEALTH FOR

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

CONSORTIUM OF ACADEMIC HEALTH FOR

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total **
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					105,000.
16 Membership fees received					55,000.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	** SEE SUPPLEMENTAL SUPPORT SCHEDULE				
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					103.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	160,103.
24 Line 23 minus line 17					160,103.
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3,202.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 160,103.
d Add. Amounts from column (e) for lines 18 <u>103.</u> 19 _____ 22 _____ 26b _____					26d 103.
e Public support (line 26c minus line 26d total)					26e 160,000.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9357%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add. Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

CONSORTIUM OF ACADEMIC HEALTH FOR

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

N/A

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

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  
If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

- 32 Does the organization maintain the following:
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions?  
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?  
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

- 34 a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either 34a or b, please explain using an attached statement

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

CONSORTIUM OF ACADEMIC HEALTH FOR

Schedule A (Form 990 or 990-EZ) 2005 INTEGRATIVE MEDICINE

56-2298880 Page 5

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

N/A

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

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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



CONSORTIUM OF ACADEMIC HEALTH FOR  
INTEGRATIVE MEDICINE

56-2298880

<b>Part IV-A Supplemental Support Schedule</b>						
Calendar year (or fiscal year beginning in)		(a) 2005	(b)	(c)	(d)	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants)	105,000.				105,000.
16	Membership fees received	55,000.				55,000.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	103.				103.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23	Total of lines 15 through 22	160,103.	0.	0.	0.	160,103.
24	Line 23 minus line 17	160,103.				160,103.
25	Enter 1% of line 23	1,601.				

AMOUNTS IN COLUMN (E) ARE INCLUDED IN THE TOTAL ON  
SCHEDULE A, PAGE 3, PART IV-A

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 1

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
CONDUCT OF MIND-BODY RESEARCH PROGRAM	UNIVERSITY OF PENNSYLVANIA	3001 MARKET ST. PHILADELPHIA, PA	NONE	\$ 4,800.
CONDUCT OF MIND-BODY RESEARCH PROGRAM	GEORGE WASHINGTON UNIVERSITY	908 NEW HAMPSHIRE AVE., NW SUITE 200 WASHINGTON, DC 20037	NONE	\$ 4,800.
18 - \$500 AWARDS TO STUDENTS ATTENDING THE NORTH AMERICAN RESEARCH CONFERENCE ON COMPLEMENTARY AND INTEGRATIVE MEDICINE SPONSORED BY THE CONSORTIUM FOR THEIR PRESENTATIONS ON COMPLEMENTARY AND ALTERNATIVE MEDICINE			NONE	\$ 9,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>\$18,600.</u>



## ATTACHMENT TO 2005 FORM 990

Consortium of Academic Health for Integrative Medicine  
MMC 505, C507 Mayo Memorial Building  
420 Delaware Street SE  
Minneapolis, MN 55455  
EIN: 56-2298880

### Part III

The Consortium is an organization of academic health centers whose mission is (1) to write curriculum, develop guidelines and make recommendations to encourage the integration of coursework on integrative medicine into the curricula of a majority of U.S. medical schools, (2) to design internship and residency programs, develop guidelines and make recommendations to encourage the integration of instruction and training in integrative medicine into the internship and residency programs offered by U.S. teaching hospitals, (3) to set standards and make recommendations for the purpose of establishing more uniform qualification programs throughout the U.S. in the field of integrative medicine, (4) to contribute to standards and guidelines for and publicize continuing education programs in the field of integrative medicine, (5) to develop and promote an accreditation program for complementary and alternative care provided in U.S. hospitals, (6) to encourage and conduct peer review of emerging research in the field of integrative medicine, and hold colloquia on new scientific studies regarding various alternative medicine practices, and (7) to undertake and conduct such other projects, programs and activities as will encourage education and scientific research in the field of integrative medicine and raise the standard of care applicable to the provision of complementary and alternative medical care in the United States.

(a) As of the end of its fiscal year (August 31, 2006), the Consortium had 34 member organizations, all of which are highly esteemed academic medical centers. The Consortium is committed to sharing information and ideas, meeting challenges together in a process grounded in the values of Integrative Medicine, supporting member institutions and providing a national voice for integrative medicine.

Specifically, during the year the Consortium sponsored a significant scientific conference. The North American Research Conference on Complementary and Integrative Medicine was held from May 25th to 28th, 2006. Over 600 people were welcomed to the three-day long research conference sponsored by the Consortium. An organizing committee chaired by then Consortium Chair, Susan Folkman, PhD, of the University of California-San Francisco, had spent the previous year and a half planning an event comprising 5 keynote addresses, 30 workshops, 12 plenary sessions comprised of 48 presentations, 4 poster sessions displaying over 200 posters, and a full day of pre-conference intensive workshops. Forty-seven oral abstracts from the Scientific Conference were published in the May 2006 issue of the journal *Alternative Therapies in Medicine*.

The Consortium maintains a website that includes many resources for the public including answers to frequently asked questions regarding integrative medicine and a national listing of conferences and events involving integrative medicine. Additionally, the membership meets monthly via conference call and in person annually. At these meetings all of the Consortium's committees and working groups meet to share information and best practices with each other so that members can return to their respective schools and communities with those resources. These include the Clinical Care, Education, Policy and Research working groups as well as the executive and steering committees.

**Part V-A-**

(A) Name & Address	(B) Title and average hours/week devoted	(C) Compensation to employee benefit plans & deferred compensation plans	(D) Contributions & other allowances	(E) Expense account
Susan Folkman, Ph.D. University of California at San Francisco 1701 Divisadero Street, Suite 150 San Francisco, CA 94115-3010	Director/Chair 6 hours/week	\$0	\$0	\$0
Mary Jo Kreitzer, Ph.D., RN University of Minnesota C593 Mayo Memorial Building, MMC 505 420 Delaware St SE Minneapolis, MN 55455	Director/Vice-Chair 4 hours/week	\$0	\$0	\$0
John Pan, M.D. George Washington University 908 New Hampshire Avenue, NW, Suite 200 Washington, DC 20037	Director/Treasurer 2 hours/week	\$0	\$0	\$0
Anne Nedrow, M.D. Oregon Health and Science University 3181 SW Sam Jackson Park Road, L466 Portland, OR 97210-3098	Director/Secretary 2 hours/week	\$0	\$0	\$0
Brian Berman, M.D. University of Maryland School of Medicine 2200 Kernan Drive, Mansion Baltimore, MD 21207	Director 1 hour/week	\$0	\$0	\$0
Aviad Haramati, Ph.D. Georgetown University 3900 Reservoir Road, BSB 213 Washington, DC 20057-1460	Director 1 hour/week	\$0	\$0	\$0
Victoria Maizes, M.D., University of Arizona PO Box 245153 Tucson, AZ 85724	Director 1 hour/week	\$0	\$0	\$0
David Rakel, M.D. (12/06) University of Wisconsin - Madison 621 Science Drive Madison, WI 53711	Director 1 hour/week	\$0	\$0	\$0
Badri Rickhi, M.D. University of Calgary Suite 170, 1402 8 <sup>th</sup> Avenue, NW Calgary, Alberta Canada T2N 1B9	Director 1 hour/week	\$0	\$0	\$0

Ed D. Santorelli, MA, Saki University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	Director 1 hour/week	\$0	\$0	\$0
Victor Sierpina, M.D. (12/06) University of Texas Medical Branch 301 University Boulevard Galveston, Texas 77555-1123	Director 1 hour/week	\$0	\$0	\$0
Sara Warber, M.D. University of Michigan 715 East Huron Street, Suite 1-W Ann Arbor, MI 48104	Director 1 hour/week	\$0	\$0	\$0

**Part VI, line 77**

Name change effective May 10, 2006; see attached Certificate of Amendment stamped accepted by State of Delaware, Secretary of State, Division of Corporations.

**Part VII, line 94**

Although initially organized as a membership not-for-profit, non-stock corporation under Delaware law, the Consortium did not commence charging "membership dues" until June of 2006. The \$2,500 per member annual dues payment was instituted because of a need for financial stability and autonomy. Criteria for membership, as set forth on the attached "Guidelines for Membership" found on the Consortium's website ([www.imconsortium.org](http://www.imconsortium.org)) mirror the eligibility requirements found in Article II of its original Bylaws.

There are no tangible benefits provided in exchange for membership dues. These dues, however, substantially fund the Consortium's scientific studies, working group projects and the development of innovative educational programs that are essential to advocating an integrative model of healthcare incorporating mind, body and spirit.

**Part VIII**

The Consortium required additional funding to provide financial stability and autonomy in carrying out its tax-exempt purposes. The Directors implemented membership dues in an effort to meet this need and enable the organization to continue its work while pursuing additional public support.

DUES

September 1, 2005 - August 31, 2006

<u>Institution</u>	<u>Dues</u>	<u>Paid</u>	<u>Deposited</u>
Albert Einstein University	2,500	07/17/06	7/18/2006
Duke University	2,500	07/18/06	7/18/2006
Georgetown University	2,500	08/18/06	8/21/2006
George Washington University	2,500	07/06/06	7/7/2006
Harvard University - Medical School	2,500	07/17/06	7/18/2006
Laval University	2,500	07/21/06	7/27/2006
Mayo Clinic	2,500	09/22/06	9/23/2006
Wake Forest University	2,500	07/17/06	7/18/2006
University of Arizona	2,500	07/06/06	7/14/2006
University of California, Irvine	2,500	07/14/06	7/27/2006
University of California, Los Angeles	2,500	07/17/06	7/18/2006
University of California, San Francisco	2,500	07/14/06	7/14/2006
University of Connecticut	2,500	07/14/06	7/14/2006
University of Hawaii	2,500	08/28/06	8/29/2006
University of Kansas	2,500	06/30/06	7/7/2006
University of Maryland	2,500	07/28/06	8/3/2006
University of Minnesota	2,500	08/09/06	8/21/2006
University of New Jersey	2,500	09/18/06	9/19/2006
University of New Mexico	2,500	06/30/06	7/7/2006
University of Oregon	2,500	06/28/06	7/7/2006
University of Pennsylvania	2,500	07/14/06	7/17/2006
University of Calgary	2,500	6/22/2006	7/14/2006
			Canadian Institute of Natural and Integrative Medicine
 TOTAL	 \$ 55,000		

**Become a Member, Consortium of Academic Health Centers for Integrative Medicine****Guidelines for Membership****The Consortium of Academic Health Centers for Integrative Medicine****Criteria for Eligibility:**

Institutions who wish to be considered for membership in the Consortium must meet the following eligibility requirements:

- Meet the criteria of an Academic Health Center
  - According to the Association of Academic Health Centers (AAHC), an Academic Health Center consists of an allopathic or osteopathic medical school and at least one other health profession school or program and at least one affiliated or owned teaching hospital.
- Have an established program in Integrative Medicine that includes ongoing work in more than one of the three areas of research, education, and clinical activity.
- Have the commitment of the Health Center in institutional movement in the field of Integrative Medicine, evidenced by expressed support of this institutional commitment from the senior leadership (Chancellor or Dean) of the Health Center.

**Criteria for Application:**

To be considered for membership, the institution will need to:

- Fulfill the above criteria
- Submit an application that will consist of:
  - A written request of participation by the Dean of the given institution.
  - Supporting documentation, including details of the institution's integrative medicine program and its ongoing efforts in at least two of the following: research, education, and clinical care. Supporting documentation should also address the institution's commitment to movement in this field.

**Application Process:**

- Applicants will apply through the office of the Chair of the Membership Committee.
- Applications will be reviewed bi-annually. The Membership Chair should receive materials no later than **March 1 and September 1**.
- Completed applications will be reviewed by the Membership Committee. Their recommendations and a summary of the application will then be forwarded to the Steering Committee for final decisions.
- Applicants will be notified of final decisions by **May 1 and November 1**. This will enable all new members to attend the Steering Committee meeting in May and the annual general meeting in November.

**Expectations of Membership:**

Member institutions will:

- Continue to develop their integrative medicine initiatives.
- Appoint a delegate to serve on its behalf as a member of the Steering Committee (Board of Directors), which includes attendance of teleconference and face-to-face meetings.
- Assign representatives to participate in Consortium subcommittees (Clinical Care, Research, Education and/or Policy).
- Participate actively in the Consortium's initiatives.

#### Membership Dues

- The current annual membership fee is \$2,500.

**The next review deadline is September 1, 2007**

**Please mail and e-mail application materials to:**

Dr. Roberta Lee  
Chair, Consortium Membership Committee  
Center for Health and Healing  
245 5th Ave, 2nd Floor  
New York, New York 10016  
Email: [rlee@chpnet.org](mailto:rlee@chpnet.org)

Questions and concerns may be directed to:

Roberta Lee, MD  
245 5<sup>th</sup> Ave, 2<sup>nd</sup> Floor  
New York, New York 10016  
Phone: 646-935-2265 or Email: [rlee@chpnet.org](mailto:rlee@chpnet.org)  
FAX: 646-935-2273

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Last modified on Wednesday Mar 29, 2006

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**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION  
OF  
ASSOCIATION OF ACADEMIC HEALTH CENTERS  
FOR INTEGRATIVE MEDICINE**

ASSOCIATION OF ACADEMIC HEALTH CENTERS FOR  
INTEGRATIVE MEDICINE, a Delaware nonstock corporation (the "Corporation"),  
existing under and by virtue of the Delaware General Corporations Law (the "DGCL")  
DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of the Corporation duly approved to change the name of the Corporation from "Association of Academic Health Centers for Integrative Medicine" to "Consortium of Academic Health Centers for Integrative Medicine", and approved and adopted the amendment to the Certificate of Incorporation by deleting Article FIRST in its entirety and inserting the following in its place:

FIRST: The name of the corporation is Consortium of Academic Health Centers for Integrative Medicine (the "Corporation")

SECOND: That the Board of Directors of the Corporation duly approved and adopted the amendment to the Certificate of Incorporation by deleting Article SEVENTH in its entirety and inserting the following in its place:

SEVENTH: The activities, property and affairs of the Corporation shall be managed by or under the Board of Directors of the Corporation (the "Board"). The Board is hereby expressly authorized to exercise all powers granted to the directors by law except insofar as such powers are limited or denied herein or in the Bylaws of the Corporation. In furtherance of such powers, the Board shall have the right to adopt, amend or repeal the Bylaws of the Corporation. Each member of the Board shall have the right to elect one (1) director. Each director shall be the authorized representative of its member at the time of his or her appointment and at all times while serving as director. The vote of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board. Each director shall have one (1) vote. The term of office of a director

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:51 PM 05/10/2006  
FILED 02:51 PM 05/10/2006  
SRV 060441754 - 3566462 FILE

expires only when his or her respective successor shall have been elected and qualified by the member such outgoing director previously represented. Notwithstanding the provisions of Section 141 of the Delaware General Corporation Law, any director may be removed, with or without cause, by the vote of a majority of the members present at a meeting at which a quorum is present.

THIRD: That this amendment to the Certificate of Incorporation has been duly adopted by the unanimous written consent of the Board of Directors of the Corporation in accordance with the provisions of Section 141(f) of the DGCL.

*[Remainder of page left intentionally blank]*



IN WITNESS WHEREOF, the undersigned has executed this certificate on May 5, 2006.

ASSOCIATION OF ACADEMIC HEALTH CENTERS  
FOR INTEGRATIVE MEDICINE

By: *Macy*  
Name: Macy G Kreitzer  
Title: Vice-Chair, Consortium of Academic Health  
Centers for Integrative Medicine

2148261\_2.doc 5/3/2006

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

▶ File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>CONSORTIUM OF ACADEMIC HEALTH FOR INTEGRATIVE MEDICINE</b>	Employer identification number <b>56-2298880</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>MAYO MEMORIAL BLDG., 420 DELAWARE ST. SE, NO. 505</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MINNEAPOLIS, MN 55455</b>	

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

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

- The books are in the care of ▶ PAMELA CHERRY, ADMINISTRATIVE DIRECTOR  
 Telephone No. ▶ 612-626-2356 FAX No. ▶ 612-626-5280
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until MAY 15, 2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2005, and ending SEP 30, 2006
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

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