

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2003

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

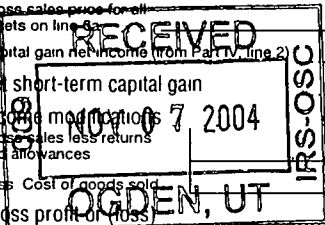
For calendar year **2003**, or tax year beginning _____, and ending _____

6 Check all that apply: Initial return Final return Amended return Address change Name change

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE Number and street (or P O box number if mail is not delivered to street address) Room/suite 1818 OLIVER AVENUE SOUTH City or town, state, and ZIP code MINNEAPOLIS, MN 55405 | A Employer identification number 71-0879929 B Telephone number 612-377-8400 |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | C If exemption application is pending check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,903,050. (Part I, column (d) must be on cash basis) | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | | |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small> | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received <small>Check <input type="checkbox"/> if the foundation is not required to attach Sch B</small> | 2,425,421. | | | |
| 2 Distributions from split-interest trusts | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | 5,414. | 5,414. | 5,414. | STATEMENT 1 |
| 5a Gross rents | | | | |
| b (Net rental income or (loss)) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 10 | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| 8 Net short-term capital gain | | | 0. | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total. Add lines 1 through 11 | 2,430,835. | 5,414. | 5,414. | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees STMT 2 | 455. | 0. | 0. | 455. |
| b Accounting fees STMT 3 | 6,751. | 0. | 0. | 6,751. |
| c Other professional fees STMT 4 | 696,956. | 0. | 0. | 696,956. |
| 17 Interest | | | | |
| 18 Taxes STMT 5 | 3,608. | 0. | 0. | 3,608. |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | 59,837. | 0. | 0. | 59,837. |
| 22 Printing and publications | 26,318. | 0. | 0. | 26,318. |
| 23 Other expenses STMT 6 | 353,879. | 0. | 0. | 287,212. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,147,804. | 0. | 0. | 1,081,137. |
| 25 Contributions, gifts, grants paid | 245,000. | | | 245,000. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 1,392,804. | 0. | 0. | 1,326,137. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | 1,038,031. | | | |
| b Net investment income (if negative enter -0-) | | 5,414. | | |
| c Adjusted net income (if negative, enter -0-) | | | 5,414. | |

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 868,348. | 1,903,050. | 1,903,050. |
| | 3 Accounts receivable ▶ 0. | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ 0. | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | 0. | 0. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis ▶ | | | |
| Less: accumulated depreciation ▶ | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other | | | | |
| 14 Land, buildings, and equipment: basis ▶ | | | | |
| Less: accumulated depreciation ▶ | | | | |
| 15 Other assets (describe ▶) | | | | |
| 16 Total assets (to be completed by all filers) | 868,348. | 1,903,050. | 1,903,050. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,329. | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 3,329. | 0. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31 | | | |
| | 24 Unrestricted | 865,019. | 1,903,050. | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31 | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| 30 Total net assets or fund balances | 865,019. | 1,903,050. | | |
| 31 Total liabilities and net assets/fund balances | 868,348. | 1,903,050. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 865,019. |
| 2 Enter amount from Part I, line 27a | 2 | 1,038,031. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 1,903,050. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,903,050. |

Part IV Capital Gains and Losses for Tax on Investment Income

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | | | | |
| b | NONE | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) | |
| (j) F.M.V. as of 12/31/69 | (k) Adjusted basis as of 12/31/69 | (l) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss). { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 2 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2002 | 471,725. | 533,166. | .8847620 |
| 2001 | | | |
| 2000 | | | |
| 1999 | | | |
| 1998 | | | |
| 2 Total of line 1, column (d) | | | 2 .8847620 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 3 .8847620 |
| 4 Enter the net value of noncharitable-use assets for 2003 from Part X, line 5 | | | 4 1,364,914. |
| 5 Multiply line 4 by line 3 | | | 5 1,207,624. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 54. |
| 7 Add lines 5 and 6 | | | 7 1,207,678. |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 1,326,137. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.

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Form 990-PF (2003)

INTEGRATIVE MEDICINE

71-0879929

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions) | | |
| b | Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 54. |
| c | All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 54. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 54. |
| 6 | Credits/Payments: | | |
| a | 2003 estimated tax payments and 2002 overpayment credited to 2003 | 6a | |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 54. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be: Credited to 2004 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1a | | X |
| 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities. | | |
| 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the organization. ▶ \$ 0. (2) On organization managers. ▶ \$ 0. | |
| e | Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers. ▶ \$ 0. | |
| 2 | | X |
| If "Yes," attach a detailed description of the activities | | |
| 3 | X | |
| Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes STMT 10 | | |
| 4a | | X |
| 4b | | |
| If "Yes," has it filed a tax return on Form 990-T for this year? N/A | | |
| 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | |
| 6 | X | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | |
| 7 | X | |
| If "Yes," complete Part II, col (c), and Part XV | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>MINNESOTA</u> | |
| 8b | X | |
| If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | | |
| 9 | X | |
| Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2003 or the taxable year beginning in 2003 (see instructions for Part XIV)? If "Yes," complete Part XIV | | |
| 10 | X | |
| Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 | | |
| 11 | X | |
| Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶ <u>WWW.PCINTEGRATIVEMEDICINE.ORG</u> | | |
| 12 | The books are in care of ▶ <u>FAMILY PHILANTHROPY ADVISORS</u> Telephone no. ▶ <u>612-377-8400</u> Located at ▶ <u>1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN</u> ZIP+4 ▶ <u>55405</u> | |
| 13 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 13 N/A | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns for question text, response options (Yes/No/N/A), and a grid for Yes/No answers. Includes questions 1a through 6b regarding disqualifying activities, taxes on failure to distribute income, and excess business holdings.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation:

| (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 and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE ATTACHED STMT 8 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405 | DIRECTORS MINIMAL | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If 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 and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 ▶ 0

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---------------------------------------------------------------------------|-----------------------------|------------------|
| FAMILY PHILANTHROPY ADVISORS, INC. 1818 OLIVER AVE. S. MINNEAPOLIS, MN | CONSULTING/PROJ MGMT | 488,550. |
| NEELA ASSOCIATES, INC 124 SPINNAKER LANE, SHELBURNE, VT | CONSULTING | 76,276. |
| TERRY MACGREGOR ASSOCIATES, INC 2904 DOC SAVAGE DR, LANGLEY, WA | CONSULTING/FACILITAT ING | 52,664. |
| CLOHESY CONSULTING 1008 W 18TH ST, CEDAR FALLS, IA | PROJECT MANAGEMENT | 52,175. |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|----------------------------|----------|
| 1 SEE ATTACHED STATEMENT 9 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|-----------|
| 1 N/A | |
| 2 | |
| 3 All other program-related investments. See instructions. | |
| Total. Add lines 1 through 3 | 0. |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | |
|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a Average monthly fair market value of securities | 1a | |
| b Average of monthly cash balances | 1b | 1,385,699. |
| c Fair market value of all other assets | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 1,385,699. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 1,385,699. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 20,785. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,364,914. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 68,246. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | |
|------------------------------------------------------------------------------------------------------|----|--|
| 1 Minimum investment return from Part X, line 6 | 1 | |
| 2a Tax on investment income for 2003 from Part VI, line 5 | 2a | |
| 2b Income tax for 2003. (This does not include the tax from Part VI.) | 2b | |
| 2c Add lines 2a and 2b | 2c | |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4a Recoveries of amounts treated as qualifying distributions | 4a | |
| 4b Income distributions from section 4947(a)(2) trusts | 4b | |
| 4c Add lines 4a and 4b | 4c | |
| 5 Add lines 3 and 4c | 5 | |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |

Part XII Qualifying Distributions (see instructions)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 1,326,137. |
| b Program-related investments - Total from Part IX-B | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,326,137. |
| 5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 54. |
| 6 Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 1,326,083. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2002 | (c) 2002 | (d) 2003 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2003 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2002 | | | | |
| a Enter amount for 2002 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2003: | | | | |
| a From 1998 | | | | |
| b From 1999 | | | | |
| c From 2000 | | | | |
| d From 2001 | | | | |
| e From 2002 | 471,725. | | | |
| f Total of lines 3a through e | 471,725. | | | |
| 4 Qualifying distributions for 2003 from Part XII, line 4: ▶ \$ <u>N/A</u> | | | | |
| a Applied to 2002, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2003 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2003 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | 471,725. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 471,725. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2002. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2003. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2004 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 1998 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2004. Subtract lines 7 and 8 from line 6a | 471,725. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 1999 | | | | |
| b Excess from 2000 | | | | |
| c Excess from 2001 | | | | |
| d Excess from 2002 | 471,725. | | | |
| e Excess from 2003 | | | | |

**THE PHILANTHROPIC COLLABORATIVE FOR
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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

- 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2003, enter the date of the ruling ▶
- b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | Prior 3 years | | (e) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------------|----------|------------|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | 5,414. | 2,894. | 0. | 0. | 8,308. |
| b 85% of line 2a | 4,602. | 2,460. | 0. | 0. | 7,062. |
| c Qualifying distributions from Part XII, line 4 for each year listed | 1,326,137. | 471,725. | 0. | 0. | 1,797,862. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 245,000. | 80,000. | 0. | 0. | 325,000. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 1,081,137. | 391,725. | 0. | 0. | 1,472,862. |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | 1,903,050. | 901,958. | | | 2,805,008. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | 0. |
| b "Endowment" alternative test - Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | 45,497. | 12,513. | 0. | 0. | 58,010. |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | 2,358,754. | 1,333,850. | | | 3,692,604. |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from an exempt organization | | | | | 0. |
| (4) Gross investment income | | | | | 0. |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 25 of the instructions.)

- 1 **Information Regarding Foundation Managers:**
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- SMIT II
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- NONE**
- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a The name, address, and telephone number of the person to whom applications should be addressed.
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| <i>a Paid during the year</i> | | | | |
| UNIVERSITY OF MARYLAND BALITMORE FOUNDATION | NONE | PUBLIC CHARITY | EDUCATIONAL | 120,000. |
| DUKE UNIVERSITY MEDICAL SYSTEM | NONE | PUBLIC CHARITY | EDUCATIONAL | 100,000. |
| DUKE CENTER FOR INTEGRATIVE MEDICINE | NONE | PUBLIC CHARITY | EDUCATIONAL | 25,000. |
| Total | | | ▶ 3a | 245,000. |
| <i>b Approved for future payment</i> | | | | |
| NONE | | | | |
| Total | | | ▶ 3b | 0. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (1) Cash | | X |
| (2) Other assets | | X |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | X |
| (3) Rental of facilities, equipment, or other assets | | X |
| (4) Reimbursement arrangements | | X |
| (5) Loans or loan guarantees | | X |
| (6) Performance of services or membership or fundraising solicitations | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
| | | N/A | |
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2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | N/A | |
| | | |
| | | |
| | | |
| | | |

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: *Kenneth George*

Paid Preparer's Use Only

Preparer's signature: *Terry M. Teaser, CPA*

Firm's name (or yours if self-employed), address, and ZIP code: LARSON ALLEN WEISHAIR & 220 SOUTH SIXTH STREET, MINNEAPOLIS, MN 55402

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2003

Name of organization

**THE PHILANTHROPIC COLLABORATIVE FOR
INTEGRATIVE MEDICINE**

Employer identification number

71-0879929

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | MR. & MRS. MICHAEL RANKOWITZ 911 PARK AVENUE, APT 6B NEW YORK, NY 10021 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | THE EARL & DORIS BAKKEN FOUNDATION PO BOX 1734 KAILUA-KONA, HAWAII 96745 | \$ 58,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | FORSTMANN LITTLE & CO 767 FIFTH AVEUNE, 44TH FLOOR NEW YORK, NY 10153 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | MR. & MRS. JERRY WOOD 25 ABBINGTON DRIVE HUNTINGTON, NY 11743 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | MR. & MRS. PETER KARCHES 84 FEEKS LANE LOCUST VALLEY, NY 06831 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | THE HENRY R. KRAVIS FOUNDATION, INC. 625 PARK AVENUE NEW YORK, NY 10021 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | <u>RUDOLF STEINER FOUNDATION</u> <u>PO BOX 29915</u> <u>SAN FRANCISCO, CA 94129</u> | \$ <u>170,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | <u>MS. ANNE BARTLEY</u> <u>3580 CLAY STREET</u> <u>SAN FRANCISCO, CA 95118</u> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | <u>THE ANSCHUTZ FOUNDATION</u> <u>THE NAVARRE BUILDING, 1727 TREMONT PLACE</u> <u>DENVER, CO 80202</u> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | <u>MR. & MRS. SY STERNBERG</u> <u>9 STONELEIGH MANOR</u> <u>PURCHASE, NY 10577</u> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | <u>MRS. FIONA DRUCKENMILLER</u> <u>117 EAST 72ND STREET</u> <u>NEW YORK, NY 10021</u> | \$ <u>60,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | <u>MS. SHIRLEY CHU ORSAK</u> <u>1125 SAN MATEO DRIVE</u> <u>MENLO PARK, CA 94025</u> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization
**THE PHILANTHROPIC COLLABORATIVE FOR
 INTEGRATIVE MEDICINE**

Employer identification number

71-0879929

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | MR. & MRS. IRA BRIND 1926 ARCH STREET, 3RD FLOOR PHILADELPHIA, PA 19103 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | THE IRA & MYRNA BRIND FOUNDATION 1926 ARCH STREET, 3RD FLOOR PHILADELPHIA, PA 19103 | \$ 32,166. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | GEORGE FAMILY FOUNDATION 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405 | \$ 425,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | MENTAL INSIGHT FOUNDATION 283 SECOND STREET EAST SONOMA, CA 95476 | \$ 38,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | CREDIT SUISSE FIRST BOSTON 11 MADISON AVENUE NEW YORK, NY 10010 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | ROBINSON LERER & MONTGOMERY 778 PARK AVENUE, NINTH FLOOR NEW YORK, NY 10021 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | MR. & MRS. ERNESTO CRUZ 765 PARK AVENUE NEW YORK, NY 10021 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | MR. JEFFREY IMMELT 705 WEST ROAD NEW CANAAN, CT 06840 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | CF FOUNDATION INC. 3445 PEACHTREE ROAD, SUITE 175 ATLANTA, GA 30326 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | MS. EILEEN K. MURRAY 79 TWEED BOULEVARD, UPPER GRAND VIEW NYACK, NY 10962 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | MR. & MRS. JEFFREY H. SALZMAN 158 INDIAN HEAD ROAD RIVERSIDE, CT 06878 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | THE NELSON FAMILY FOUNDATION PO BOX 59159 MINNEAPOLIS, MN 55459 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 | FIDELITY CHARITABLE GIFT FUND 82 DEVONSHIRE STREET BOSTON, MA 02109 | \$ 8,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | CJ MACK FOUNDATION 91 SUNSET LANE RYE, NY 10580 | \$ 416,666. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | MS. NANCY WHITE MCCABE 111 RADIO CIRCLE MT KISCO, NY 10549 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 28 | SCHWARTZ FAMILY FOUNDATION 8 LAUREL LANE PURCHASE, NY 10577 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | MR. KENNETH M. DEREGT 250 NORTH STREET GREENWICH, CT 06830 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 30 | NOVARTIS CORPORATION 608 FIFTH AVENUE NEW YORK, NY 10020 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | DUKE UNIVERSITY HEALTH SYSTEM BOX 3701 DURHAM, NC 27710 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 32 | CHILDREN'S MEMORIAL FOUNDATION 2300 CHILDREN'S PLAZA CHICAGO, IL 60614 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 33 | CARYL J. GUTH, MD 5124 BERMUDA VILLAGE DRIVE ADVANCE, NC 27006 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 34 | GREEN STAMP AMERICA 33 EAST 70TH STREET, APT 8F NEW YORK, NY 10021 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 35 | MR. GARY G. LYNCH 56 WATERS EDGE RYE, NY 10580 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 36 | MR. & MRS. STEPHEN VOLK 25 SUTTON PLACE NEW YORK, NY 10022 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization
**THE PHILANTHROPIC COLLABORATIVE FOR
 INTEGRATIVE MEDICINE**

Employer identification number
71-0879929

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | WOOD-RILL FOUNDATION 5140 WELLS FARGO CENTER, 90 S. 7TH ST MINNEAPOLIS, MN 55402 | \$ 368,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 38 | CARING AMBASSADORS PROGRAM 3300 S PARKER ROAD, SUITE 500 AURORA, CO 80014 | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 39 | MS. BETH DATER 555 PARK AVENUE, APT 9E NEW YORK, NY 10021 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 40 | MS. LUCY S. GONDA 2610 GRAND CANAL VENICE, CA 90291 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 41 | TED MANN FAMILY FOUNDATION 1801 CENTURY PARK EAST, SUITE 1930 LOS ANGELES, CA 90067 | \$ 33,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 42 | MR. & MRS. THOMAS KEARNS 27 DEEPWOOD RAOD DARIEN, CT 06820 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization
**THE PHILANTHROPIC COLLABORATIVE FOR
 INTEGRATIVE MEDICINE**

Employer identification number

71-0879929

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43 | MORGAN STANLEY ONE PIERREPONT PLAZA BROOKLYN, NY 11201 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 44 | MR. & MRS. COLBY JONES 26 ENCINA DRIVE CARMEL VALLEY, CA 93924 | \$ 59,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 45 | MR. BERT A. GETZ 6730 N SCOTTSDALE ROAD SCOTTSDALE, AZ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 46 | GLOBE CORPORATION 6730 N SCOTTSDALE ROAD SCOTTSDALE, AZ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 47 | MS. LYNN GETZ 770 LAKE COOK ROAD, SUITE 300 DEERFIELD, IL 60015 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 48 | GLOBE FOUNDATION 770 LAKE COOK ROAD, SUITE 300 DEERFIELD, IL 60015 | \$ 33,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Name of organization

THE PHILANTHROPIC COLLABORATIVE FOR
INTEGRATIVE MEDICINE

Employer identification number

71-0879929

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 49 | INVEMED ASSOCIATES, LLC 375 PARK AVENUE, SUITE 2205 NEW YORK, NY 10021 | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 50 | JANIE E. BAILEY 129 EAST 35TH STREET NEW YORK, NY 10016 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 51 | FAMILY PHILANTHROPY ADVISORS, INC. 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 52 | DR. HAUSCHKA SKIN CARE, INC. 59 NORTH STREET HATFIELD, MA 01038 | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 53 | BOSTOCK FAMILY FOUNDATION 7 SOUTH MANURSING ISLAND RYE, NY 10580 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 54 | MR. ERNEST MARIO 555 BYRON #310 PALO ALTO, CA 94301 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55 | MR. PAUL TUDOR JONES 1275 KING STREET GREENWICH, CT 06831 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 56 | TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE, 6TH FLOOR NEW YORK, NY 10022 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 57 | CANTER FITZGERALD INC 480 PARK AVENUE NEW YORK, NY 10022 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 58 | GOLDSTONE FAMILY FOUNDATION 205 SILVER SPRINGS ROAD RIDGEFIELD, CT 06877 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 59 | IBM 590 MADISON AVENUE, 14TH FLOOR NEW YORK, NY 10022 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 60 | DAVID C. & LURA M. LOVELL FOUNDATION 8400 NORTH NATIONAL DRIVE TUCSON, AZ 85742 | \$ 63,883. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

THE PHILANTHROPIC COLLABORATIVE FOR
INTEGRATIVE MEDICINE

Employer identification number

71-0879929

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 61 | LURA M. LOVELL TRUST ONE EXMOOR TOLEDO, OH 43615 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 62 | AOL TIME WARNER BOOK GROUP THREE CENTER PLAZA BOSTON, MA 02108 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 63 | TIDES FOUNDATION THE PRESIDIO, PO BOX 29903 SAN FRANCISCO, CA 94129 | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 64 | SHERRY LUND 19300 CEDARHURST DEEPHAVEN, MN 55391 | \$ 33,306. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 65 | INSTITUTE FOR BIO-INFORMATION RESEARCH 955 CHESTERBROOK BLVD, SUITE 125 CHESTERBROOK, PA 19087 | \$ 33,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 66 | MARY ROSE TAYLOR 3407 TUXEDO ROAD NW ATLANTA, GA 30305 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|

Part II Noncash Property (See Specific Instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|---------------------------------------------------------|------------------------------------------------|----------------------|
| <u>14</u> | <u>948 SHARES FASTENAL CORP STOCK</u> _____ _____ | \$ <u>32,166.</u> | _____ |
| <u>64</u> | <u>1,082 SHASRES PFIZER STOCK</u> _____ _____ | \$ <u>33,305.</u> | _____ |
| _____ _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ _____ | _____ _____ _____ | \$ _____ | _____ |

| FORM 990-PF | DIVIDENDS AND INTEREST FROM SECURITIES | | STATEMENT | 1 |
|----------------------------------|----------------------------------------|-------------------------|-------------------|---|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT | |
| US BANCORP INTEREST | 5,414. | 0. | 5,414. | |
| TOTAL TO FM 990-PF, PART I, LN 4 | 5,414. | 0. | 5,414. | |

| FORM 990-PF | LEGAL FEES | | | STATEMENT | 2 |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| LEGAL FEES | 455. | 0. | 0. | 455. | |
| TO FM 990-PF, PG 1, LN 16A | 455. | 0. | 0. | 455. | |

| FORM 990-PF | ACCOUNTING FEES | | | STATEMENT | 3 |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| ACCOUNTING | 6,751. | 0. | 0. | 6,751. | |
| TO FORM 990-PF, PG 1, LN 16B | 6,751. | 0. | 0. | 6,751. | |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | | STATEMENT | 4 |
|------------------------------|-------------------------|---------------------------|-------------------------|-------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| FILING FEES | 50. | 0. | 0. | 50. | |
| CONSULTING | 696,906. | 0. | 0. | 696,906. | |
| TO FORM 990-PF, PG 1, LN 16C | 696,956. | 0. | 0. | 696,956. | |

| FORM 990-PF | TAXES | | | STATEMENT | 5 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| EXCISES TAX EXPENSE | 3,608. | 0. | 0. | 3,608. | |
| TO FORM 990-PF, PG 1, LN 18 | 3,608. | 0. | 0. | 3,608. | |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | 6 |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| POSTAGE AND DELIVERY | 9,921. | 0. | 0. | 9,921. | |
| PROMOTIONAL GRAPHICS | 26,870. | 0. | 0. | 26,870. | |
| PUBLIC RELATIONS | 30,025. | 0. | 0. | 30,025. | |
| OFFICE SUPPLIES | 3,127. | 0. | 0. | 3,127. | |
| MARKETING SUPPLIES | 3,939. | 0. | 0. | 3,939. | |
| TELEPHONE | 2,393. | 0. | 0. | 2,393. | |
| MEALS | 2,345. | 0. | 0. | 2,345. | |
| BANK SERVICE CHARGE | 64. | 0. | 0. | 64. | |
| EQUIPMENT RENTAL | 285. | 0. | 0. | 285. | |
| DUES AND SUBSCRIPTIONS | 99. | 0. | 0. | 99. | |
| INSURANCE | 953. | 0. | 0. | 953. | |
| PROGRAM EXPENSE | 207,191. | 0. | 0. | 207,191. | |
| PRIOR YEAR CONTRIBUTIONS REFUNDED | 66,667. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 353,879. | 0. | 0. | 287,212. | |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 7
PART VII-A, LINE 10

| NAME OF CONTRIBUTOR | ADDRESS |
|----------------------------|----------------------------------------|
| RUDOLPH STEINER FOUNDATION | P.O. BOX 29915 SAN FRANCISCO, CA 94129 |

Philanthropic Collaborative for Integrative Medicine

2003 Board member List

Please use corporate address for contact info

| | | |
|-------------------------------|--|------------------------------|
| Ira Brind Myrna Brind | | Board member Board member |
| Georgine Busch | | Board member |
| Bruce Dayton Ruth Dayton | | Board member Board member |
| Bill George Penny George | | Board member President |
| Lynn Getz | | Board member |
| Lura M. Lovell Ann Moushey | | Board member Treasurer |
| Nancy McCabe | | Board member |
| Christy Mack | | Vice President |
| Ron Mannix | | Board member |
| Isabelle Kimpton | | Board member |
| John Baillie Ruth Baillie | | Board member Board member |
| Colby Jones Alana Jones | | Board member Board member |
| Sherry Lund | | Board member |
| William Sarnoff | | Secretary |
| Vicki Simms Ron Simms | | Board member Board member |

**THE PHILANTHROPIC COLLABORATIVE
FOR INTEGRATIVE MEDICINE**

DECEMBER 31, 2003

Organization

The Philanthropic Collaborative for Integrative Medicine exists to bring about optimal health and healing for individuals and society by:

- Organizing and sustaining a community of philanthropists dedicated to advancing integrative medicine;
- Offering strategic and informed program initiatives which create optimal healing environments for both patients and healers;
- Creating an atmosphere of collaboration that stimulates and supports innovation in integrative medicine;
- Providing educational opportunities to inspire health professionals, consumers, philanthropists and others to shift American healthcare to integrative medicine.

Growing a Dynamic Community of Philanthropists:

To create, support and grow a dynamic community of committee and informed philanthropists. \$439,185

Physician Leadership:

To empower and support physician champions of integrative medicine to help transform the culture of healthcare and to reclaim relationship-centered healing. \$330,931

Medical Education:

To develop and support the efforts which build the capacity of physicians to practice integrative medicine and to support the infrastructure of the Consortium of Academic Health Centers for Integrative Medicine. \$161,813

Leading Clinical Centers as Models for Change:

To empower and accelerate the growth of leading clinical centers of integrative medicine which can serve as models for change in the healthcare delivery system. \$126,536

BYLAWS
OF
THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE

ARTICLE 1– BOARD OF DIRECTORS

1.1 **General Powers.** The business, property, and affairs of the Corporation shall be managed by a Board of Directors. The Board shall have all powers that may be exercised by the Corporation.

1.2 **Founding Directors.** The following individuals are the founders of the Philanthropic Collaborative for Integrative Medicine and constitute its first Board of Directors:

Ira Brind, The Ira and Myrna Brind Foundation

Myrna Brind, The Ira and Myrna Brind Foundation

Georgine Busch, The Earl and Doris Bakken Foundation

Bruce B. Dayton, Philanthropist

Ruth Stricker Dayton, Philanthropist

Bill George, The George Family Foundation

Penny George, The George Family Foundation

Lucy Gonda, Center for Integrative Health, Medicine and Research

Lura Lovell, David C. and Lura M. Lovell Foundation

Christy Mack, C.J. Mack Foundation

Ron Mannix, Coril Holdings, Ltd.

Nancy McCabe, The Kohlberg Foundation

Ann I. Moushey, David C. and Lura M. Lovell Foundation

William Sarnoff, Philanthropist

Lynn Getz Schmidt, Globe Foundation

1.3 **Additional Directors.** From time to time, the Board of Directors may remove existing board members and/or elect new members by majority vote of the existing board members.

1.4 **Number, Term and Qualification.** At no time shall the Board of Directors include more than 25 directors, and at no time shall the number of directors be less than the number required by law. Directors shall be elected for a term of two (2) years or until their successors are elected and qualify. Each individual elected to the Board of Directors shall be a) a philanthropist who is part of the Philanthropic Collaborative for Integrative Medicine, b) a board member or the executive director of a family foundation in good standing with the Philanthropic Collaborative for Integrative Medicine, or c) a director or the executive director of another philanthropic organization in good standing with the Philanthropic Collaborative for Integrative Medicine.

1.5 **Resignation.** A Director may resign at any time by giving written notice to the Secretary. Such resignation shall take effect at the time specified therein.

1.6 **Removal.** A Director may be removed by vote of a majority of the Directors.

1.7 **Schedule of Meetings.** The annual meeting of the Board of Directors shall be held for the purpose of election of officers and the transaction of any other

business properly coming before it. It shall be held each year at a time and place designated by the President. There may be such other regular meetings of the Board of Directors as may from time to time be scheduled by a majority of the whole Board of Directors. Special meetings of the Board of Directors shall be called at any time by the Secretary of the Corporation upon written request by the President or not less than one-third (1/3) of the Directors.

1.8 **Notice of Meeting.** The Secretary shall give to each Director by mail or in person written notice of the time and place of each annual meeting at least ten (10) but not more than sixty (60) days prior to the date of the meeting. Notice of any special meeting shall be given by the Secretary at least five (5) but not more than thirty (30) days prior to the date of the meeting by written notice to each Director sent by mail, telecopier, or in person. However, a meeting may be held without waiver of notice from or giving notice to any Director while he or she is in the armed forces of the United States. The notice shall specify the time and place of the meeting and, in the case of a special meeting, the purpose of the meeting. Any Director may waive notice of any meeting before, at, or after the meeting. The attendance of a Director at a meeting shall constitute a waiver of notice of such meeting except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

1.9 **Place of Meeting.** Meetings of the Directors shall be held at such place as may be designated by the Board of Directors or the president.

- 1.10 **Consent to Meetings.** The transactions taken at any meeting, however called and noticed and wherever and whenever held, shall be as valid as though taken at a meeting duly held in accordance with the other provisions of these Bylaws, if a quorum be present, and if, either before or after the meeting, each of the Directors not present thereat shall give a waiver of notice. All waivers of notice shall be made a part of the minutes of said meeting.
- 1.11 **Quorum.** A majority of the Directors shall constitute a quorum for the transaction of business.
- 1.12 **Compensation.** No Director shall receive any compensation for his/her services as a Director. Nothing herein shall be construed to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor.
- 1.13 **Telephone Meetings and Actions Without Meetings.** To the extent permitted by Minnesota law, any action required to be or which may be taken at any meeting of the Board of Directors may be taken without a meeting, or without any or all persons physically being present, either:
- (a) In a meeting conducted by means of a conference telephone or similar communications equipment whereby all persons participating in the meeting may simultaneously hear each other, whether or not any of the persons are physically present at the meeting. Participation in a meeting in this manner shall constitute presence in person at a meeting; or

(b) By a consent in writing setting forth the action so taken and signed by the number of Directors that would be required to take the same action at a meeting of the Board of Directors at which all Directors were present.

In either event, the Secretary or other appropriate officer may certify any action taken in such manner to any interested party as action taken at a meeting duly and lawfully convened and held.

ARTICLE 2 – OFFICERS

- 2.1 **Number.** The officers of the Corporation shall be a President, Vice President, Secretary, Treasurer, and such other officers as may from time to time be elected by the Directors. Any two (2) offices may be held by the same person, except that the offices of president and vice president may not be held by the same person.
- 2.2 **Election, Term of Office, and Qualification.** At the annual meeting of the Board of Directors, the Directors shall elect the officers. Officers shall be elected to terms of one (1) year. No officer may serve more than two successive terms in any one office. Each officer shall hold office until the next annual meeting and until his or her successor is elected and has qualified, or until the officer has been removed in the manner hereafter provided. Officers must be members of the Board of Directors.
- 2.3 **President.** The President shall be the chief executive officer of the Corporation, shall preside at all meetings of the Directors, and shall have general control of the business of the Corporation. The President shall be ex-officio a member of all standing committees. He or she may execute and deliver in the name of the

Corporation any deeds, mortgages, bonds, contracts, or other instruments pertaining to the business of the Corporation, and in general shall perform all duties incident to the office of the President as well as such other duties as may from time to time be prescribed by the Board.

- 2.4 **Vice President.** In the absence of the President, the Vice President shall have all of the authority and responsibility of the President. The Vice President shall have such other duties as may from time to time be prescribed by the Board.
- 2.5 **Secretary.** The Secretary shall (a) keep or cause to be kept in the corporate book proper minutes of all meetings of the Board of Directors and Executive Committee; (b) give all required notices; (c) have custody of the corporate records; and (d) perform such other duties as may be assigned by the Board of Directors.
- 2.6 **Treasurer.** The Treasurer shall have charge and custody of all funds of the Corporation. He or she shall keep an accurate account of all receipts and disbursements and shall render accounts to the Corporation. The Treasurer shall deposit all monies in the name of the Corporation in such banks or depositories as the Directors shall designate and shall have the power to endorse for deposit all instruments received by the Corporation. The Treasurer shall perform such other duties as may from time to time be prescribed by the Board of Directors.
- 2.7 **Removal and Replacement of Officers.** Any officer may be removed by the Board of Directors whenever in its judgment the best interest of the Corporation would be served thereby. Such removal shall be without prejudice to the contract

rights, if any, of such officer. Any vacancy resulting from such removal or any vacancy resulting from resignation or death may be filled by the Board of Directors at any meeting thereof.

ARTICLE 3 – COMMITTEES

- 3.1 **Committees.** The Board of Directors may, from time to time, appoint such committees as it deems proper, and may prescribe the functions and duties of such committees and the term of membership of committee members.
- 3.2 **Executive Committee.** The Board of Directors may by resolution establish an Executive Committee and appoint two (2) or more officers to serve on such Executive Committee. Other Directors of the Corporation shall also be eligible for appointment to the Executive Committee. When a member of the Executive Committee ceases to be a Director of the Corporation, that person automatically shall cease to be a member of the Executive Committee. Except for the power to amend the Articles of Incorporation and Bylaws of the Corporation, the Executive Committee shall have all of the powers and authority of the Board of Directors in the management of the property, business, and affairs of the Corporation in the intervals between meetings of the Board of Directors, subject always to the direction and control of the Board. Any action of the Executive Committee shall be reported at the first regular meeting of the Board following the action of the Executive Committee.
- 3.3 **Collaborative Committee**

The Board of Directors may by resolution establish a Collaborative Committee consisting of three (3) or more directors. The Collaborative Committee will develop agendas for meetings of the Board of Directors, provide budget oversight, recommend changes in the structure and function of the Collaborative, nominate board members to serve as officers, and undertake such other duties as are prescribed by the Board of Directors.

- 3.4 **Committee Membership.** Individuals who are not Directors may serve as members of committees, except for the Executive and Collaborative Committees.

ARTICLE -4 – FISCAL YEAR

- 4.1 **Fiscal Year.** The Corporation's fiscal year shall be as determined by the Board of Directors.

ARTICLE 5 – NO SEAL

- 5.1 **No Seal.** The Corporation shall have no seal.

ARTICLE -6 – POWERS

- 6.1 **Powers.** The Corporation shall have all powers now or hereafter conferred upon a nonprofit corporation under the laws of the State of Minnesota.

ARTICLE -7 – EXECUTION OF CONTRACTS

- 7.1 **Contracts.** Except as otherwise provided in these Bylaws, the Board of Directors may in writing authorize any officer or officers, agent or agents, to enter into any contract, or execute and deliver any instrument in the name and on behalf of the Corporation. Such authority may be general or confined to specific instances.

Unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement, or to pledge its credit, or to render it liable pecuniarily for any purpose or in any amount.

ARTICLE -8 – DEPOSITS

8.1 **Deposits.** All funds of the Corporation shall be deposited to the credit of the Corporation in such banks, trust companies, or other depositories as the Board of Directors may designate, or as may be designated by any officer or officers, agent or agents of the Corporation to whom such power may be delegated by the Board. For the purpose of such deposit, any persons to whom such power is so delegated may endorse, assign, and deliver checks, drafts, and other orders for the payment of money which are payable to the order of the Corporation.

ARTICLE -9 – INDEMNIFICATION

9.1 **Indemnification.** To the fullest extent permitted by law, the Corporation shall indemnify and hold harmless all officers, Directors, employees, and agents of the Corporation for all acts performed by them in any good faith attempt to fulfill their duties to the Corporation, specifically including all costs and expenses, including attorneys' fees, incurred in any action, claim, or demand concerning any such act. This provision shall be construed so as to provide and require the broadest, most complete and extensive scope of indemnification legally permissible at the time indemnification is sought or provided.

ARTICLE 10 – NOTICES

- 10.1 **Notices.** All notices required by these Bylaws shall be in writing and shall be provided by the Secretary to the persons entitled thereto by mail, telecopier, or in person, at the addresses shown on the records of the Corporation.
- 10.2 **Waiver of Notice.** A Director may waive any notice required to be given by these Bylaws, the Articles of Incorporation, or by statute, either before or after the time stated therein. Any such waiver shall be in writing and signed by the person entitled to notice, and shall be deemed equivalent to such notice. All waivers shall be filed with the Secretary of the Corporation.

ARTICLE 11 – AMENDMENTS

- 11.1 **Amendments.** These Bylaws may be amended or repealed and new Bylaws adopted by the affirmative vote of two-thirds (2/3) of the Board of Directors. Notice of such proposed amendment shall be included in notice of the meeting held for such purpose.

These restated Bylaws of The Philanthropic Collaborative for Integrated Medicine were adopted unanimously by the Board of Directors effective May 8 2003.

Philanthropic Collaborative for Integrative Medicine
Foundation Manager Listing

| | | |
|------------------|-----------------------------------------|----------------|
| Ira Brind | Ira & Myrna Brind Foundation | Board Member |
| Myrna Brind | Ira & Myrna Brind Foundation | Board Member |
| Georgine Busch | The Earl & Doris Bakken Foundation | Board Member |
| Bruce Dayton | Wood-Rill Foundation | Board Member |
| Ruth Dayton | Wood-Rill Foundation | Board Member |
| Bill George | George Family Foundation | Board Member |
| Penny George | George Family Foundation | President |
| Lynn Getz | The Globe Foundation | Board Member |
| Lura M. Lovell | David C. U. & Lura M. Lovell Foundation | Board Member |
| Ann Moushey | David C. U. & Lura M. Lovell Foundation | Treasurer |
| Nancy McCabe | The Kohlberg Foundation | Board Member |
| Christy Mack | C.J. Mack Foundation | Vice President |
| Isabelle Kimpton | Mental Insight Foundation | Board Member |

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)

Note: 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)

Note: 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.

| | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Type or print | Name of Exempt Organization THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE | Employer identification number 71-0879929 |
| 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 1818 OLIVER AVENUE SOUTH | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55405 | |

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

- | | | |
|-------------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input 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 checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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-month, for 990-T corporation) extension of time until AUGUST 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2003 or tax year beginning _____, and ending _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

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 \$ 0.

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 \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Terry M. Trause Title ▶ CPA, PRINCIPAL Date ▶ 5/7/04
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

29831

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: THE PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE
Employer identification number: 71-0879929
Number, street, and room or suite no: 1818 OLIVER AVENUE SOUTH
City, town or post office, state, and ZIP code: MINNEAPOLIS, MN 55405

Check type of return to be filed (File a separate application for each return)
Form 990, Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until NOVEMBER 15, 2004.
For calendar year 2003, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason. Initial return, Final return, Change in accounting period
State in detail why you need the extension: INFORMATION IS NEEDED FROM OUTSIDE SOURCES IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a 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
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
8c Balance Due. Subtract line 8b from line 8a. 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

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Terry M. Dwyer Title: CPA Date: 8/13/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director: By: Date:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: LARSON, ALLEN, WEISHAIR & CO. LLP
Number and street (include suite, room, or apt. no) Or a P.O. box number: 220 S. 6TH ST., #1000
City or town, province or state, and country (including postal or ZIP code): MINNEAPOLIS, MN 55402

EXTENSION APPROVED
AUG 21 2004
FIELD DIRECTOR, MINNAPOLIS, MN
SUBMISSION PROCESSING, OGDEN